



## **Application for Enrollment in Medicare Part B Form: CMS-40B**

### **Applicant Completes**

#### **Instructions for completing Form 40B:**

- 1. Medicare Number (found on your red, white & blue Medicare card)**
- 2. Person electing Part B**
- 3. Address**
- 4. City, State, Zip Code**
- 5. Phone Number**
- 6. Answer Yes as you want to elect Part B**
- 7a. If you have had coverage through your employer answer YES, if not answer NO.**
- 7b, 7c., 8, Answer as applicable.**
- 9. REMARKS: You must write in the date you want the Part B coverage to go into effect. (Example: Please make Part B effective on 12/01/2024)**
- 10. Sign – Written signature and not print or electronic signature**
- 11. Date**

**If you have any questions feel free to call our office (713-322-0040) and we will be glad to assist you.**

**Turn application in along with the Form L564 to your local Social Security office.**