United Nations
Health & Life Insurance Section

Declaration of Medicare Part B Ineligibility

Please fill out one form for each Medicare ineligible family member

Please submit the completed form to: Health and Life Insurance Section (HLIS),
Email: ashi@un.org – Fax: (917) 367-1670

Please Note: This form must be submitted along with a Social Security letter indicating Medicare Part B ineligibility with a copy of the bio and visa page of passport or US residency card.

SECTION 1 – Information about you and your coverage

1. Full Name *(LAST, First)*:	2. Index Number:	3. Retiree Number:	4. Plan Name: ☐ Aetna PPO ☐ Empire Blue Cross PPO
5. Are you the subscriber? ☐ Yes ☐ No *(If no, please answer 6, 7, and 8)*	6. Relation to the Subscriber: ☐ Spouse ☐ 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.
(Please also submit a copy of the bio and valid visa page of passport)

☐ I am a permanent resident of the US, but I have not met the 5 years of lawful residency requirement.
(Please also submit copy of your US residency card)

☐ Other
(Please explain in the box below)

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

Signature:_____ Date *(DD/MM/YY)*:_____