

SHIIP Volunteer Registration Form

Please complete the following information and return it to your local SHIIP County Coordinator. The contact information for your local SHIIP County Coordinator can be found at www.ncshiip.com or by calling SHIIP toll-free at 1-855-408-1212.

Name (First, Middle Initial, Last): _____

Business/Agency Name (if applicable): _____

Mailing Address: _____

Shipping/Physical Address (if different than mailing): _____

City: _____ Zip Code: _____

County of Residence: _____

Telephone Numbers with Area Code: Home _____ Work: _____ ext. _____

Cell: _____ Fax: _____

E-mail Address: _____ Do you have high speed internet access? _____

Are you or any of your immediate family members a licensed insurance agent or a paid financial planner? If so, give full name and relationship. _____

Have you ever been convicted of an offense against the law other than a minor traffic violation? Yes No

If yes, explain: _____

Please list three references that your SHIIP Coordinator may contact:

Name

Name

Name

Telephone Number

Telephone Number

Telephone Number

Email Address

Email Address

Email Address

Relationship

Relationship

Relationship

Are there any other counties where you are able to provide counseling and/or outreach? If so, please list:

Are you a Medicare beneficiary? Yes No

Gender: Male Female

Are you disabled? Yes No

Date of Birth: _____

(Complete all three pages.)

Ethnicity (Please check one)

- | | |
|--|---|
| <input type="checkbox"/> American Indian or Alaska Native | <input type="checkbox"/> More Than One Race – Ethnicity |
| <input type="checkbox"/> Asian | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Black or African-American | <input type="checkbox"/> Other Asian |
| <input type="checkbox"/> Chinese | <input type="checkbox"/> Other Pacific Islander |
| <input type="checkbox"/> Filipino | <input type="checkbox"/> Samoan |
| <input type="checkbox"/> Guamanian or Chamorro | <input type="checkbox"/> Some Other Race – Ethnicity |
| <input type="checkbox"/> Hispanic, Latin or Spanish Origin | <input type="checkbox"/> Vietnamese |
| <input type="checkbox"/> Japanese | <input type="checkbox"/> White, Non-Hispanic |
| <input type="checkbox"/> Korean | |

What is the highest level of education you have achieved? (Please check one)

- Two-year/ Associate Degree
- Four-year Degree
- Doctorate Degree (please specify field): _____
- High School Diploma
- Master's Degree (please specify field): _____
- No High School Diploma
- Other (please specify): _____

Which types of SHIIP Volunteer Counselor activities would you prefer to be involved in? (Check all that apply)

- Booth/Exhibit at Health/Senior Fair
- Individual Counseling
- Interactive Presentation to Public
- Newspaper
- Other (ex. writing Public Service Announcements) (please specify) _____
- Radio Show
- TV/Cable Show
- Web-site events

Do you volunteer for any other services?

What skills do you have that you feel will be useful in your work as a SHIIP volunteer counselor?

Do you have any interests or hobbies you feel would benefit the SHIIP program?

Languages that you speak (Please **check all that apply**):

- | | | | |
|--|-----------------------------------|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> American Sign | <input type="checkbox"/> German | <input type="checkbox"/> Mandarin | <input type="checkbox"/> Russian |
| <input type="checkbox"/> Arabic | <input type="checkbox"/> Italian | <input type="checkbox"/> Other | <input type="checkbox"/> Spanish |
| <input type="checkbox"/> English | <input type="checkbox"/> Japanese | <input type="checkbox"/> Polish | <input type="checkbox"/> Tagalog |
| <input type="checkbox"/> French | <input type="checkbox"/> Korean | <input type="checkbox"/> Portuguese | <input type="checkbox"/> Vietnamese |

Acknowledgment of Volunteer's Relationship

I, _____, agree to serve as a Certified Volunteer Counselor for
(Print Name)

the Seniors' Health Insurance Information Program (SHIIP). As a Certified Volunteer Counselor, I will try to help persons in my community with their questions and problems regarding Medicare, Medicare supplements, Medicare Advantage/Health plans (if available), Medicare Prescription Drug Plans, Medicare fraud and abuse and long-term care options.

While providing such volunteer services, I understand that I may not endorse any particular insurance company, insurance agent or other private provider of health insurance. I will also keep all consultations confidential, except for filing reports with SHIIP.

