Senior Tidings

Crawford County Council on Aging

February 2012

Crawford County Council on Aging, Inc.
200 S. Spring St.
Bucyrus, Ohio 44820

419/562-3050 or
1-800-589-7853

Hours:
8:30 a.m.-5:00 p.m.
Monday-Friday

e-mail: coa@rrohio.com

Website:
crawfordcountyaging.com

Topics of Interest

Top 8 Ways to Protect Yourself from Scams

Millions of older adults fall prey to financial scams every year. Use these tips from NCOA (National Council on Aging) and the Women's Institute for a Secure Retirement to protect yourself or an older adult you know.

1. **Be aware that you are at risk from strangers—and from those closest to you.** Over 90% of all reported elder abuse is committed by the older person's own family members, most often their adult children, followed by grandchildren, nieces and nephews, and others.

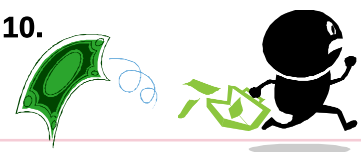
Common tactics include depleting a joint checking account, promising but not delivering care in exchange for money or property, outright theft, and other forms of abuse, including physical abuse, threats, intimidation, and neglect of basic care needs.

2. **Don't isolate yourself—stay involved!** Isolation is a huge risk factor for elder abuse. Most family violence only occurs behind closed doors, and elder abuse is no exception.

Some older people self-isolate by withdrawing from the larger community. Others are isolated because they lose the ability to drive, see, or walk about on their own. Some seniors fear being victimized by purse snatchings and muggings if they venture out.

3. **Always tell solicitors: "I never buy from (or give to) anyone who calls or visits me unannounced. Send me something in writing."** Don't buy from an unfamiliar company and always ask for and wait until you receive written material about any offer or charity.

Continue article on bottom of page 10.



Health & Nutrition….

You're Never Too Old—Keep Active as You Age

We've all heard that exercise is good for you. Did you know that it's as true for older people as it is for any age group? You're never too old to get moving, get stronger and improve your health. Fitting exercise and physical activity into your day can enhance your life in so many ways. Regular physical activity can improve your balance and boost or maintain your strength and fitness. It may also improve your mood and help you manage or lessen the impact of conditions like diabetes, heart disease, osteoporosis and depression.

Despite these proven benefits, exercise and physical activity rates among older people are surprisingly low. Only about 30% of people ages 45 to 64 say they engage in regular leisure-time physical activity. This falls to 25% of those between the ages of 65 and 74 and 11% of people age 85 and older.

Experts recommend 4 types of exercise for older adults: endurance, balance, strength and flexibility. Brisk walking, dancing and other endurance exercises improve the health of your heart, lungs and circulatory system. These exercises can make it easier for you to mow the lawn, climb stairs and do other daily activities. Strength exercises include lifting weights or increase muscle strength to help with activities such as carrying groceries or lifting grandchildren. Balance exercises can help prevent falls—a major health risk for older adults. Stretching, or flexibility exercises, can give you more freedom of movement for bending to tie your shoes or looking over your shoulder as you back out of the driveway.

"Even if you haven't been active previously, it's important to get started and stay active," says Dr. Richard J. Hodes, director of NIH's National Institute on Aging. "We know that people want to live independently for as long as they possible can. By exercising regularly and including more physical activity in their daily routine, older people can preserve their physical function. Which is key to doing the everyday things they want to do."

To help you get started and keep moving, NIH brought together some of the nation's leading experts on aging, exercise and motivation. They developed a guide to exercise for older adults. The guide serves as the basis for a new national exercise and physical activity campaign for people age 50 and older. It's called *Go4Life*.

"Older adults can exercise safely, even those who have physical limitations," Hodes says. "*Go4life* is based on studies showing the benefits of exercise and physical activity for older people, including those with chronic health conditions."

