Please Read the Enclosed Material Before Making Your Choice

If you DO want Medical Insurance, cut out your Health Insurance Card. Your coverage and your Medical Insurance premium begin on the date shown. **Destroy the rest of this form.**

If you do NOT want Medical Insurance, carefully follow the instructions on the back of this form.

MEDICARE		HEALTH INSURANCE

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY
MARY K JACOBS

MEDICARE CLAIM NUMBER	SEX
399-99-6789-A	**FEMALE**

IS ENTITLED TO   EFFECTIVE DATE

HOSPITAL (PART A)   **01-01-2014**
MEDICAL (PART B)   **01-01-2014**

SIGN
HERE ➡ _____

SAMPLE

DO NOT SEND CLAIMS FOR PAYMENT OF MEDICARE BENEFITS TO THIS (↓) ADDRESS

```
*************AUTO**3-DIGIT 532
MARY K JACOBS
1616 W SYCAMORE ST
SHOREWOOD WI  53221-0112
```
D07091847

SOCIAL SECURITY ADMINISTRATION
GREAT LAKES PROGRAM SERVICE CENTER
600 WEST MADISON ST
CHICAGO IL 60661-9909

1. Carry your card with you when you are away from home.
2. Let your hospital or doctor see your card when you require hospital, medical, or health services under **Medicare**.
3. Your card is good wherever you live in the United States.

WARNING: Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and will make the offender liable to penalty. If found, drop in nearest U.S. mail box.

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Centers for Medicare & Medicaid Services
Baltimore, MD 21244-1850
Form CMS-1966 (01/2002)

If you have questions about Medicare, call 1-800-MEDICARE (1-800-633-4227; TTY/TDD: 1-877-486-2048) or visit us at www.medicare.gov.

I DO NOT WANT MEDICAL INSURANCE ❑ Check Here

Written Signature (or Legal Representative)
SIGN HERE
Signature by Mark (✖) Must Be Witnessed
Signature of Witness
Address of Witness

SAMPLE

If you do NOT want Medical Insurance:

1. Check the box above (top right), sign your name, and return the entire form in the enclosed envelope. Do NOT tear off the Medicare card. It would be improper to use it since you do not want Medical Insurance. You must return the form BEFORE the Medical Insurance effective date shown on the card.

2. Since you are entitled to Hospital Insurance even though you do not want Medical Insurance, we will send you a new card showing that you have Hospital Insurance only.