

Attachment D: Informed Consent Form

Introduction

Thank you for taking the time to participate in today's interview. My name is _____ and I work for NORC at the University of Chicago, an independent research organization.

You have volunteered to take part in a study to improve the Centers for Medicare and Medicaid Services or CMS Medicare Advantage (also referred to as Part C) and Prescription Drug Plan (also referred to as Part D) enrollment form. During this interview, I will ask you several questions to understand the how you filled out the Medicare enrollment form. Before we get started, I would like to share some information with you about what you can expect:

- First, this interview will take about 45 minutes.
- Second, your participation is completely voluntary. You may decline to answer any questions you wish and you are free to end the discussion at any time. There will be no consequences for ending the interview early. Your Medicare benefits will not be affected in any way by your decision whether to participate. The OMB control number for this study is OMB No. [REDACTED], expiration [REDACTED].
- The information you provide is confidential, consistent with the Privacy Act of 1974 and you will not be identified in any reports or written documents. As in any study, there is a small risk of possible loss of privacy, but NORC is committed to keeping your personal information private. We will keep the information from this interview on NORC's secure servers and only accessible to those on this project team. At the end of the project, NORC will share a summary of results to CMS. In this report, your name will not be listed or associated with any quotes.
- I will be taking some notes, and with your permission, I would like to record the discussion for notetaking purposes only. The notes and recording will be destroyed at the completion of this study.
- At the completion of this interview, you will receive a \$75 gift card for your time.
- If questions arise following this interview, you may contact the Project Director, Susan Cahn, at (312) 357-7035 or cahn-susan@norc.org. If you have questions about your rights as a project participant, you may also call the NORC Institutional Review Board Manager at (866) 309-0542.

Do you have any questions before we begin?

Do you consent to participate in this study?

Do I have your consent to record this discussion?