I further agree to provide volunteer services without compensation, reimbursement of expense or financial compensation of any kind.

By signing this document I give SHIIP permission to conduct a federal level criminal background check.

I confirm that if I use my vehicle for SHIIP counseling and outreach purposes I will have current automobile insurance.

Prospective SHIIP Volunteer Counselor's Signature

County

Date

COORDINATOR AND SHIIP OFFICE USE ONLY

COORDINATOR: Volunteer References Verified—Sign Your Approval: _____

Coordinators – Please make sure the form has the prospective volunteer's signature and your signature (above) verifying that you have checked all references then mail the **original form** to Jo Paul, Senior Technical Advisor, SHIIP, 11 South Boylan Avenue, Raleigh, NC 27603.

SENIOR TECHNICAL ADVISOR Complete this section:

Start Date of Basic Training: _____ Volunteer Enrollment Number: _____

Completion Date of Basic Training: _____ Date Entered into Database: _____

Entered By (Staff Initials): _____ Certificate/Name Badge (Staff Initials): _____

(Form VRF 7/2016)

SHIIP Volunteer Counselor

PARTICIPATION REQUIREMENTS

A potential Volunteer Counselor must meet several requirements before being accepted into the SHIIP training. They must:

- *not be a paid financial planner or an active insurance salesperson, or have an immediate family member who is a paid financial planner or an active insurance salesperson, except in rare instances that are approved at the discretion of the SHIIP Deputy Commissioner;*
- *have the ability to get along well with others;*
- *have a sensitive and caring attitude;*
- *have the willingness to learn and an ability to retain information relevant to health insurance provisions and claims filing procedures;*
- *have good written and oral communication skills.*

It is also very important that a SHIIP Volunteer Counselor or Coordinator never promote or degrade one insurance product or policy over another. SHIIP prides itself on being factual and unbiased. That means that it provides the information and allows the client/beneficiary to make the decisions.

Once accepted into the program Volunteer Counselors are responsible for:

- successfully completing the SHIIP On-line Basic Training;
- becoming a “Certified” SHIIP Volunteer Counselor;
- providing 40 hours of volunteer service per calendar year. Volunteer service includes training, counseling, enrollment assistance and outreach activities;
- attending all quarterly follow-up meetings throughout the year unless the County Coordinator has been contacted and notified of the absence in advance. Such absences will be considered “excused.” If a Volunteer Counselor has an excess of “unexcused” absences over the course of a year, they will be contacted by the Statewide Volunteer Manager to determine continued interest in the program. During these follow-up meetings, the SHIIP Regional Manager will review pertinent information and update the Volunteer Counselors on the most current issues;
- working with their County and/or Volunteer Coordinator to counsel clients/beneficiaries in their community on all topics covered in training. Counseling may include telephone calls, meeting with the client/beneficiary face-to-face, researching a topic or issue, contacting outside parties such as providers and insurance companies with the client’s/beneficiary’s permission, and assisting with claims filings;
- working with the County and/or Volunteer Coordinator in performing SHIIP outreach activities such as health fairs and speaking engagements;
- representing SHIIP in a professional manner;
- report any unsafe workplace concerns; and
- entering all SHIIP Client Contact and Public and Media Activity into the federal SHIPtalk web site. Examples may include an informal discussion with a neighbor, a formal counseling session with a client/beneficiary or promotion of SHIIP services at a meeting. All of these can be counted as SHIIP activities! If a Volunteer Counselor stands up at the local senior center and announces that SHIIP Volunteer Counselors are available to counsel on health insurance concerns, this can be documented as outreach. **It is extremely important that all instances of counseling and outreach are documented with amount of counseling time,**

beneficiaries' zip code(s) and whether you assisted them in enrollment for a coverage program. This information helps SHIIP verify that the money received from federal and state government is truly being used to help consumers and Medicare beneficiaries throughout our state. Neglecting to report such sessions could potentially result in reduced funding for SHIIP and reduced opportunities for consumers and Medicare beneficiaries to get their health insurance concerns addressed.

