



New Jersey Property-Liability Insurance Guaranty Association

New Jersey Surplus Lines Insurance Guaranty Fund
Unsatisfied Claim and Judgment Fund
Workers' Compensation Security Fund

233 Mount Airy Road ❖ Basking Ridge, New Jersey 07920
Tel: (908) 382-7100
www.njguaranty.org

Claim Number: _____

CERTIFICATION OF MEDICARE ELIGIBILITY

State of _____ County of _____

1. Name (First, Middle Initial, Last) _____
2. Date of birth _____
3. Gender Male Female
4. Do you have a Social Security number ("SSN")? Yes No
If yes, please provide your SSN: _____
5. Maiden name or other name(s) under which you have used the above SSN _____
6. Do you have an Individual Taxpayer Identification Number ("ITIN")? Yes No
If yes, please provide your ITIN _____
7. Are you a Medicare beneficiary? Yes No
8. Are you currently receiving Medicare benefits? Yes No
9. Are you eligible for Medicare benefits? Yes No
10. Are you receiving Social Security benefits at this time? Yes No
If no, have you applied for Social Security benefits? Yes No
11. Are you receiving Social Security Disability Insurance benefits ("SSDI")? Yes No
If no, have you applied, been denied or are you appealing any SSDI determination? Yes No

If you answered yes to questions 9, 10 or 11, please provide your Medicare Health Insurance Claim Number _____

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I may be subject to certain action by Medicare, including but not limited to, possible penalties and fines and/or recovery of any funds improperly paid to me by Medicare in connection with the above-referenced claim.

Signature

Date

Print Name