



Medicare wants to know which ONE statement is true for YOU:

I am OVER 65, married, and :

- 1) My spouse and I are both fully retired. Medicare is primary for me.
Date of your retirement:
Date of spouse's retirement:
2) I work full or part-time (my spouse is retired) for a company with:
Name and address of employer:
a) LESS than 20 employees. Medicare is primary for me.
b) MORE than 20 employees. Medicare is secondary for me.
3) My spouse works full or part-time (I am retired) for a company with:
Name and address of spouse's employer:
a) LESS than 20 employees. Medicare is primary for me.
b) MORE than 20 employees. Medicare is secondary for me.

I am OVER 65, not married (includes widowed), and :

- 4) I am fully retired. Date of Retirement: Medicare is primary for me.
5) I work full or part-time for a company with:
Name and address of employer:
a) LESS than 20 employees. Medicare is primary for me.
b) MORE than 20 employees. Medicare is secondary for me.

I am UNDER 65, DISABLED, and :

- 6) I (do not have, have) health care coverage through a LGHP with an employer who has 100 or more employees.
7) I (do not have, have) health insurance coverage through anyone else.

Other Conditions:

- 8) I have End Stage Renal Disease. Medicare is secondary for me.
9) I am entitled to Black Lung Benefits. Medicare is secondary for me.
10) I am entitled to Veteran's Adm. Benefits. Medicare is secondary for me.
11) COBRA Benefits apply. Medicare is secondary for me.
12) I was injured in an accident. Medicare is secondary for me.
Type of Accident: ___ Auto ___ Work related ___ Other
Date of Accident Description
Name of Insurance Company
Address

If none of the above describes your situation, please explain:

Blank lines for explanation