Go4life exercises are designed to be done safely at home without special equipment or clothing. The free book *Exercise & Physical Activity: Your Everyday Guide from the National Institute on Aging* is the core resource for the campaign. Other free materials, such as an exercise DVD and tip sheets, are also available. Workout to Go—a mini exercise guide at *www.nia.nih.gov/Health/Information/Publications/workout.htm*—shows you how you can be active anytime, anywhere.

To learn more, visit Go4life at www.nia.nih.gov/Go4life. You'll find exercises, success stories and tips to help you stay motivated. Or call 1-800-222-2225, or e-mail niaic@nih.gov.

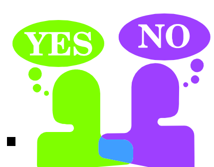
Wise Choices:
Benefits of Exercise

Exercise and physical activity can help you:

- Maintain and improve your physical strength and fitness.
- Improve your ability to do everyday things.
- Improve your balance.
- Manage and improve diseases like diabetes, heart disease and osteoporosis.
- Reduce feelings of depression and may improve mood and overall well-being.
- Improve your ability to shift quickly between tasks, plan an activity and ignore irrelevant information.

Source: *NIH News in Health*, National Institutes of Health; Department of Health and Human Services; newsinhealth.nih.gov.

Caregiving....



No one wins when families fight about caregiving.

Communication is key to coordinating care and honoring wishes. Mary was dreading the holidays as much as her mother was looking forward to them. She lived close to Mom and Mom depended on her. Mom was thrilled that her son, Dan, was flying in from New York. Mary knew it would be like holidays in the past: Dan would fly in for a few days and question and second guess everything she did. Meanwhile, Mom would act like Dan was doing something great just for showing up occasionally. Mary was sick and tired of everyone expecting her to do all the work while Dan got praised for an occasional visit.

Dan wasn't looking forward to the holidays, either. He felt guilty for not being as available for Mom as Mary was, and he knew Mary resented that he didn't do more. When he did offer advice or help, Mary would attack him: "You aren't here. How would you know what Mom needs?" Sometimes, he learned about a change or a crisis after the fact, and usually long after he could have helped. He knows Mary was working hard, but he felt isolated and cut out of a big part of the family.

There are no bad guys in this situation, just bad communication. When it comes to caring for parents, one of the most challenging aspects is deciding how to divide up tasks among siblings. The question of who is the primary caregiver is usually a point of contention. Often, it's the most willing or the one that Mom wants it to be. Many people assume the role out of necessity, not out of logic, which also leads to resentment, even feelings of martyrdom. Situations like Dan's and Mary's could come from one sibling feeling like nobody else can do as well as she can, so she does not ask for more help.

Better communication with Mom and using her wishes as the basis for any plan can help make caregiving more equitable.

Start having regular family meetings. Establish early on how each sibling or other family member is willing or capable of helping. Gather everyone involved in your loved one's care in person, by phone or by Web chat. Ask your loved one what she wants and plan accordingly. Set goals, discuss feelings and decide who will be responsible for which tasks. This is best done when there is not an emergency. A calm conversation about what kind of care Mom wants now and what might be called for in the future can avoid a lot of confusion. Meeting on a regular basis allows everyone to stay involved, to talk about how things are going, and to discuss new tasks that may need to be added.

Know what needs to be done and who does it. Many tasks related to caregiving can be managed either long-distance or on a regularly schedule visit, such as home repairs that are not emergencies, doctors' visits that are scheduled in advance, managing finances or anything that can be completed by phone or computer. Some long-distance caregivers help a parent pay for care. Emotional support and checking-in by phone can be done from anywhere.

Appoint a leader. It's good to have a "team leader" who coordinates efforts and delegates responsibility. The team leader must be able to recognize others' authority over their own areas and to trust others will do what they promised. While it can be tempting, the leader must not be too critical or end up doing the things he thinks others aren't doing well enough.

Learn about your loved one's health concerns. If your loved one's health care provider is willing and able, schedule a family conference call with the doctor to keep on top of changes in your loved one's health. You can learn and share as much as you can about your loved one's health by doing online research and sharing links with others.

