

220 S King Street, Suite 1200 Honolulu, Hawaii 96813 Phone (808) 591-0088 | Toll-Free (800) 621-6998 Fax (808) 535-8353 | hmaa.com/enroll

## **Unable to Provide Social Security Number**

Please use this form if you are unable to provide a Social Security Number to HMAA. HMAA is required to collect Social Security Numbers from enrollees, including dependents, to meet its reporting requirements under the Affordable Care Act and Medicare law.

If you or your dependent is unable or unwilling to provide a Social Security Number to HMAA, we cannot process your enrollment until this form is received by mail, fax, or online at hmaa.com/enroll. HMAA must receive this form by the 10<sup>th</sup> day of the enrollment month.

and the content of th					
Group Information					
Employer/Group Name		Policy #		Division # (if applicable)	
Applicant for whom Social Security Number will not be Provided					
Last Name	First Name		M.I.	Date of Birth (mm/dd/yy)	
Member ID Number (if known)	Applicant Type				
	O Employee/Subscriber O I			Dependent	
Reason for not providing Social Security Number					
Certification & Acknowledgement					
I understand the information requested is to assist my insurer and third-party administrator ("Reporting Entities") to meet reporting requirements under the Affordable Care Act and Medicare law, and by signing below acknowledge I am unwilling or unable to provide the information at this time and request that the Reporting Entities are indemnified of their obligation to report on my or my dependent's behalf.					
For the reason(s) listed above, I have not provided the Social Security Number for the above-referenced applicant as requested. I understand that if my dependent or I am a Medicare beneficiary, by not providing the requested information I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my or my dependent's claims correctly and promptly.					
Applicant or personal representative's signature	 Date (mm/c	dd/vv)			
If personal representative, print name	<u> </u>	p of representative	e to applica	ant	

Return this form to HMAA by mail, fax, or online by the 10<sup>th</sup> day of the enrollment month.

If you email us, please send securely.

HMAA is not responsible for the security or confidentiality of communications you send by email.