

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Social Security Claim Number

Beneficiary Identification Code (BIC)

- -

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

() -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

/ /

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT
MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

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11. Address of Witness

12. Remarks

6. Phone Number (including area code)

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Sample Of Medicare Enrollment Application

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