





**Molina Medicare**  
**Witness Translation and Signature**  
**Witness Form**

\_\_\_\_\_  
Print Name of Medicare Beneficiary

\_\_\_\_\_  
Today's Date

<b>TRANSLATION:</b> Check those that apply when the sales presentation is translated by another party.		<b>WITNESS:</b> Check those that apply when the enrollment presentation or application signature is witnessed by another party.	
<input type="checkbox"/>	Translation into Spanish. No Spanish materials available.	<input type="checkbox"/>	Sight impaired.
<input type="checkbox"/>	Translation into another language by another individual present at the sales presentation.  <i>Language:</i> _____	<input type="checkbox"/>	Non-standard signature ("X", line, initials, first name). (The witness may be the sales rep or broker agent.)
<input type="checkbox"/>	Presentation in American Sign Language for beneficiary with impaired hearing.	<input type="checkbox"/>	Disabled (Has not delegated legal authority). Signed form with a non-standard signature witnessed
<input type="checkbox"/>	Translation over a speaker phone using the Language Translation Line.  <i>Language:</i> _____	<input type="checkbox"/>	Cognitive impairment but has not delegated legal authority. Caretaker who assists with healthcare decisions was present for the sales presentation.

**COMPLETED BY TRANSLATOR/WITNESS:**

\_\_\_\_\_  
Name (PRINT)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Relationship to Medicare Beneficiary

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Telephone Number