

Declination to Provide Social Security Number



Section 1

I, _____, understand that Blue Cross and Blue Shield of Kansas, Inc. (BCBSKS), has an obligation to report my Social Security Number (SSN) to the Centers for Medicare and Medicaid Services (CMS), and I am declining to provide my, or a dependent's SSN to BCBSKS for the following reason(s) (check all that apply):

I do not wish to share my or a dependent's Social Security Number with BCBSKS.

I do not have a Social Security Number because:

Other – please explain:

If you are currently eligible for Medicare, or when you become eligible for Medicare, you must notify BCBSKS. If we are not notified of your Medicare eligibility and we do not have your SSN, claims payment may be impacted. This could include non-payment of claims.

**Signature of individual
named above (required)**

_____ **Date** ____/____/____

Printed Name _____

**Signature of group
leader (required)**

_____ **Date** ____/____/____

Printed Name _____

For office use only:

Group ID/Prospect Number: _____

Individual's Membership ID Number: _____