Learn more about caregiving. Many of us don't automatically have a lot of caregiver skills. Everyone in the family can benefit from knowing more about caregiving tips, support groups, etc. Each individual can learn more about his or her aspects of the care plan.

If you are not the primary caregiver, never underestimate the power of offering appreciation, positive reinforcement and reassurance to the primary caregiver. By showing love and care, you will come across as a partner willing to help, rather than to criticize.

After a few long talks, Mary and Dan realized that they were each looking at the same situation in very different ways. They both wanted Mom to be happy, healthy and as independent as possible. Mary understood better that while Dan couldn't be here, it did not mean he was less concerned about Mom. He wanted to help. Dan realized Mary was working hard and doing the best she could. She wasn't trying to keep him in the dark. They still have some issues to iron out, but they are on their way to cooperating to help their mother be as independent and happy as possible.

Source: *Boomerang, It all comes back to you!*, Ohio Department of Aging, My Family, January 2012.

Medicare Q & A:

Q: I have COBRA. Do I need Medicare?

A: Yes. COBRA is always secondary to Medicare. This means that it only pays after Medicare pays. If you do not enroll in Medicare when you become eligible for it, it will be as if you have no insurance.

If you have Medicare first and then become eligible for COBRA, you can enroll in COBRA. If you have COBRA first and then become eligible for Medicare, COBRA will not usually continue your benefits. You should enroll in Medicare as soon as you are eligible.

If you have COBRA drug coverage and want to keep it, find out if that coverage is creditable, meaning that it is at least as good as the Medicare Part D drug benefit. You should get a letter from the company providing your COBRA letting you know whether you drug coverage is creditable. If it is creditable, you may be able to keep your COBRA drug coverage and delay enrolling in Part D. You will get a Special Enrollment Period to enroll in Part D when your creditable coverage ends. You also won't have to pay a premium penalty for delayed Part D enrollment as long as you enroll within 63 days of losing creditable coverage.

Q: Can I have Both COBRA and Medicare?

A: Whether you can have COBRA and Medicare depends on which one you had first. If you have COBRA and then become eligible for Medicare, your COBRA may end. If you have Medicare and then become eligible for COBRA, you can sign up for COBRA insurance and it will be secondary to Medicare.

If you have COBRA and Medicare, you should consider whether continuing with COBRA is worth the expense.

If you have dependents covered by your COBRA plan you should consider how their coverage will be affected if you lose or drop your COBRA.

Q: When is Medicare primary?

A: Medicare is primary if you have COBRA or retiree insurance. Medicare is also primary if there are fewer than 20 employees (100 employees if you are receiving SSDI) at the company where you currently work.

Q: I lost my creditable drug coverage. What can I do?

A: You should enroll in a Part D prescription drug plan right away to avoid facing a penalty or gaps in coverage. To avoid a penalty, you must enroll within 63 days of losing your creditable coverage.

Source: *Medicare Rights Center*; AgeOptions on behalf of the Make Medicare Work Coalition.

Federal Employee Health Benefits ....

Q: Do Federal Employee Health Benefits (FEHB) Plans and Medicare cover the same types of expenses?

A: In general, yes. Some FEHB plans may provide coverage for certain items that Medicare doesn't cover, including but not limited to:

- Routine physicals and emergency care outside of the United States.
- Some preventive services
- Dental and vision care

Medicare may cover some services and supplies that some FEHB plans may not cover, including but not limited to:

- Some orthopedic and prosthetic devices, and durable medical equipment
- Home health care
- Limited chiropractic supplies

Q: Since I have FEHB coverage, do I need Medicare coverage

A: The decision to enroll is yours.

Part A—If you are entitled to Part A without paying a premium, consider taking it even if you're still working. It may help cover some of the hospital related costs that your FEHB may not cover, such as deductibles, coinsurance, and charges that exceed the plan's allowable charges.

Part B—If you are retired and enrolled in a fee-for-service (FFS), Part B and your FFS plan may combine to provide almost complete coverage for all medical expenses.

