



If you have questions, please contact AgeWell New York at: 1-866-237-3210 or TTY/TDD 1-800-662-1220

LEGAL AUTHORITY / TRANSLATOR / WITNESS STATEMENT

INSTRUCTIONS: This statement must be completed and submitted with the enrollment application when someone other than the prospect enrolls and/or verifies enrollment for the prospect under the circumstances listed below.

Enrollee Name: \_\_\_\_\_ Medicare ID#: \_\_\_\_\_

I, \_\_\_\_\_, have witnessed the sales presentation / enrollment for enrollee named above in the capacity of:

Check appropriate box:

[ ] Power-of-attorney / legal guardian / surrogate / other legal authority (please also circle type) I understand the benefits of the plan and conditions of enrollment. I have legal authority to enroll the above mentioned individual (appropriate legal documentation must accompany application).

[ ] Non-English speaking I am fully competent in the \_\_\_\_\_ and English languages and have understood and translated the documentation for the enrollee. To the best of my knowledge, the enrollee understands the benefits of the plan as well as the conditions of enrollment.

[ ] Hearing, speech and/or visually impaired As a neutral party involved in this process, I verify that I (check one): [ ] Participated in (for hearing impaired) OR [ ] Witnessed (for visually or speech impaired)

A thorough explanation of AgeWell New York's Medicare Plans effectively communicated to the enrollee.

Printed Name of legal authority/translator/witness \_\_\_\_\_ Signature of legal authority/translator/witness \_\_\_\_\_

Relationship to Enrollee \_\_\_\_\_ Date \_\_\_\_\_

Address of legal authority/translator/witness and phone number \_\_\_\_\_

AgeWell New York Licensed Insurance Agent Information

Printed Name of Licensed Insurance Agent \_\_\_\_\_ Signature of Licensed Insurance Agent \_\_\_\_\_ Date \_\_\_\_\_

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AgeWell New York, LLC is a Health Maintenance Organization (HMO) plan with a Medicare contract and a Coordination of Benefits Agreement with New York State Department of Health. Enrollment in AgeWell New York, LLC depends on contract renewal. ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-866-237-3210 (TTY/TDD: 1-800-662-1220).

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-866-237-3210 (TTY/TDD: 1-800-662-1220). Assistance services for other languages are also available free of charge at the number above.

### **Notice of Non-Discrimination**

AgeWell New York complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. AgeWell New York does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. AgeWell New York provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages

If you need these services, contact AgeWell New York Member Services at 1-866-237-3210. If you believe that AgeWell New York has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

AgeWell New York  
**Civil Rights Coordination Unit**  
1991 Marcus Avenue Suite M201  
Lake Success, New York 11042-2057  
1-866-237-3210  
TTY/TDD: 1-800-662-1220  
Fax: 855-895-0778  
Email: [civilrightsunit@agewellnewyork.com](mailto:civilrightsunit@agewellnewyork.com)

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordination Unit is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, TTY/TDD: 1-800-537-7697. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.