



## 2024 Part B Affidavit

ALL MEDICARE-ELIGIBLE PARTICIPANTS MUST COMPLETE AND RETURN THIS FORM.

Each year during Open Enrollment, any Fulton County Medicare-eligible retiree, beneficiary or dependent **MUST** certify whether they are currently participating in Medicare Part B. **If you are Medicare-eligible, you should enroll in Medicare Part B!** If you don't return the 2024 Part B Affidavit, with a copy of your Medicare card, you will lose the Medicare subsidy currently provided to you by the County for 2024.

### MEMBER INFORMATION

Retiree/beneficiary name:		
Retiree type: <input type="checkbox"/> 401(A) retiree (New Plan)    OR <input type="checkbox"/> Defined Benefit retiree (Old Plan)		
Retiree/beneficiary SSN: _____ - _____ - _____	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of birth: ____ / ____ / ____	Phone:	
Street:	City:	
	State:	Zip:

### If dependent is Medicare-eligible, please list.

Dependent name:	Dependent SSN: _____ - _____ - _____
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### MEDICARE ELIGIBILITY

I hereby certify that my current enrollment in Medicare is below.		
Retiree:	Medicare Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: ____ / ____ / ____	Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: ____ / ____ / ____
Retiree Medicare Number:		
Dependent:	Medicare Part A: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: ____ / ____ / ____	Medicare Part B: <input type="checkbox"/> Yes <input type="checkbox"/> No Effective date: ____ / ____ / ____
Dependent Medicare Number:		

**Retiree/beneficiary signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Important! If at any time during the enrollment year you drop or stop your Part B coverage, YOU MUST NOTIFY THE FULTON COUNTY RETIREE BENEFITS TEAM IMMEDIATELY.**

Please return this completed form, along with a copy of your Medicare card, to Fulton County Retiree Benefits. To ensure timely processing, you are encouraged to email or fax your completed form.

**Email:** retireebenefits@fultoncountygga.gov    **Fax:** 404-612-3756

**Mail:** Fulton County Pension Office, 141 Pryor Street SW, Suite 7001, Atlanta, GA 30303