



MASSACHUSETTS

<<Date>>

<first name><last name>
<address 1>
<address 2>
<city>, <state> <zip>

Dear <first name> <last name>:

According to a Medicare mandate (Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007), the Centers for Medicare and Medicaid Services (CMS) require group health insurance plans such as Blue Cross Blue Shield of Massachusetts to obtain and transmit the Social Security number (SSN) of members age 45 or older to CMS. This means, even if you do not currently have Medicare, but are age 45 or older, you are required to report this information. Therefore, we are writing to request the Social Security number (SSN) for anyone on your Blue Cross Blue Shield of Massachusetts health plan who is age 45 or older.

Individuals already qualified for Medicare can choose to supply the Medicare Beneficiary ID (also known as HICN) instead of SSN.

You can give us the Social Security number (SSN) in one of two ways:

- 1. Either call Member Service** at the number on the front of your ID card. (Our automated service is available 24 hours a day.)
- 2. Or, complete** and return the enclosed request form in the enclosed business-reply envelope by <date>.

You do not need to do both. If you have any questions, please call the Member Service number on the front of your ID card.

You should feel secure knowing that Blue Cross Blue Shield of Massachusetts does not sell or share personal information outside of Blue Cross Blue Shield of Massachusetts, except as permitted by law or as specifically authorized by you. To request a copy of our Privacy Policy, or if you have any questions related to this letter, please contact Member Service at the number on the front of your ID card.

Thank you for being a member of Blue Cross Blue Shield of Massachusetts.

Sincerely,

Carole Waite
Senior Vice President
Service and Operations

Enclosure



MASSACHUSETTS

Social Security Number Request Form

Please note: If you have called Member Service to provide your SSN/HICN, you do NOT need to submit this form.

I understand that the information requested is to support Blue Cross Blue Shield of Massachusetts' compliance with the CMS mandate, Section 111 of MMSEA. The following information is complete and accurate to the best of my knowledge for the member(s) listed below.

<dfirst> <dlast>

(First name and Last name)

Social Security Number (If Applicable) OR Medicare Beneficiary ID Number

Medicare Part A Effective Date Medicare Part B Effective Date Medicare Part D Effective Date

For the Social Security Number (SSN): Decline to provide Do not have <Mbr Unique #>

<dfirst> <dlast>

(First name and Last name)

Social Security Number (If Applicable) OR Medicare Beneficiary ID Number

Medicare Part A Effective Date Medicare Part B Effective Date Medicare Part D Effective Date

For the Social Security Number (SSN): Decline to provide Do not have <Mbr Unique #>

If You Choose Not to Provide the Requested Information:

I understand that if I, or anyone on my policy who is a Medicare beneficiary, do not provide the requested information, I may be violating obligations as a beneficiary to assist the plan in coordinating benefits to pay my claims correctly and promptly.

Subscriber/Member Signature

Date

Please complete this form and return it using the enclosed business reply envelope to:

Blue Cross Blue Shield of Massachusetts
Attn: CMS Section 111 Reporting
25 Technology Place
Hingham, MA 02043-4359