



SRSRA RRC 2027 Rx REVIEW CLIENT INFORMATION FORM

(Print your name as printed on your Medicare Card please)

Your Name: _____ Date of Birth: _____

Home Address: _____

Mailing Address (if different): _____

Home Phone: _____ Cell: _____

Email Address: _____

I prefer you contact me ☐ By email ☐ By telephone ☐ By Text ☐ Any way

Medicare Number: _____ - _____ - _____

Medicare Start Dates: Part A: _____ Part B: _____ (on your Medicare card)

Your MEDICARE.GOV Account

Username: _____ Password: _____

(We will likely have this information if we did your review last year unless you changed your password). Please do not change your Password right now.

Your current Medicare Supplement Insurer and Plan Name: _____



Department of Health and Human Services Form Approved OMB
Centers for Medicare & Medicaid Services No. 0938-0950 (modified)

Appointment of Representative

Section 1: Appointment of Representative

To be completed by the party seeking representation (i.e., the Medicare beneficiary):

I appoint this individual, Laureen Riley Feinman, to act as my representative in connection with my enrollment, claim or asserted right under title XVIII of the Social Security Act (the "Act") and related provisions of title XI of the Act. I authorize this individual to make any request; to present or to elicit evidence; to obtain information; and to receive any notice in connection with my benefits, appeals, or enrollment and dis-enrollments, wholly in my stead. I understand that personal medical information related to my status, enrollment, or appeal may be disclosed to the representative indicated below. I can revoke this appointment at any time by notifying the SRSRA Retiree Resource Center at the mail or email address shown below.

Section 2: Signature of Party Seeking Representation:

Date: _____

Signature: _____

Print Name: _____

Address: _____

Telephone & email: _____

Section 3: Signature of Representative:

Laureen Riley Feinman

Laureen Riley Feinman, Manager, Medicare SHIP Counselor
SRSRA Retiree Resource Center -- 210 Newberry Street NW, Aiken SC 29801
803-226-0070 LFeinman@srsretirees.org

