Member Social Security Number Exception Request Form



The Centers for Medicare & Medicaid Services (CMS) is the federal agency overseeing the Medicare program. Many Medicare beneficiaries have other private group health plan (GHP) insurance in addition to their Medicare benefits. There are federal rules that determine whether Medicare or the other GHP insurance pays first.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a federal law effective January 1, 2009, requires insurers of fully insured/self insured group health insurance plans and third-party administrators 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 claims are paid promptly and correctly.

If the covered member is unable or unwilling to comply with the request to provide a Social Security Number (SSN), please complete and return this form to our Anthem office so that we may comply with this law.

Note: A completed form is required at least once every 12 months for those members who do not have or refuse to provide SSNs.

embe	r name		Member date of birth (MMDDYYYY)
Subscri	ber/Employee name (if different than above)		Subscriber/Employee identification no.
Employ	er name		Group no.
'lease	check appropriate response:		
	nber is not providing a Social Security Number		
□ Mer	nber does not have a Social Security Number		
Please	briefly explain the reason for your selection:		
	IFORMATION IS BEING PROVIDED BY:		
Individual signature X		Individual name (please print)	Date
ease r	eturn this form to:		
nail:	CASGMedicareSubmission@wellpoint.com		
ax:	805-499-0842 805-499-7762		
1ail:	Anthem Blue Cross PO Box 9062 Oxnard, CA 93031-9062		