



Social Security Number (SSN) Attestation Form

Complete this form if you aren't providing us your SSN.

- Please print when filling out the form.
- We'll send you a letter asking for your SSN every year.
- If you're unable to sign this document, a representative may sign for you. Please provide a reason why the member is unable to sign.

Subscriber name

Group legal name

Name of dependent(s) covered by form (if applicable)

Reason(s) for not providing SSN

I am not providing my SSN for the reason(s) listed above. I understand that if I'm a Medicare beneficiary and I don't provide my SSN, I may be violating obligations as a beneficiary to help Medicare in coordinating benefits to pay my claims correctly and promptly.

Name of individual providing information

Signature of individual providing information

Date