DEPARTMENT OF FINANCIAL SERVICES
Division of Risk Management

Medicare Beneficiary Eligibility Information

You have filed a workers' compensation claim or liability claim against the state of Florida for bodily injuries. If you are eligible for Medicare benefits, Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 (Section 1862 (b) of the Social Security Act (42 U.S.C. 1395(y)(b)) requires that we report your claim to the Centers for Medicare and Medicaid Services (CMS). The copy of federal law is available at http://frwebgate.access.gpo.gov/cgi-bin/getdoc.cgi?dbname=110_cong_public_laws&docid=f:publ173.110.pdf The specific regulation that mandates that we collect the information on this form is available at https://www.cms.gov/Medicare/Coordination-of-Benefits-and-Recovery/Mandatory-Insurer-Reporting-For-Non-Group-Health-Plans/Overview.html.

Please complete this form and return to us in the envelope provided. We will send this information to CMS to determine if you are eligible for Medicare benefits. For liability claims, we cannot process or settle your claim unless you fully complete this form and return to us in the envelope provided. If you have questions on a workers' compensation claim, call 1-800-262-4402; on a liability claim call (850) 413-3122.

1. Last name of injured party: _____

2. First name of injured party: _____

3. Middle name of injured party: _____

4. Date of birth of injured party: _____ / _____ / _____
   MM DD YYYY

5. Sex of injured party: ☐ Male ☐ Female

6. Social Security Number of injured party**: _____-_____-_____

7. Does the injured party have end-stage renal disease?
   (permanent kidney failure requiring dialysis or a kidney transplant)
   ☐ Yes ☐ No

8. Is the injured party eligible for Social Security Disability Indemnity (SSDI) benefits?
   ☐ Yes ☐ No

If yes, please state date of eligibility: _____ / _____ / _____
MM DD YYYY

I certify that I have answered all the questions above and the information provided is true and correct to the best of my knowledge:

Signed _____

Printed Name _____

Telephone Number (_____) _____

Return to: Florida Department of Financial Services
Division of Risk Management
200 E. Gaines Street
Tallahassee, Florida 32399-0339

*****Purpose and Use Statement required by Section 119.071(5), Florida Statutes***
Pursuant to the Privacy Act of 1974, 5 U.S.C. Section 552a, the State is responsible for informing you whether disclosure of your social security number is mandatory or voluntary, by what statutory or other authority your social security number is solicited, and what uses will be made of your social security number. Under section 119.071(5)(a)2., F.S., a state agency may collect your social security number if the collection is specifically authorized by law or if it is imperative for the performance of the agency's duties and responsibilities as prescribed by law.

Disclosure of your social security number on this form is: mandatory pursuant to the Section 111 of the Medicare, Medicaid, and SCHIP Extension Act of 2007 and it is imperative for the Department to perform its duties and responsibilities as prescribed by law. The social security number will be used to verify eligibility in the Federal Medicaid, Medicare and SCHIP programs in order to determine if any liens are levied against a potential recovery, and as a unique identifier in Division of Workers' Compensation database systems for individuals who have claimed benefits under Chapter 440, Florida Statutes. It will also be used to identify information and documents in those database systems regarding individuals who have claimed benefits under Chapter 440, Florida Statutes, for internal agency tracking purposes and for purposes of responding to both public records requests and subpoenas that require production of specified documents. The social security number may also be used for any other purpose specifically required or authorized by state or federal law. Your social security number is confidential and exempt from the disclosure requirements of section 119.07(1), F.S., and section 24(a), Article I of the Florida Constitution and will not be used for any purpose other than the purpose(s) provided herein, or as otherwise authorized under section 119.071(5)(a), F.S.

A copy of this Privacy Statement is provided to you as required by section 119.071(5)(a)3., F.S.