If you are enrolled in an HMO, you may not need Part B. HMOs provide most medical services for small copays. However, you may want to consider Part B:

- It pays for costs involved with seeing doctors outside the Plans' network.
- It pays for costs for non-emergency care in the U.S. if travel is involved.
- Required for Medicare Advantage & Tricare

If you are working and have FEHB or you are covered under your spouse's group health insurance plan, you do not have to enroll in Part B when you turn 65. You'll have a special enrollment period when you retire or your spouse retires to enroll in Part B with no penalty.

Part C—Medicare Advantage is another way to get Medicare benefits. You may receive extra benefits such as vision or dental that Part A and Part B don't cover. If you wish to enroll in a Medicare Advantage plan, you must be enrolled in Part A and Part B. Contact your retirement office to discuss the option of suspending your FEHB enrollment.

Part D—Federal retirees and employees will likely not benefit from enrolling in Part D as comprehensive drug coverage is included in their FEHB plan. However, retirees with limited resources may want to consider enrolling in Part D if they qualify for the Extra Help.

Q: Is my FEHB plan or Medicare the primary payer?

A: Under most circumstances, your FEHB Plan must pay benefits first when you are an active Federal employee or reemployed annuitant and either you or your covered spouse has Medicare.

Medicare must pay benefits first when you are an annuitant and either you or your covered spouse has Medicare.

Q: Can I change my FEHB enrollment when I become eligible for Medicare?

A: Yes, you may change your FEHB enrollment to any available plan or option at any time beginning 30 days before you become eligible for Medicare.

You may use this enrollment change opportunity only once. You may also change your enrollment during Medicare's Annual Enrollment Period or because of another event that permits enrollment changes, such as a change in family status.

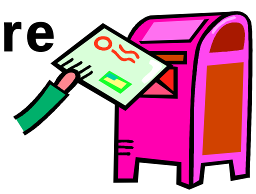
Q: Should I change plans?

A: Once Medicare becomes the primary payer, you may find that a lower cost FEHB plans is adequate for your needs, especially if you are currently enrolled in a plan's high option. Also, some plans waive deductibles, coinsurance , and copayments when Medicare is primary.

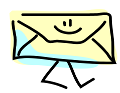
Carefully review your plan's benefits before you make any changes.

Source: *OSHIIP News*, Ohio Department of Insurance, January 2012.

Marci's Medicare Answers....



Dear Marci,



I signed up for a Medicare Advantage plan last fall, but now I'm not happy with my plan. Can I switch back to Original Medicare?

—Hayden (Marion, IA)

Dear Hayden,

You can switch back to Original Medicare from January 1 to February 14. This six-week period at the start of every year is called the *Medicare Advantage Disenrollment Period (MADP),* and it's when people with a Medicare Advantage plan from a private insurance company can switch to Original Medicare, the traditional fee-for-service program offered directly through the federal government.

If you switch to Original Medicare during the disenrollment period, you can usually also enroll in a stand-alone Part D prescription drug plan (PDP). This is true even if your Medicare Advantage plan did not include drug coverage. The one exception is if you are in a Medicare Advantage plan that's a Private Fee-for-Service (PFFS) plan and already have a stand-alone drug plan. If this is the case, then you must keep the drug plan you already have.

Switching from a Medicare Advantage plan to Original Medicare and enrolling in a stand-alone drug plan are the only changes you can make during the disenrollment period. You can't enroll in a new Medicare Advantage plan. People with Original Medicare and people with a Medicare Medical Savings Account plan can't make any changes to their coverage during this period.

Changes you make during this period are effective the first of the following month. For example, if you switched from a Medicare Advantage plan to Original Medicare and a stand-alone prescription drug plan on February 10, your new coverage would begin March 1.

You can usually only switch your Medicare coverage during certain times of the year. If you miss the Medicare Advantage Disenrollment Period, then you may be able to change your coverage if you have special circumstances that qualify you for a Special Enrollment Period (SEP). Otherwise, you will have to wait for the next Fall Open Enrollment period.

