

The Sequoias San Francisco

The Sequoias Portola Valley

The Tamalpais Marin

HEALTH INSURANCE AND PERSONAL INFORMATION

Health Insurance Coverage

Name _____

LAST

FIRST

MIDDLE

1. Medicare

- a. Are you covered by Medicare? Yes No If no, skip to Section 2.
- b. The information for this question should be copied from your Medicare card.

Claim Number _____

Hospital Insurance (Part A) effective date _____

Medical Insurance (Part B) effective date _____

- c. How is your Medicare insurance premium paid?
- Automatic deduction from monthly Social Security or government pension check
- Quarterly payment of \$ _____, which I mail myself
- d. Attach a photocopy of your Medicare card.

2. Other Health Insurance

- a. Do you have other health or medical insurance? Yes No If no, skip to Section 3.
- b. Complete all that apply:

Health Insurance Company _____

Name or type of coverage _____ Claim or I.D. Number _____

- c. Are you a member of any Health Maintenance Organization (HMO) or similar health insurance program to which you have “dedicated” your Medicare benefits? Yes No If yes:

Health Insurance Company _____

Name or type of coverage _____ Claim or I.D. Number _____

- d. Attach a photocopy of your health or medical insurance card.

3. Applicant’s Acknowledgment of Sequoia Living health insurance Requirement

I understand that my Medicare insurance must be released unencumbered and available for use at Sequoia Living before I can access the physician and hospitalization services of **Sequoia Living**.

I understand that if I am not eligible for Medicare at the time of admission, then I must have other health insurance that is comparable to Medicare benefits. I also understand that I must continue to carry; at my own expense, this other health insurance until the time I become Medicare eligible.

Personal Information

A. List any limitations affecting your ability to participate in the programs and activities of the community, including but not limited to the following:

- Social activities
- Transportation
- Group dining
- Maintaining your apartment
- Fire drills

B. List any reasonable accommodations you believe **Sequoia Living** can make in order for you to more readily participate in the programs and activities of the community.

I certify that the information provided on this form is true and complete to the best of my knowledge and belief.

Signature of Applicant

Date