

**Complete this form and return it to Basic Health by March 31,
or you will lose your Basic Health coverage.**

I.D. #: * *

Member Name: _____

Member SSN: _____

If you **do not** have a Social Security number, check the box below, sign, date, and return to Basic Health (BH) by March 31. Do not take this form to a Social Security office.

I do not have a Social Security number issued by the Social Security Administration, and do not have a Resident Alien number or card.

I authorize Basic Health to verify this information with federal, state, and local agencies. If this information is not true, I understand I will lose my Basic Health coverage immediately and may not reenroll for at least 12 months, and until I prove that I am not eligible for Medicare. I may be charged for services received when enrolled in Basic Health based on false information.

Signature

Date

If you **do** have a Social Security number issued by the Social Security Administration, you must take this form to a Social Security office, along with your Permanent Resident Card. They will complete the information, and you must return it to Basic Health by March 31, or **you will lose your Basic Health coverage.**

Social Security number _____
Number _____

Alien

Please check appropriate box below

- You are eligible for free or purchased Medicare (Part A or Part B) on your own record or your spouse's record because you are a US citizen or a permanent resident alien with five years US residency.
- You are not eligible for free or purchased Medicare (Part A or Part B) because you are not a permanent resident alien with five years US residency.
- You will be eligible for free or purchased Medicare (Part A or Part B) effective ___/___/_____ because you will have obtained 5 years US residency or become eligible on a spouse's record.

Additional comments _____

Name and title of Social Security official completing form:

Signature

Phone number

Date

**Return this form to Basic Health in the envelope provided or send it to Basic Health:
P. O. Box 42683, Olympia, WA 98504-2683
Fax: 360-923-2910**