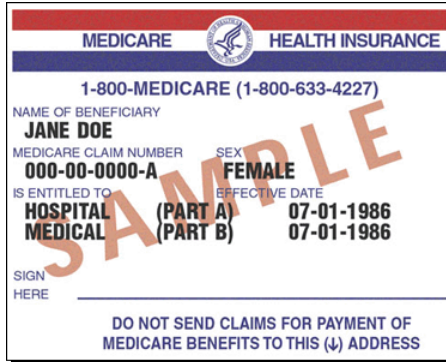


MEDICARE INFORMATION FORM

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that group health insurers, claims processing third-party administrators, and certain employer self-funded/self-administered plans report specific information about Medicare beneficiaries who have other group coverage. This reporting is to assist CMS and other health insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

Please review this picture of the Medicare card to determine if you, a spouse, or other family members covered by your group health plan have, or has ever had, a similar Medicare card.



1. Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?

YES NO

2. Are you eligible for Medicare benefits from your spouse or other covered family member?

YES NO

I understand that the information requested is to assist my insurer, third party administrator or group health plan to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law. I understand that this information may be provided to my insurance carrier or third party insurance carrier and authorize my attorney to provide this information in compliance with the new Medicare reporting requirement.

Name of Person Completing this Form



Signature of Person Completing this Form

Date