

This Medicare card shows if you have Part A, Part B or both. It is for your use only. Show your card when you get health services. Use your name and claim number as shown on this card any time you write or talk to Medicare. Cut out and keep this card.

Important: Turn over to read more.



D3935-0000816 \*\*\*\*\*MIXED AADC 159 P02 T00004

**JEFFREY E EPSTEIN**  
**6100 RED HOOK QUARTER**  
**B3**  
**ST THOMAS, VI 00802**



**MEDICARE**  **HEALTH INSURANCE**

1-800-MEDICARE (1-800-633-4227)

NAME OF BENEFICIARY

**JEFFREY E EPSTEIN**

MEDICARE CLAIM NUMBER

**090-44-3348-T**

SEX

**MALE**

IS ENTITLED TO

EFFECTIVE DATE

**HOSPITAL (PART A) 01-01-2018**

**MEDICAL (PART B) 02-01-2018**

SIGN

HERE → \_\_\_\_\_

0000816





1. Carry your card with you when you're away from home.
2. Let your hospital or doctor see your card when you need hospital, medical, or health services under Medicare.
3. Your card is good wherever you live in the United States.

**WARNING:** Issued only for use of the named beneficiary. Intentional misuse of this card is unlawful and may be punishable by fines, imprisonment, and other penalties. If found, drop in nearest U.S. Mail Box.



Centers for Medicare &  
Medicaid Services  
Baltimore, MD 21244-1850  
Form CMS-1956 (04/2015)

Questions about Medicare:  
• visit [Medicare.gov](http://Medicare.gov)  
• call 1-800-MEDICARE  
(1-800-633-4227);  
(TTY: 1-877-486-2048)

**Important!** In most cases, if you don't sign up for Medicare Part B (Medical Insurance) when you're first eligible, you'll have to pay a late enrollment penalty for as long as you have Part B. Also, you may have to wait until the Medicare General Enrollment Period (from January 1 to March 31) to enroll in Part B and coverage will start July 1 of that year.

To learn more about when you can enroll and the penalty, visit [Medicare.gov](http://Medicare.gov), see your Medicare & You handbook, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.



# Social Security Administration

Date: January 12, 2018  
Claim Number: XXX-XX-3348T



000190 1 SP 0.460 P002 T0002 LTR BEV 0112



JEFFREY E EPSTEIN  
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ST THOMAS VI 00802

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

## Date of Birth Information

The date of birth shown on our records is January 20, 1953.

## Medicare Information

You are entitled to hospital insurance under Medicare beginning January 2018.

You are entitled to medical insurance under Medicare beginning February 2018.

## Suspect Social Security Fraud?

Please visit <http://oig.ssa.gov/r> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

## If You Have Questions

We invite you to visit our web site at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll-free at 1-800-772-1213, or call your local office at 866-876-1799. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
1ST FL SUITE 14  
8000 NISKY SHOPPING CT  
ST THOMAS, VI 00802

See Next Page

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If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.

*Social Security Administration*



**Social Security Administration**  
**Retirement, Survivors and Disability Insurance**  
Notice of Award

Northeastern Program Service Center  
1 Jamaica Center Plaza  
Jamaica, New York 11432-3898  
Date: January 15, 2018  
Claim Number: 090-44-3348T

856 1 SP 0.500 T1 \*\*SNGLP PLO S296 M3 PC1 180111  
856 JEFFREY E EPSTEIN  
6100 RED HOOK QUARTER  
B3  
ST THOMAS, VI 00802

Your Medicare Part A (hospital insurance) starts January 2018 and Part B (medical insurance) starts February 2018.

**Information About Medicare**

We will send you a Medicare card. You should take this card with you when you need medical care. If you need medical care before receiving the card and your coverage has already begun, use this letter as proof that you are covered by Medicare.

Your monthly premium for Medicare Part B (medical insurance) is \$134.00 beginning February 2018.

**IMPORTANT:** A Medicare law requires some higher income persons to pay higher premiums. The law applies to premiums for Medicare Part B (medical insurance) and prescription drug coverage. The law generally affects individuals with incomes higher than \$85,000 and couples with incomes higher than \$170,000. We will contact the Internal Revenue Service to get information about your income. If we decide that you have to pay higher premiums, we will send a letter explaining our decision. The higher amount will be effective February 2018. For more information, please visit [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet or call us toll-free at 1-800-772-1213 (TTY 1-800-325-0778).

We will send your first bill for the premiums within a month. Each bill will be for a 3-month period.

**Medicare Prescription Drug Plan Enrollment**

Now that you are eligible for Medicare, you can enroll in a Medicare prescription drug plan (Part D).

To learn more about the Medicare prescription drug plans and when you can enroll, visit [www.medicare.gov](http://www.medicare.gov) or call 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). Medicare also can tell you about agencies in your area that can help you choose your prescription drug coverage.



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If you have limited income and resources, we encourage you to apply for the extra help that is available to assist with Medicare prescription drug costs. The extra help can pay the monthly premiums, annual deductibles and prescription co-payments. To learn more or apply, please visit [www.socialsecurity.gov](http://www.socialsecurity.gov), call 1-800-772-1213 (TTY 1-800-325-0778) or visit the nearest Social Security office.

### **Other Social Security Benefits**

This benefit is the only benefit you can receive from us at this time. In the future, if you think you might qualify for another benefit from us, you will need to apply again.

### **Do You Disagree With The Decision?**

If you do not agree with this decision, you have the right to appeal. We will review your case and look at any new facts you have. A person who did not make the first decision will decide your case. We will review the parts of the decision that you think are wrong and correct any mistakes. We may also review the parts of our decision that you think are right. We will make a decision that may or may not be in your favor.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you receive this letter. We assume you received this letter 5 days after the date on it unless you show us that you did not receive it within the 5-day period.
- You must have a good reason if you wait more than 60 days to ask for an appeal.
- You can file an appeal with any Social Security office. You must ask for an appeal in writing. Please use our "Request for Reconsideration" form, SSA-561-U2. You may go to our website at [www.socialsecurity.gov/online/](http://www.socialsecurity.gov/online/) to find the form. You can also call, write, or visit us to request the form. If you need help to fill out the form, we can help you by phone or in person.

### **If You Want Help With Your Appeal**

You can have a friend, representative, or someone else help you. There are groups that can help you find a representative or give you free legal services if you qualify. There are also representatives who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a representative who is eligible for direct pay, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

### **Suspect Social Security Fraud?**

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**If You Have Questions**

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