



NATIONAL GUARDIANSHIP ASSOCIATION

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Information about the NGA Benefits Webinar

NGA's education committee is proud to announce another new webinar that focuses on the benefits received by many people under guardianship.

Guardians have many responsibilities, including

- determining if the person under guardianship is eligible for benefits
- applying for and managing benefits
- maintaining ongoing benefits
- assisting clients with applications

The Benefits Webinar will outline the guardian's responsibilities

- outline the guardian's responsibilities regarding benefits people under guardianship
- describe the differences between Medicare and Medicaid
- explain Medicaid benefits and types of coverage
- differentiate between the three general categories of Social Security benefits and the qualification criteria for each program
- review the different types of benefits available through the Veteran's Administration system
- Summarize the application process for each benefit class

This single-session webinar course is scheduled for Thursday, November 1 at 1:00 pm Eastern Standard Time (Noon, Central; 11:00 am, Mountain, and 10:00 am, Pacific).

The webinar will be led by Lauren Sherman, NMG. Lauren is the Director of Lifecare Guardianship in Illinois. She is a Licensed Clinical Social Worker and a member of NGA.

This webinar is eligible for one hour of continuing education credit from the Center for Guardianship Certification.



BENEFITS COURSE REGISTRATION FORM

Registration must be received seven (7) business days prior to the session start date.

MEMBER RATES

Discounted rates apply only to current NGA members. Membership in a state association does not qualify for NGA member rates and only the primary contact for an organizational membership qualifies.

Register me for the Benefits Course at a member rate of \$50 \$ _____

NOT A MEMBER? ADD YOUR MEMBERSHIP FEE AND PAY THE MEMBER RATE

Individual Membership at \$180 \$ _____
 Organization Membership at \$260 (plus \$110 for each additional organization member) \$ _____
 Family, Volunteer or Retired Membership at \$60 \$ _____

NON-MEMBER RATES

Register me for the Benefits Course at a non-member rate of \$75\$ _____

Name _____ Title _____

Affiliation _____

City _____ State _____ Zip Code _____

Phone _____ Fax _____

Email _____ *email must be provided for registration confirmation*

Cancellation must be received by October 25 for a refund.

Total Fees \$ _____ (Our Federal ID# 36-3591860)
 Please email a receipt for my records.

TO MAIL: Enclose check payable to NGA and address to
174 Crestview Drive
Bellefonte, PA 16823-8516

TO FAX: Provide Credit Card information and fax to
814-355-2452

VISA	MasterCard
Card # _____	
Expiration Date _____	Security Code _____
Print Name on Card _____	
Signature _____	

NGA reserves the right to cancel the course and refund payment if enrollment does not meet minimum requirements by the October 25 course deadline.