



SOCIAL SECURITY ADMINISTRATION

297 Knollwood Road, Suite 4A  
White Plains, NY 10607

**MEDICARE CARD REPLACEMENT REQUEST**

If you need a replacement Medicare card, fill in the information requested below and give this form to the receptionist.

**NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**SOCIAL SECURITY CLAIM NUMBER:** \_\_\_\_\_

(This is the Social Security number shown on your Social Security checks or on your Medicare card. It is followed by a letter.)

**DAYTIME TELEPHONE #:** \_\_\_\_\_

If you have changed your address in the last 45 days, please enter the new address below:

**NEW ADDRESS:** \_\_\_\_\_  
(Street) (Apt. #)

\_\_\_\_\_  
(City, State, ZIP code)

**NOTE:** It will take approximately 4 weeks for a replacement Medicare card to be issued. The card will be mailed to your address.

**SIGNATURE** \_\_\_\_\_

A:\1MEDCARD.HLP