

# SSN Attestation Form

**Subscriber Name (Please Print)**

**Group Legal Name**

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

**Reason(s) for Refusal to Provide Requested Information**

**Name of Individual Providing This Information (Please Print)**

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**Signature of Individual Providing This Information**

**Date**

**NOTE:** An annual letter will be sent to the member requesting their SSN.