

OSHIIP Volunteer/Coordinator/Rookie of the Year Nomination Form

Nominee name: _____

Nominee county: _____

Nominee category: _____

Why do you feel the above person should be the volunteer/coordinator/
rookie of the year for OSHIIP? : _____

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 16.

**Mail: Becky Hayward
Ohio Department of Insurance
50 W Town St, 3rd Floor
Columbus OH 43215
Email: rebecca.hayward@insurance.ohio.gov
Fax: Becky Hayward at 614.752.0740**