



Horizon Blue Cross Blue Shield of New Jersey

**Instructions for filling out
Horizon Blue Cross Blue Shield of New Jersey's
Social Security Number/Medicare Claim Number Collection Form**

Please provide the requested information on the following form for the individuals we identified in the enclosed letter.

Section 1 – Subscriber

- Please print the subscriber name and ID number, as it appears on your Horizon BCBSNJ ID card.
- Please sign and date the form.

Section 2 – Subscriber

Required if you are 45 years of age or older.

- Please check box labeled “yes” if you are currently, or have ever been, enrolled in Medicare Part A or Part B.
- If yes, provide your full name, date of birth, sex and Medicare Claim Number. If you do not have your Medicare Claim Number, please provide your Social Security Number.
- If no, check box labeled “no” and proceed to Section 3.

Section 3 – Spouse/Children/Other Dependents

Please provide information for each dependent. There is space for one dependent's information on the enclosed form. If you need more space, please attach another sheet.

- Please make sure you indicate how many dependents you will be listing and their relationship to you.
- If your dependent is 45 years of age or older, provide his or her full name, date of birth, sex and Social Security Number.
- If your dependent is under 45 years of age and enrolled in Medicare, please provide his or her Medicare Claim Number.
- If no, check box labeled “no” and proceed to Section 4.

Section 4 – Only complete this section if you are NOT providing the information requested in Sections 1-3

- If you are refusing to provide the information requested in Sections 1-3, check the appropriate box.
- If you have selected the option “ I do not have a Social Security Number,” please state why in the space provided.

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