



MASSACHUSETTS

Harvard University Student Health Program - 75 Mount Auburn Street - Cambridge, MA 02138

Member Name: _____

BCBS ID: _____

Address: _____

Certification of Eligibility for Medicare

Please check the boxes that describe your situation.

I hereby certify that I am actively working more than 20 hours per week and enrolled in my employer's group health insurance.

I hereby certify that I am enrolled in Medicare as of the following dates:

Medicare Part A Number: _____ Effective Date: _____

Medicare Part B Number: _____ Effective Date: _____

I hereby certify that I am not eligible for Medicare due to the following reason(s):

I am not eligible because neither my spouse nor I earned the qualified quarters of coverage for Social Security, for the Railroad Retirement Board, or as a government employee

I am not eligible because I am not a U.S. citizen or a U.S. permanent resident

Other - Please provide a detailed explanation

I certify that the information I have supplied is true and complete.

Subscriber/Member Signature

Date