—Marci

Dear Marci,

Last year in January a friend of mine was able to get his drug covered with no problem, but then when he went back in February the pharmacist told him that his plan was no longer covering the drug. When he called his insurance plan, they told him the drug was not on his plan's formulary. Why was he able to get coverage in January?

—Rodney (Juniata, NE)

Dear Rodney,

It sounds like your friend's medication was covered in January because of a transition refill. A (*transition fill*) is a one-time, 30-day supply of a drug that Medicare drug plans must cover. They're for new members or for existing members whose drugs will no longer be covered during the next calendar year. Transition fills let you get temporary coverage for drugs that aren't on your plan's formulary or that have restrictions on them. The formulary is the plan's list of covered drugs. Restrictions are special rules you must follow to get the plan to cover a drug, and they are sometimes called *utilization management tools*.

Transition fills aren't for new prescriptions. You can only get one if you were already taking the drug before you signed up for the plan or before the plan stopped covering it. You have 90 days after you join a plan to get a transition fill. If you're an existing member of a plan and your plan changes the coverage rules for your drug for the new calendar year, you have 90 days from the start of the year. As your friend discovered, transition fills are temporary. You can usually only get one. This year, if you or your friend realize that your medication is being filled as a transition fill, call your doctor right away to talk about appealing or switching to a drug your plan covers. The plan must send you a notice within three business days to let you know that the prescription is being filled as a transition fill.

All Medicare drug (Part D) plans must offer transition fills. The same rules apply whether you're in a Medicare drug plan that only covers drugs (PDP) or a Medicare Advantage plan that covers both health care and drugs (MA-PD). The rules for a transition fill are a little different if you live in a nursing home. Check with the nursing home staff to find out how to get a transition fill.

To get a transition fill, your pharmacist may need to call the Part D plan and ask the plan to cover the drug without restrictions. The plan may need to give something called override code so the pharmacist can bill correctly.

—Marci

Dear Marci,

I want to get preventive care from my doctor, but I'm not sure what Medicare covers. What preventive services does Medicare cover in 2012?

—Lorraine (McIntyre, GA)

Dear Lorraine,

Medicare has expanded its list of preventive care services that you can get for free, without having to pay a coinsurance or deductible. These preventive care services are recommended by the U.S. Preventive Services Task Force to keep you healthy or prevent illness. They include annual wellness visits, flu shots, and tests like prostate cancer screenings and mammograms. Talk with your doctor about the preventive services you may need.

In the first year you have Medicare Part B (outpatient insurance), you can get a *Welcome to Medicare preventive visit*. During this one-time visit, your doctor will review your medical history with you and help you to map out your preventive care needs over a 5-10 year period. Your doctor may refer you for follow-up services and preventive screening after this visit. After your first year with Part B, you can see your doctor for an Annual Wellness Visit every year. The Annual Wellness Visit is designed to help your doctor monitor your health and build on the information gathered during your first preventive visit. During your yearly visit, be sure to ask your doctor what screenings or other preventive care you should get in the coming year.

Everyone who has Medicare qualifies to receive certain preventive care benefits. For most preventive care, you'll usually pay nothing out of pocket (no coinsurance or deductible) if you have Original Medicare and see providers who accept assignment, meaning that they accept Medicare's approved amount as the full payment for a service.

However, you usually will have to pay a deductible or coinsurance if your doctor needs to do further tests or procedures to treat a problem found during a preventive screening. For example, if a doctor finds and removes a polyp during a screening colonoscopy, that preventive service has become diagnostic and, although Medicare will still cover it, you may have to pay part of the cost.

Medicare covers certain other preventive services at 100 percent only for patients who have certain risk factors for a disease. This applies to services such as diabetes screenings and bone mass measurements.

