

MEDICARE HEALTH PLAN STATEMENT OF UNDERSTANDING

Prepared for OOGA Medicare Eligible Members and Spouses

October 2, 2020

INTRODUCTION – Purpose of this “statement of understanding” is to make sure that all Medicare eligible members and spouses understand the medical options that they have available to them. This is provided through a comprehensive educational process and does not violate any benefit laws.

I acknowledge that I have been educated on the benefits of transitioning to a Medicare Health Plan as opposed to remaining on my group health plan through my employer. I understand both options that have been provided to me as a team member. The advantages of both have been thoroughly explained to me and I **understand that I am entitled to stay on my group health plan if I am active.**

I acknowledge that there has not been any financial or any other type of incentive offered by my employer to transition to Medicare.

I am making this decision based solely on what is in my best interest.

Signed: _____

OOGA Member: _____ (Print name)

Date: _____