



# Retiree Transmittal Form for Medicare Beneficiary Identifier (MBI) Card

HR-BEN-440

Section 1 - Instructions	
Please attach a photocopy of your MBI card to this form. Sign and date the form and submit to the MTA Business Service Center (BSC) via:	
<b>Fax:</b>	212-852-8700
<b>Email:</b>	<a href="mailto:bscservice@mtabsc.org">bscservice@mtabsc.org</a>
If you have any questions, please contact the Business Service Center (BSC) at 646-376-0123 or <a href="mailto:bscservice@mtabsc.org">bscservice@mtabsc.org</a> .	
<b>Please notify the Business Service Center if there is a change in your address or other personal information.</b>	

Section 2 - Retiree Information					
Print Name	Last	First	M.I.	Suffix	BSC ID:
					Pass#

Section 3 - Retiree and Dependent Information		
<b>Complete the following information for the Medicare-eligible member:</b>		
<input type="checkbox"/> <b>Retiree:</b> _____		
Last Name	First Name	
<input type="checkbox"/> <b>Spouse/Dependent:</b> _____		
Last Name	First Name	Relationship

<i>I do hereby certify that to the best of my knowledge, the above information is true and correct.</i>	
<i>My signature and date on this form certifies and warrants that all dependent eligibility information is true, correct, and current.</i>	
<b>Please be sure to attach a copy of your MBI card.</b>	
Member Signature	Date