BENEFITS ADMINISTRATION
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Medicare Secondary Payer (MSP) Information

Important Information to assist your employer in complying with certain federal laws applicable to your coverage.

Have you or a member of your family been covered under your employer's health care plan and also covered by Medicare within the last three years?

☐ **Yes - Fill out sections A, B and C below.** ☐ **No - Fill out sections A and C only.**

A. Group Name: _____ Group Number: _____ Section Number: _____

Enrollee Name: _____ Social Security Number: _____

►► **IMPORTANT** (Check One): Enrollee Status: ☐ Actively at Work ☐ Retired as of _____(date) ☐ Cobra ◄◄

B. **Enter information here for those with current or prior Medicare coverage. Be sure to include all applicable dates. Use the form MM/YY. See Back for further instructions on columns 1-5.**

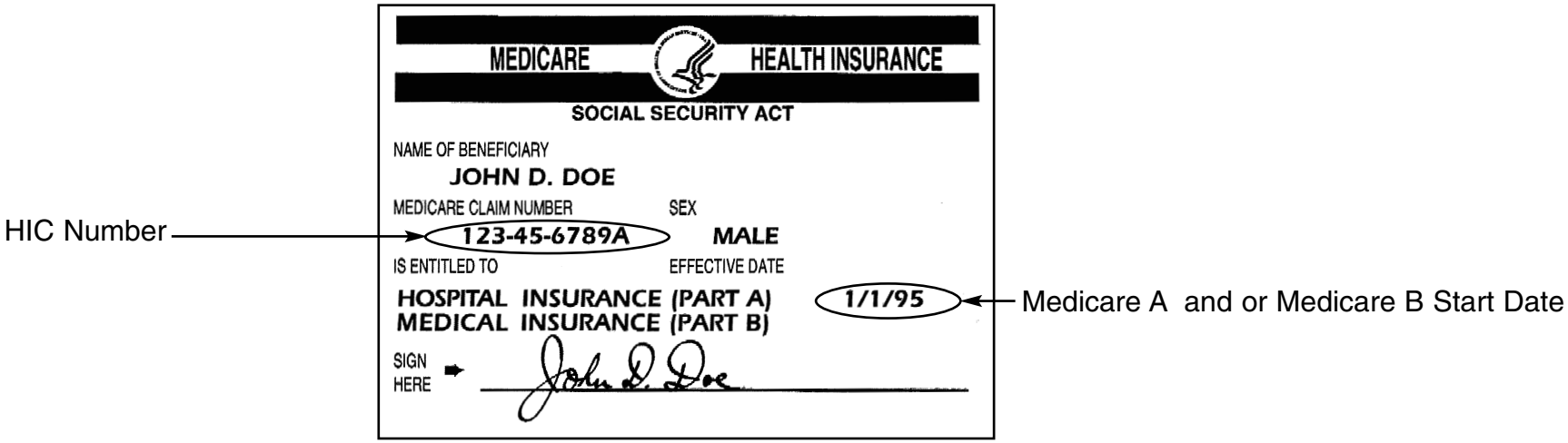
					① From Your Medicare ID Card - See Back	② Disability		③ ESRD Dialysis		④ Medicare A	⑤ Medicare B	
Relationship	**Last Name**	**First Name**	**Date of Birth**	**Social Security Number**	**Medicare Claim Number (HIC)**	**Start Date**	**End Date** (If applicable)	**Start Date**	**End Date** (If applicable)	**Start Date**	**Start Date**	**End Date** (If applicable)
Enrollee												
Spouse												
☐ **Son** ☐ **Daughter**												
☐ **Son** ☐ **Daughter**												
☐ **Son** ☐ **Daughter**												
☐ **Son** ☐ **Daughter**												

C. I certify that the information provided above is true. If there is a change to this status, I understand that it is my responsibility to advise my employer promptly of the change.

Print Name: _____

Signature of Enrollee: _____ Date Signed: _____

① Medicare Claim Number, also known as the HIC Number - the Health Insurance Claim account number; the number uniquely identifying the Medicare beneficiary. This number can be found on the Medicare card.



② Disability Start Date - the first day the beneficiary was eligible for Medicare due to being disabled.
End Date - the day the beneficiary is no longer disabled.

③ ESRD Dialysis Start Date - the day when the End Stage Renal Disease regular course of dialysis began, or date of kidney transplant due to renal failure.
End Date - the day when the End Stage Renal Disease regular course of dialysis ends.

④ Start Date - the day when the Medicare beneficiary became eligible for Medicare Part A.

⑤ Start Date - the day when the Medicare beneficiary became eligible for Medicare Part B.
End Date - the day Medicare B entitlement stops.