



## Declaration of Medicare Part B Ineligibility

*Please fill one form for each Medicare ineligible family member*

### SECTION 1 – Information about you and your coverage

1. Name (LAST, First)	2. Index Number	3. Retiree Number	4. Plan Name <input type="checkbox"/> Aetna <input type="checkbox"/> Empire Blue Cross <input type="checkbox"/> HIP
5. Are you the subscriber? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If no, please answer 6, 7, and 8)</i>	6. Relation to the subscriber <input type="checkbox"/> Spouse <input type="checkbox"/> Child	7. Subscriber's Name	8. Subscriber's Retiree #
9. Mailing Address		10. Telephone No.	11. Email Address

### SECTION 2 – Declaration of Medicare Part B Ineligibility

I solemnly declare that I am not currently eligible for Medicare Part B for the following reason(s):

- I am neither a permanent resident, i.e. green-card holder, nor a citizen of the US.
- I am a permanent resident of the US, but I have not met the 5 years of lawful residency requirement.
- I am not yet 65 years of age.
- Other *(please explain in the box below)*

I state that the information provided on this form is true and complete.

Signature \_\_\_\_\_ Date \_\_\_\_\_