There are many changes to Medicare coverage of preventive care in 2012. Starting this year, if you're in a Medicare Advantage plan, your plan can't charge you for preventive care services that are free for people with Original Medicare as long as you see in-network providers. If you see providers that are not in your plan's network, charges will typically apply. Medicare also added several new preventive care services in the fall of 2011. These new preventive services include a *depression screening* to ensure you are mentally healthy, *obesity screening and dietary counseling* for people who are overweight, a *cardiovascular risk reduction visit* during which your doctor will give you advice on how to combat heart disease, and an *alcohol misuse screening* for people who are at risk for alcohol abuse.

—Marci

Dear Marci,

I receive outpatient mental health treatment for substance abuse. How much will Medicare pay for my treatment?

—Giles

Dear Giles,

Medicare will help pay for treatment of alcoholism and drug abuse in outpatient settings if:

- You receive services from a provider or facility that accepts Medicare;
- Your doctor states that the services are medically necessary; and
- Your doctor sets up your plan of treatment.

Medicare Part B helps pay for outpatient substance abuse treatment services from a clinic or hospital outpatient department.

In 2012, Medicare will pay 60 percent of its approved amount for mental health services, and you or your supplemental insurance will be responsible for the remaining 40 percent. You or your supplemental insurance will also be responsible for a coinsurance to the clinic or hospital, which can be no more than the inpatient hospital deductible for that year ($1,156 in 2012).

Covered services include, but are not limited to:

- Psychotherapy
- Patient education regarding diagnosis and

treatment

- Post-hospitalization follow-up
- Prescription drugs administered during a hospital stay or injected at a doctor's office.

—Marci

Dear Marci,

I just found out I am eligible for a Medicare Savings Program. How do I apply?

—Yvonne

Dear Yvonne,

Medicare Savings Programs (MSPs) help pay your Medicare costs if you have limited finances. There are three main programs: QMB, SLMB, and Q1. Each program has different income eligibility limits.

You should call your local Medicaid office for exact rules on how to apply for an MSP in your state. Many states allow you to submit your application online, through the mail, or through community health centers or other organizations.

The list of documents that you will need to include with your application varies by state. Some states do not require that you submit documentation of your income or assets. Contact your local Medicaid office to find out what documents you need. Examples of documentation that may be required with your MSP application include:

- Your Social Security card
- Your Medicare card
- Your birth certificate, passport or green card
- Proof of your address, such as an electric bill or phone bill
- Proof of your income, such as Social Security Administration award letter, income tax return or pay stub
- Information about your assets, such as bank statements, stock certificates or life insurance policies.

—Marci

Source: **Marci's Medicare Answers** is a service of the Medicare Rights Center (www.medicarerights.org); Vol. 10, Issue 26 (Dec. 2011); Vol. 11, Issue 1 & 2 (Jan. 2012); & Feb. 2012.

Medicare & Predatory Sales Practices....

Medicare is a federally funded health insurance program for people 65 and older or people of any age with certain disabilities.

People enroll in Medicare through the Social Security Administration. Most people then choose private plans to supplement what Medicare does not cover. Others choose a type of private plan called Medicare Advantage. While most insurance agents who sell Medicare Advantage plans match their client with suitable plans, some agents have used questionable sales tactics to sell products.

Such documented cases include:

- Removing beneficiaries from traditional Medicare without their knowledge.
- Enrolling beneficiaries in plans they can't afford.
- Misleading enrollees to believe their physician or hospital accepts their plan.

What agents CAN do:

When marketing Medicare products, agents can:

- Distribute information and forms in a retail setting or while participating at a health fair or promotional event.
- Travel to meet Medicare beneficiaries in their home—***provided they have been invited.***
- Provide consumer information about public assistance programs and help individuals apply for government subsidies.
- Call potential enrollees—as long as they follow federal and state calling hours and the FTC Telemarketing Sales Rules/National Do-No-Call-Registry.

What agents CANNOT do:

When marketing Medicare products, agents cannot:

- Engage in high-pressure sales tactics.
- Send unsolicited e-mails.
- Collect names, addresses and enrollment applications or conduct sales presentations at health fairs, educational or promotional events
- Sell products which are not health-related during a Medicare Advantage or prescription drug plan sales or marketing presentation.
- Provide meals at promotional and sales events.
- Sell products in health care setting (doctors offices, pharmacies, etc.)
- Make misrepresentations or omit information about a comparative Medicare product to induce a person to buy or change their insurance.

