

(Local - Registration #)


(Last Name, First Name)

(Birthdate)

MEDICARE PART B - ENROLLMENT QUESTIONNAIRE

1. Do you have your Medicare Health Insurance Card or Social Security award letter confirming your Medicare status? YES NO

If your answer is "YES," use your Medicare Health Insurance Card or your Social Security award letter to fill in the blanks on the sample Medicare Health Insurance card printed below:

Medicare  Health Insurance	
SOCIAL SECURITY	
NAME _____	
MEDICARE CLAIM NUMBER _____	
SEX _____	
IS ENTITLED TO	EFFECTIVE DATE
HOSPITAL (PART A)	_____
MEDICAL (PART B)	_____

2. Is your monthly Medicare Part B premium paid by another employer plan (other than the ILWU-PMA Welfare Plan) or a state agency (such as Medicaid or Medi-Cal)? YES NO

If your answer is "YES," please name the plan or agency. _____

3. If your answer to #1 is "NO," take this form to your local Social Security office and ask them to fill in the following: Is applicant enrolled for Medicare? YES NO

Medicare Claim No. _____

Hospital (Part A) Effective Date _____

Medical (Part B) Effective Date _____

If applicant is not enrolled, why? _____

Social Security Representative _____ Phone # _____

Address _____

4. Sign, date and return this form to ILWU-PMA Benefit Plans, 1188 Franklin Street, Suite 300, San Francisco, CA 94109. A self-addressed, postage paid envelope is enclosed.



Signature of Medicare Enrollee _____ Telephone Number _____ Date _____

FOR PLAN USE ONLY

Code _____ Health Plan _____	YEN <input type="checkbox"/> YYA <input type="checkbox"/> YYY <input type="checkbox"/> Member <input type="checkbox"/> Spouse <input type="checkbox"/> Incap Dep <input type="checkbox"/>	No Med B: _____/_____ HMS Carrier _____/_____
M/R \$ _____ \$ _____ M/S \$ _____ \$ _____ Local _____	Effective Date: _____ MRR Cycle: _____ PCD: _____ Reimburse Date: _____ Entered By: _____ / _____ Approved By: _____ / _____	<input type="checkbox"/> List 1 (Coast) _____ <input type="checkbox"/> List 2 (Coast - M/O) _____ <input type="checkbox"/> List 3 (Watchmen) _____ <input type="checkbox"/> List 4 (Watchmen - M/O) _____ Enter Pension Payroll _____ / _____ Approved by: _____ / _____
Notes: _____		