

## HIRSP Consumer Advisory Council

The HIRSP Consumer Advisory Council consists of HIRSP policyholders and other individuals familiar with the plan. You do not have to be a HIRSP policyholder to participate on the Council. The Council serves to highlight the needs of HIRSP policyholders and consider proposed HIRSP plan changes. The Council works closely with the HIRSP Consumer Committee to address policyholder concerns. The Council charge is listed below.

### HIRSP Consumer Advisory Council Charge

- Provide input, or participate in gathering information, from the consumer perspective on current HIRSP operations that affect policyholders; for example HIRSP benefits, claims payment and grievance processes.
- Review materials and methods of communication, as requested, including the HIRSP website, that are used to provide information to policyholders.
- Propose articles for the newsletter; review newsletter content, as requested.
- Review and comment on proposed changes to HIRSP benefits, plan design, or other aspects of the plan that affect plan participants.

If you are interested in participating in the HIRSP Consumer Advisory Council, please complete the attached application. Meetings will be held in Madison, WI quarterly and reimbursement for necessary meals and travel will be provided. There may also be regional meetings with HIRSP policyholders throughout the state. Council members will serve one year terms. Your application will be reviewed by the HIRSP Consumer Committee. If an opening becomes available that fits your background, you will be contacted by HIRSP Authority staff.

Please fax your completed application to 608.441.5776, or mail to:

HIRSP Authority  
33 E. Main St., Suite 230  
Madison, WI 53703

Thank you for your interest in participating on the HIRSP Consumer Advisory Council.

## HIRSP Consumer Advisory Council Application

### (A) Applicant Demographic Information

Last Name:  First Name:

Age:  Sex: *Male*  *Female*

County:  Years on HIRSP:  N/A:

### (B) Contact Information

Mailing Address:

Street:   
City:   
State:   
Zip Code:

Phone:   
Email:

### (C) Statement of Interest

Please tell us a bit about your interest in the Consumer Advisory Council:

**(D) Familiarity with HIRSP Policyholder Issues**

On the scale below, please identify your level of familiarity with the needs and experiences of other HIRSP policyholders.

Not at all Familiar       Somewhat Familiar       Very Familiar

**(E) Are you available to meet in Madison quarterly?**

Yes       No

**(F) Are you able to travel for 1-4 annual consumer listening sessions?**

Yes       No

**(G) If yes, how many miles from home can you travel?**

Within 25 miles:       Within 50 miles:       Within 100 Miles:   
Within 200 Miles:       Statewide:

**(H) Background/Relevant Experience**

Please tell us a little about your background and experience with HIRSP.

**(I) Input from HIRSP Policyholders**

Please describe how the Council might gather input from other HIRSP policyholders.

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