Avoid becoming a victim of predatory sales tactics.

Predatory Sales Practices:

- Be wary of individuals who claim they work for Medicare. Medicare representatives do not make house calls or solicit beneficiaries by telephone.
- Be cautious of individuals selling Medicare products door-to-door. If someone comes to your home without a scheduled appointment, do not let the individual in your home or provide him or her with personal information.
- Beware of insurance agents who tell you it is free to enroll in a Medicare program. Premiums are associated with all Medicare products.
- Be leery of insurance agents who tell you your enrollment in a Medicare Advantage Plan will not affect your Medicare coverage. When you sign up for a Medicare Advantage Plan you will be removed from your traditional Medicare plan and may incur more expenses in terms of deductibles and co-payments.
- Do not be persuaded by an insurance agent who tries to scare you into believing your Medicare rates are going to increase if you do not switch plans immediately.

Consumer Tips:

- Protect your personal information. Do not give your Social Security or bank account numbers.
- Before you purchase a Medicare product, contact the Ohio Department of Insurance to see if any consumer complaints have been filed against the company.
- Do not sign any paperwork until you have a trusted advisor confirm the product will meet your needs.
- Contact your healthcare providers to verify they participate in the plan or accept the plan you're considering.

If you believe you have been the victim of a deceptive sales practice, we encourage you to contact the Enforcement Division of the Ohio Department of Insurance <u>Immediately</u>.

Ohio Department of Insurance

Fraud, Enforcement & Licensing Division

50 W. Town St., Suite 300

Columbus, OH 43215

1-800-686-1527

FAX to (614) 387-0092

Source: Ohio Department of Insurance.

A Note from VITA....

"The VITA Program offers **FREE TAX ASSISTANCE** for low-to-moderate income people; **AGI of $50,000 or less**, who cannot prepare their own tax return." VITA of Crawford County offers **free preparation and e-filing of Federal Tax and State Tax returns, including Ohio School District taxes, and assistance with Bucyrus City Tax Returns to those who qualify**. Certified volunteers receive training to help prepare basic tax returns and are qualified to prepare the forms and schedules within the scope of the VITA program.

We've gone through a lot of changes for this tax season. We are under new leadership; we have a new site location; different days of operation, etc. Most of the long term volunteers with VITA will be continuing to volunteer and will help VITA continue its usefulness to the community.

This year we will be operating our tax site in the Bucyrus City Maintenance/Water Dept. building in Bucyrus, OH, located at **2037 Marion Road. (Across from the First Nazarene Church and a drive or two after The Haydocy Car Dealership; this is the old Dodge dealership building).**

Our days of operation will be **Tuesdays** and **Thursdays** during the tax season. We will begin preparing returns on Tuesday Feb. 7th and will continue on Tuesdays and Thursdays throughout the tax season. (April 12th will be our last scheduled day to prepare returns.) Our hours of operation will be 9:00 am to 3:00 pm.

Taxpayers will need to make an appointment to schedule their tax returns. Crawford County Council on Aging will be graciously taking appointments again this year for VITA. The number is **419-562-3050 or toll free 1-800-5897853**.

Be sure to bring a copy of your 2010 tax return, social security cards for yourself, spouse, and dependents along with picture ID. Bring all income documents (i.e., estimated tax payments, totaled medical expenses, etc.) you may have for 2011. Remember that some 1099's are not mailed out until Feb. 12th.

Be sure you have all the relevant 1099's before your scheduled appointment.

We will only be preparing Bucyrus City tax returns this year. We will have information for taxpayers residing in other local cities that have local filing requirements to inform them of the necessary steps to complete their local tax return requirements for the filing season.

We will continue to prepare and e-file Federal and State Returns including School District returns. We look forward to seeing and assisting taxpayers of Crawford County.

