

Ohio Senior Health Insurance Information Program (OSHIIP) Volunteer/Coordinator/Rookie of the Year Nomination Form

Nominee name:

Nominee county:

Nominee category:

Why do you feel the nominee should be named OSHIIP volunteer/coordinator/rookie of the year?

How has this person helped Medicare beneficiaries in their community?

What attributes make this person an exceptional candidate?

Feel free to use extra paper to add stories, examples and quotes! Return by March 17, 2017 to:

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