

SHIBA in-kind partner agreement

The purpose of this agreement is to ensure a common understanding between the partner organization, the Washington State Office of the Insurance Commissioner (OIC), the Statewide Health Insurance Benefits Advisors (SHIBA) and the in-kind staff.

Name: First/MI/Last (please print legibly)

Organization name

I agree to the following:

I understand SHIBA is a consumer education, assistance and advocacy service of the OIC and the partner agency, not a policy creating or lobbying organization.

Non-affiliation – Conflict of interest

I do not have an active insurance license. I will act in good faith without selling, recommending or endorsing any specific insurance product, agency, or related service. Nor am I currently affiliated with or employed by a health insurance company, agency, or service, nor am I in a position to sell or receive commissions from health insurance products or services or use my SHIBA affiliation for purposes of personal financial gain.

Impartiality

If in the future I become affiliated with an insurance company, agency or service, or I'm in a position to use my SHIBA affiliation for personal financial gain, I will terminate my position with SHIBA. Also, I remain impartial, refraining from advising or expressing my opinions regarding a consumer's course of action.

Confidentiality

I will not disclose any identifying client personal information to anyone outside the SHIBA organization without the client's authorization in accordance with state and federal laws.

Non-discrimination

I understand the act of favoritism or making a difference in treatment based on an individual's race, creed, color, religion, gender, nation origin, age, sexual orientation, gender identity, expression, familial status, marital status, physical or mental disability, political party or veteran's status is not permitted.

Lobbying

I agree that I will not use public resources for political campaigns, to support or oppose candidates, ballot issues, or political causes. No one may use or authorize the use of facilities of an agency, directly or indirectly, for the purposes of assisting a campaign for election of a person to an office or for the promotion of or opposition to a ballot proposition. I understand that I may be asked to provide information that identifies the effects of current or future legislation to OIC staff for their information. Resources include, but are not limited to, stationary, postage, machines, equipment, state employees or volunteers during working hours, vehicles, office space, publications of the agency, and clientele lists of people served by SHIBA or the OIC.

I understand that I may be asked by staff to provide information that identifies the effects of current or future legislation, regulation, or program changes to OIC staff to support advocacy and consumer protection efforts.

Print name

Signature

Date (MM/DD/YYYY)

SHIBA resource record Required for STARS data access

Please write legibly – use ink

Personal information:

Name (First/MI/Last)		Nickname or preferred name	
Mailing address			
City		State	Zip code
County	Phone ()		

Email address

Demographic information

Date of birth (MM/DD/YYYY): _____

Gender: Male Female Other Decline to disclose

Race/ethnicity:	Primary language:	Secondary language:
<input type="radio"/> American Indian/Alaska Native	<input type="radio"/> English	<input type="radio"/> English
<input type="radio"/> Asian	<input type="radio"/> Chinese	<input type="radio"/> Chinese
<input type="radio"/> Black or African American	<input type="radio"/> Korean	<input type="radio"/> Korean
<input type="radio"/> Hispanic or Latino	<input type="radio"/> Russian	<input type="radio"/> Russian
<input type="radio"/> Native Hawaiian/other Pacific Islander	<input type="radio"/> Spanish	<input type="radio"/> Spanish
<input type="radio"/> White	<input type="radio"/> Vietnamese	<input type="radio"/> Vietnamese
<input type="radio"/> Other:	<input type="radio"/> Other:	<input type="radio"/> Other
<input type="radio"/> Decline to disclose		

Partner organization affiliation: _____

Role: Volunteer coordinator Volunteer – unpaid In-kind paid by partner organizations