



Railroad Medicare Deceased Beneficiary Address Change Form

To change the address record of a deceased beneficiary, please complete, print, sign and return this form to Railroad Medicare at the address below or fax to (803) 264-9844. .

Be sure to include a copy of the court papers naming you as the estate representative.

Examples of acceptable documentation include Executor/Executrix papers, next of kin attested by court documents with a court stamp and a judge's/clerk of court's signature, a Letter of Testamentary or Administration with a court stamp and judge's/clerk of court's signature, or personal representative papers with a court stamp and judge's/clerk of court's signature.

Railroad Medicare cannot accept a copy of a will or other legal documentation drawn prior to the beneficiary's death.

If you do not have court papers naming you as the estate representative, Railroad Medicare will temporarily update the address for a period of 12 months.

Beneficiary's Name

Medicare Number

Date of Birth

Requestor's Telephone Number (including area code)

Requestor's Relationship to Beneficiary

New Address

City State Zip Code

(Requestor's Signature)

Date

If you need further assistance, please call us at (800) 833-4455, Monday through Friday, between 8:30 a.m. and 7:00 p.m. ET. Basic Medicare information may be found on our Web site at www.PalmettoGBA.com/rr/me .

Fax Number: (803) 264-9844



Palmetto GBA - Railroad Medicare
P.O. Box 10066
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