

Residence Verification

Name: _____

Medicare Number: _____

Current Address (please list physical address, not a P.O. Box)

Street: _____

City, State, Zip: _____

County: _____

Phone Number: _____

Month and Year you moved to this Address: _____

Permanent Address, if different from Current Address:

Street: _____

City, State, Zip: _____

County: _____

Month and Year you expect to return to Your Permanent Address: _____

Mailing Address, if Different from Current Address

Street or Post Office Box: _____

City, State, Zip: _____

Reason Permanent Address is different from Current Address:

Member's Signature:

Date:

Office use only below this line

H2960-H2906

Residence Zip code: _____ Effective Date: _____