

SSN Attestation Form

Subscriber Name (Please Print)

Group Legal Name

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information

Name of Individual Providing This Information (Please Print)

Signature of Individual Providing This Information

Date

NOTE: An annual letter will be sent to the member requesting their SSN.