

# Affidavit of Medicare Eligibility Form

( LEGAL NAME)

First Name _____	Middle Initial _____
Last Name _____	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth _____ MONTH / DATE / YEAR
Social Security Number (SSN) _____	
Maiden name or other name(s) under which you have used the above SSN: _____	

**Please answer YES or NO to the following questions:**

1. Have you reached the age of 64 and become entitled to receive either Social Security, Widow's/Widower's or Railroad Retirement benefits? YES\_\_\_ NO\_\_\_
2. If you are under age 64, have you received or applied for Social Security, Widow's/Widower's or Railroad Benefits? YES\_\_\_ NO\_\_\_
3. Have you treated for end-stage renal disease that has required dialysis treatment or kidney transplant? YES\_\_\_ NO\_\_\_
4. Are you 65 years or older, not eligible for either Social Security or Railroad Retirement benefits but have purchased Medicare coverage by monthly payment as an active employee for an employer with over 20 employees? YES\_\_\_ NO\_\_\_
5. Are you currently receiving Medicare benefits? YES\_\_\_ NO\_\_\_
6. Are you represented by an attorney? YES\_\_\_ NO\_\_\_  
*If yes, provide: name, address, email, and telephone #:* \_\_\_\_\_
7. Do you have a court appointed Guardian/Conservator? YES\_\_\_ NO\_\_\_  
*If yes, provide: name, address, email, and telephone #:* \_\_\_\_\_
8. Do you have someone who can legally act as your Power of Attorney? YES\_\_\_ NO\_\_\_  
*If yes, provide: name, address, email, and telephone #:* \_\_\_\_\_

**If you answered YES to question(s) 1 – 5, please provide your Medicare Health Insurance Claim Number (HICN):** \_\_\_\_\_

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**I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to certain action by Medicare including but not limited to possible penalties and fines and/or recovery of any funds improperly paid to me by Medicare in connection with the above-referenced claim.<sup>1</sup>**

Signature \_\_\_\_\_ Date \_\_\_\_\_

<sup>1</sup> See, e.g., 42 U.S.C. § 1395y(b)(2)(B)(iii) and 42 Code of Federal Regulations § 411.24.