

## Residence Verification

Name: \_\_\_\_\_

Member ID or Medicare Number: \_\_\_\_\_

**Current Address (please list physical address, not a P.O. Box)**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Month and Year you moved to this Address: \_\_\_\_\_

**Permanent Address, if different from Current Address:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Month and Year you expect to return to Your Permanent Address: \_\_\_\_\_

**Mailing Address, if Different from Current Address**

Street or Post Office Box: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Reason Permanent Address is different from Current Address:

\_\_\_\_\_

**Member's Signature:**

**Date:**

**Office use only below this line**

---

H2960

Residence Zip code: \_\_\_\_\_ Effective Date: \_\_\_\_\_