MEDICARE CURRENT BENEFICIARY SURVEY NEXT OF KIN CONSENT FORM

peen selected to participate in the Medicare Current
f this survey is to collect information about the use of
be services, health status, and insurance coverage of sample benefits. The survey is sponsored by the Centers for ency within the U.S. Department of Health and Human
protected by NORC at the University of Chicago, the It will be used only for the purposes stated for this study. For released to anyone except those involved in research tablishment except as required under the Privacy Act of 1974
and through interviews with relatives or designated ady is voluntary. Refusal to participate or continue of benefits to which nerwise entitled.
of wise childed.
nsuring that survey information is complete and ipate.

I my questions answered to my satisfaction. I give my ent Beneficiary Survey.
Name (Please Print)
Signature
Relationship to Respondent
Date

