MEDICARE CURRENT BENEFICIARY SURVEY NEXT OF KIN CONSENT FORM

has be	een selected to participate in the Medicare Current
Name of Respondent	
health services and costs associated with those members who are or were receiving Medicare b	this survey is to collect information about the use of services, health status, and insurance coverage of sample penefits. The survey is sponsored by the Centers for acy within the U.S. Department of Health and Human
contractor collecting the data, and by CMS. It Identifiable information will not be disclosed of	otected by NORC at the University of Chicago, the will be used only for the purposes stated for this study. or released to anyone except those involved in research ablishment except as required under the Privacy Act of 1974
"responsible persons." Participation in the stude participation will involve no penalty or loss of	d through interviews with relatives or designated ly is voluntary. Refusal to participate or continue benefits to which rwise entitled.
Your participation is very important for ensaccurate, and we hope you will agree to participation.	suring that survey information is complete and pate.
*************	****************
I have read the above statement and have had a consent for participation in the Medicare Currer	my questions answered to my satisfaction. I give my nt Beneficiary Survey.
FOR INTERVIEWER USE ONLY	Name (Please Print)
RESPONDENT ID:	Signature
	Relationship to Respondent
	Date