Confidentiality

Confidentiality is a priority for both the Volunteer Counselor and client/beneficiary. When clients/beneficiaries are counseled by any member of the volunteer staff, all information (medical, financial, and personal) provided by that client/beneficiary is absolutely confidential and should never be shared with anyone except on an "as needed" basis with physician offices, insurance companies, or governmental agencies with the permission of the client/beneficiary. While there may be value in sharing "case studies" with a group of Volunteer Counselors for clarification or learning purposes, it is crucial that, even in that closed setting, names and other personal identifiable pieces of information be omitted.

Volunteer Counselor confidentiality is also a priority. The County/Volunteer Coordinator is never to give out a Volunteer Counselor's address or phone number to a client/beneficiary. A Volunteer Counselor should be given the client's/beneficiary's information and make the initial contact. The Coordinator (either County or Volunteer) is responsible for following up with the Volunteer Counselor that met with the client/beneficiary to ensure that all needs were met.

SHIIP Volunteer Counselor and client/beneficiary information is not to be distributed to any third party for any reason. It is kept between the SHIIP State Office and the Coordinating Site.

SHIIP Volunteer Staff Dismissal

SHIIP maintains the right to dismiss any member of the volunteer staff (County Coordinator, Volunteer Coordinator and Volunteer Counselor) who does not participate in the program in accordance with all responsibilities set forth by this SHIIP handbook. Justifiable causes for dismissal include, but are not limited to:

1. A SHIIP County Coordinator or Volunteer Counselor providing counseling on a topic for which formal classroom training was not provided;
2. A SHIIP County Coordinator or Volunteer Counselor providing opinions, both positive and negative, on companies offering insurance products; insurance issues or anything related to the health insurance arena;
3. A SHIIP County Coordinator or Volunteer Counselor refusing to provide adequate SHIIP services or creating a discriminatory environment based on gender, race, nationality, color, age, disability, religion, creed, or sexual orientation;
4. A SHIIP County Coordinator or Volunteer Counselor representing the North Carolina Department of Insurance in an unfavorable or unprofessional manner;
5. A SHIIP County Coordinator or Volunteer Counselor communicating with the media, with the exception of the SHIIP Monthly Consumer Column, in any form, such as an editorial or radio interview, for example, without the specific approval by the North Carolina Department of Insurance's Public Information Office prior to dissemination, either print or airing;
6. A SHIIP County Coordinator or Volunteer Counselors profiting in any way from providing SHIIP services;

7. A SHIIP County Coordinator or Volunteer Counselor acting inappropriately based on reports of misconduct by clients/beneficiaries or other persons involved in SHIIP activities, which have been investigated and found to be factual;
8. A SHIIP County Coordinator or Volunteer Counselor failing to attend quarterly follow-up meetings and other mandatory training sessions;
9. A SHIIP Volunteer Counselor repeatedly failing to respond to a County Coordinator's request for service by, for example, not returning phone calls;
10. A SHIIP Volunteer Counselor refusing to help a County Coordinator with counseling or outreach more than 5 times in a year without reasonable cause;
11. A SHIIP County Coordinator or Volunteer Counselor consistently providing inaccurate/outdated information to clients/beneficiaries and such is reported to SHIIP. A consequence of such an error may lead to a client/beneficiary making a less reasonable decision about their health insurance resulting in insufficient or wrong insurance coverage;
12. A SHIIP County Coordinator or Volunteer Counselor falsifying any SHIIP document.
13. A SHIIP County Coordinator or Volunteer Counselor failing to comply with the directions of SHIIP Management.
14. A SHIIP County Coordinator or Volunteer Counselor failing to get along well with coworkers and/or the public or failing to act in a professional manner.

If there is a complaint or concern regarding a SHIIP Volunteer, the Deputy Commissioner of SHIIP should be notified as soon as possible. The SHIIP Deputy Commissioner, at his or her discretion, may dismiss a SHIIP Volunteer from service for any justifiable cause. The SHIIP Deputy Commissioner may also issue a formal written warning, require a corrective action plan, require a leave of absence, or take any other reasonable action to address the complaint or concern raised. Prior to taking action regarding a SHIIP Volunteer, the SHIIP Deputy Commissioner may, at his or her discretion, request additional information from the persons involved, and may discuss the incident(s) or issues in question with the persons involved.

The decisions of the SHIIP management are final. Any questions about this policy should be directed to Van Braxton, SHIIP Deputy Commissioner.