



**PALS**<sup>®</sup>

PEOPLE ABLE  
TO LEND SUPPORT

*...lend a hand, touch a heart!*



**PALS**<sup>®</sup>  
WITH PETS

<Date>

<Recipient Name>

<Address>

<City, State Zip>

Dear <member>:

Thank you for your interest in the **Highmark PALS/PALS WITH PETS** (People Able to Lend Support) **Program**. People like you are what make this program so special.

In order to provide you with Highmark PALS/PALS WITH PETS services, we require that you first review and complete the enclosed 'Highmark PALS/PALS WITH PETS Recipient Release From Liability Form' for our records.

Please use the enclosed envelope to return your **signed form** to the Highmark PALS/PALS WITH PETS Program **within two weeks** of the date of this letter. In order to avoid delay in receipt of Highmark PALS/PALS WITH PETS services, your prompt reply is appreciated.

If you have any questions, do not hesitate to contact me at **1-800-988-0706** <ext #> Monday through Friday, 8:30 a.m. to 4:30 p.m. TTY users please call **1-800-988-0668**. We look forward to welcoming you as a Highmark PALS/PALS WITH PETS member.

Sincerely,

<PALS/PALS WITH PETS Rep>

Highmark PALS/PALS WITH PETS Program

Enclosures



P.O. Box 535067 • Pittsburgh PA 15253-9919 • 800-988-0709

Highmark Blue Shield is an Independent Licensee of the Blue Cross and Blue Shield Association

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## HIGHMARK PALS/PALS WITH PETS RECIPIENT RELEASE FROM LIABILITY FORM

The Undersigned RECIPIENT HEREBY AGREES THAT:

The Recipient has read and understands the Highmark PALS/PALS WITH PETS program information and understands the purpose of the volunteer service credit banking arrangement;

The Recipient understands that the Highmark PALS/PALS WITH PETS program assists recipients and volunteers in arranging services, but does not control the method or timing of the provision of services by volunteers;

The Recipient understands that services cannot be guaranteed as Highmark PALS/PALS WITH PETS depends on the volunteer's availability to provide the program's services;

The Recipient understands that neither Highmark PALS/PALS WITH PETS, Senior Markets, Highmark, Inc. and Highmark Health Insurance Company (HHIC) acts as employer of or warrants the services provided by any of the volunteers to Recipient;

The Recipient understands that credit for services performed under the Highmark PALS/PALS WITH PETS program may be redeemed in accordance with program guidelines and may be updated from time to time; however, such services are not guaranteed and Recipient shall have no legally enforceable right to such services;

The Recipient agrees to at all times act in good faith and exercise reasonable care in connection with any request for volunteer services and shall not participate in any reckless, wanton or intentional misconduct toward any volunteer;

The Recipient hereby releases and holds harmless Highmark PALS/PALS WITH PETS, Senior Markets, Highmark, Inc. and Highmark Health Insurance Company (HHIC), their respective directors, officers, employees and agents from any and all liability, costs, damages, fees, expenses of any kind or nature whatsoever, including, without limitation, negligence actions, of or by any individual or entity, in any way connected with, either directly or indirectly, any volunteer services provided under the Highmark PALS/PALS WITH PETS program and any acts or omissions in the course of performing such services;

The Recipient shall furnish an executed copy of this release form to the Highmark PALS/PALS WITH PETS Program prior to receiving any services hereunder;

I HAVE RECEIVED THE HIGHMARK PALS/PALS WITH PETS PROGRAM INFORMATION AND REVIEWED AND UNDERSTOOD ITS CONTENTS.

\_\_\_\_\_  
Signature of Recipient

\_\_\_\_\_  
Print Name of Recipient

\_\_\_\_\_  
Date

