COLORADO PERA

Medicare Card Submission Form

Colorado Public Employees' Retirement Association
PO Box 5800, Denver, Colorado 80217-5800
1-800-759-PERA (7372) • Fax: 303-863-3727 • www.copera.org

Member SSN ☐☐☐ ☐☐ ☐☐☐☐

Complete this form if you are enrolling in a PERACare Medicare plan for the first time. Submit your *PERACare Enrollment/Change Form* prior to your requested effective date. Submit this *Medicare Card Submission Form* when you receive your Medicare card.

Your Information

Name_____
Last First MI

Permanent Residence Street Address_____
(PO Box is not allowed)

City _____ State _____ ZIP Code _____

Daytime Phone Number (_____)_____ Email Address _____

Sign up for electronic delivery of PERA information? ❑ Yes ❑ No

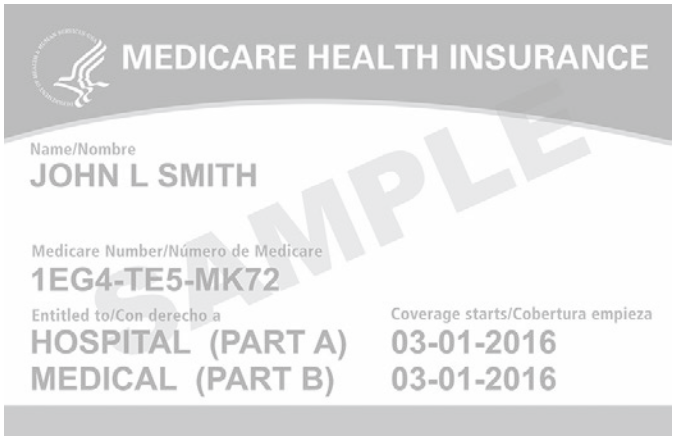
Medicare Information

My Medicare No. _____ ❑ Both Medicare Parts A and B ❑ Part B Only

My Spouse's Medicare No. _____ ❑ Both Medicare Parts A and B ❑ Part B Only

My Child's Medicare No. _____ ❑ Both Medicare Parts A and B ❑ Part B Only

Copy of Medicare Card

Attach a legible photocopy of your Medicare card below.
DO NOT SEND YOUR ORIGINAL MEDICARE CARD.

Extend transparent tape to edges of card. Do not staple or glue.