

PLEASE PRINT CLEARLY

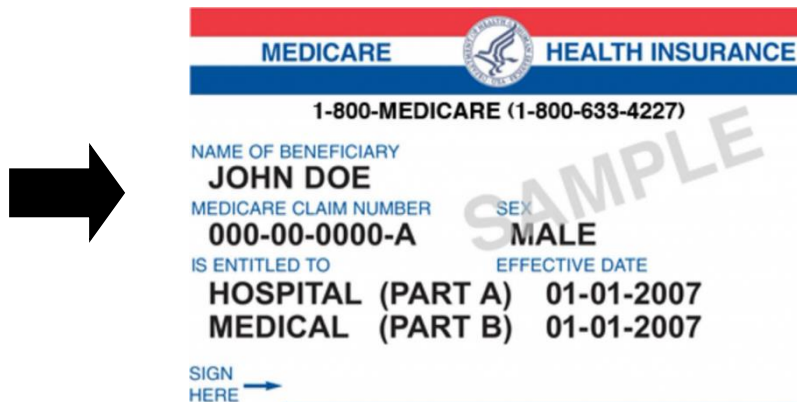
NAME _____

BIRTHDATE _____

SIGNATURE _____

TODAY'S DATE _____

**The Medicare card (federal government issued health insurance)
looks exactly like this**



PLEASE CHECK ONE:

- NO**, I am **NOT** enrolled in any type of Medicare Plan
- YES**, I have **Medicare** (read below)

Medicare is the federal health insurance program for people who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

FOR STAFF ONLY:

Contracts on file