Top 8 Ways to Protect Yourself from scams..... continued from page 1

Neighborhood children you know who are selling Girl Scout cookies or school fundraising items may be an exception, but a good rule of thumb is to never donate if it requires you to write your credit card information on any forms.

It's also good practice to obtain a salesperson's name, business identity, telephone number, street address, mailing address, and business license number before you transact business.

And always take your time in making a decision.

4. **Shred all receipts with your credit card number.** Identity theft is a huge business. To protect yourself, invest in, and use, a paper shredder. Monitor your bank and credit card statements and never give out personal information over the phone to someone who initiates the contact with you.

5. **Sign up for the "Do Not Call" list and take yourself off multiple mailing lists.**

Visit www.donotcall.gov to stop telemarketers from contacting you.

Be careful with your mail. Do not let incoming mail sit in your mailbox for a long time. When sending out sensitive mail, consider dropping it off at a secure collection box or directly at the post office.

You also can regularly monitor your credit ratings and check on any unusual or incorrect information at www.AnnualCreditReport.com.

To get more tips on protecting yourself from fraud, visit www.onguardonline.gov, which has interactive games to help you be a smarter consumer on issues related to spyware, lottery scams, and other swindles.

6**. Use direct deposit for benefit checks to prevent checks from being stolen from the mailbox.**

Using direct deposit ensures that checks go right into your accounts and are protected. Clever scammers or even scrupulous loved ones have been known to steal benefits checks right out of mailboxes or from seniors' homes if they are laying around.

7. **Never give your credit card, banking, Social Security, Medicare, or other personal information over the phone unless you initiated the call.**

Misuse of Medicare dollars is one of the largest scams involving seniors. Common schemes include billing for services never delivered and selling unneeded devices or services to beneficiaries.

Protect your Medicare number as you do your credit card, banking, and Social Security numbers and do not allow anyone else to use it. Be wary of salespeople trying to sell you something they claim will be paid for by Medicare.

8. **Be skeptical of all unsolicited offers and thoroughly do your research.**

Be an informed consumer. Take the time to call and shop around before making a purchase. Take a friend with you who may offer some perspective to help you make difficult decisions.

Also, carefully read all contracts and purchasing agreements before signing and make certain that all of your requirements have been put in writing. Understand all contract cancellation and refund terms.

As a general rule governing all your interactions as a consumer, do not allow yourself to be pressured into making purchases, signing contracts, or committing funds. These decision are yours and yours alone.

Protect Your Loved Ones: Signs to Look For

If you know or care for an older adult, here are some additional warning signs that may indicate they are the victim of financial abuse:

- There are unusual recent changes in the person's accounts, including atypical withdrawals, new person(s) added, or sudden use of a senior's ATM or credit card.
- The senior suddenly appears confused, unkempt, and afraid.
- Utility, rent, mortgage, medical, or other essential bills are unpaid despite adequate income.
- A caregiver will not allow others access to the senior.
- There are piled up sweepstakes mailings, magazine subscriptions, or "free gifts," which means they may be on "sucker lists."

Every state operates an Adult Protective Services (APS) program, which is responsible for receiving and investigating reports of elder abuse, neglect, and exploitation, and in most states, the abuse of your adults with severe disabilities.

APS is the "911" for elder abuse. Anyone who suspects elder abuse, neglect, or exploitation should make a report. The reporter's identity is protected. APS services are confidential, so the reporter may not be able to learn the outcome of the case.

APS respects the rights of older persons to make their own decisions and to live their lives on their own terms. In cases of cognitive impairment, however, APS will take steps to protect the older person to the degree possible.

Steps to Take if You're a Victim

If you think you've been scammed, don't be afraid or embarrassed to talk about it—waiting could only make it worse.

Immediately:

- Call your bank and/or credit card company.
- Cancel any debit or credit cards linked to the stolen account.
- Reset your personal identification number (s).

Source: *NCOA, National Council on Aging*, www.ncoa.org/enhance-economic-security.