



Board on Aging & Long Term Care  
 Medigap SHIP Volunteer Program  
 1402 Pankratz St., Suite 111  
 Madison, WI 53704

- The Medigap "Part D and Prescription Drug Helpline" came to the Board on Aging and Long Term Care in 2012.
- The Medigap staff are here to provide individual assistance to any Medicare Beneficiary calling the Helpline asking for assistance with Prescription Drug decisions.
- Clearly providing quality services to the target population would be impossible without the help of a group of dedicated volunteers.

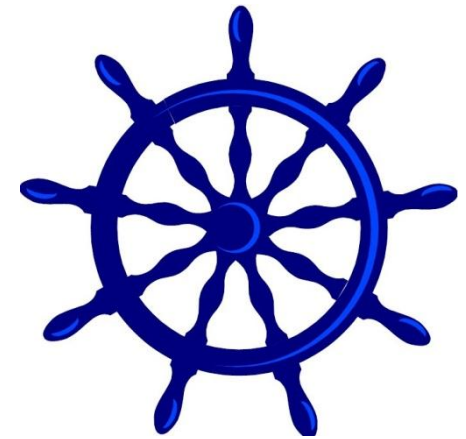
Can you help? . . . Call us at  
**1-855-677-2783**

State of Wisconsin  
 Board on Aging and Long Term Care  
 Medigap Helpline Services  
 1402 Pankratz St., Suite 111  
 Madison, WI 53704  
 website <http://longtermcare.wi.gov>  
 email [boaltc@wisconsin.gov](mailto:boaltc@wisconsin.gov)

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# Medigap SHIP Volunteer Program



The Medigap Part D &  
 Prescription Drug Helpline  
 is a part of the  
 Wisconsin SHIP  
 (State Health Insurance Assistance  
 Program)

**1-855-677-2783**

Helping Community through  
 Volunteer Activities

Every year Medicare beneficiaries need to check for changes in their Medicare Prescription & Medicare Advantage coverage. It is a daunting task and they need help! Can you share some of your valuable time with us?




We need SHIP Volunteers who can **Respect** confidentiality and perform any of these duties:

- ✓ **Explain** confusing information in a simple way,
- ✓ **Do** internet research,
- ✓ **Assist** with record keeping and reporting,
- ✓ **Teach** groups or individuals about the options,
- ✓ **Train** other volunteers, and
- ✓ **Help** perform clerical duties.

No volunteer is ever on their own. We train and provide ongoing technical and administrative support. Ask how you can become a part of our team.



To become a Medigap Helpline SHIP Volunteer:

**Complete** the information request to the right 

**Commit** to at least 6 months of volunteer time,

**Attend** trainings related to your volunteer activity,

**Agree** to undergo a criminal background check, and

**Devote** 2-3 hours per week to any volunteer activity.

I am interested in more information about becoming a Medigap Helpline SHIP Volunteer.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

email: \_\_\_\_\_

Best time to reach you: \_\_\_\_\_

or call us at **1-855-677-2783**

