



# Medicare Part B Bank Information Form

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

## SECTION 1 – ASHI participant *(Please print all information clearly)*

Name (LAST, First):	Index Number: <i>(Not UID or Pension Number)</i>	Retiree Number:
Mailing Address:	Personal Email Address:	
Telephone Number:		

## SECTION 2 - Bank information for EFT payment

*Please complete Section 2 if you are submitting a reimbursement claim for the first time. If the reimbursement is for spouse only, please note that banking details should be the primary ASHI participant's account or a joint account. Otherwise, the reimbursement will be rejected.*

Have your banking details changed?  YES  NO

*If yes, please complete the details below and include a voided check for reimbursement into checking accounts.*

Bank Name:	
Account no:  <input type="checkbox"/> Savings <input type="checkbox"/> Checking <i>(please only check one)</i>	Routing or ABA #, IBAN or SWIFT Code:

***I declare that I will continue to make payments to SSA for my Medicare Part B coverage, and I understand that my claims will be adjudicated as if I had Medicare Part B regardless of my actual Medicare status.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date (DD/MM/YY)