



Maricopa County

Department of Employee Benefits and Health

Employee Benefits
301 West Jefferson, Suite 3200
Phoenix, AZ 85003-2143
Phone: 602-506-1010
Fax: 602-506-2354
www.maricopa.gov/benefits

Dear Employee:

SUBJECT: Request for Alternate Identification Number

During or prior to your enrollment in group health benefits through Maricopa County, you indicated that you do not want your Social Security Number (SSN) transmitted to the benefits vendors who support the Maricopa County Benefits Program. Instead, you requested that an Alternate ID Number be used in connection with your benefits record and transmitted to the vendors in place of your SSN.

It is important to note that ID cards issued by health care vendors such as those who administer the County-sponsored medical, pharmacy, vision and dental plans no longer include SSNs on the cards. Rather, these vendors print a unique number or display no number at all on ID cards. There are certain benefit plans that require the use of and submission of an SSN, and those are the Flexible Spending Accounts, Health Savings Account, and the Group Legal Plan. If you do not want your SSN transmitted to the vendors who administer these plans, please do not enroll in these benefits.

Additionally, the MEDICARE SECONDARY PAYER MANDATORY INSURER REPORTING REQUIREMENTS OF SECT 1111 OF THE MEDICARE, MEDICAID, AND SCHIP EXTENSION ACT OF 2007 requires the collection and reporting of the Social Security Number (or Medicare Health Insurance Claim Number "HICN") from active covered individuals. Active covered individuals are:

- (1) Employees and covered family members age 45 to 64,
- (2) Employees and covered spouses age 65 and older,
- (3) Employees and covered dependents who receive kidney dialysis or have a kidney transplant, and
- (4) Any covered individual that the plan sponsor knows to be entitled to Medicare.

Should you decide you do not want your SSN transmitted to the benefits vendors and the scenarios described above **DO NOT** apply to you, you must complete the form on the next page. Read the form carefully to ensure that you are aware of the implications associated with use of an Alternate ID Number. If after learning of the implications you still wish to have an Alternate ID Number used in connection with your benefits record, complete the form on the next page and mail or fax it to the Maricopa County Employee Benefits Division as indicated on the form.

If you have any questions, contact the Maricopa County Employee Benefits Division at (602) 506-1010.

Regards,

Maricopa County Employee Benefits Division

Date: _____

Employee Name: _____ Employee ID #: _____

Request to Have an Alternate ID Number Used in Lieu of a Social Security Number

Thank you for your recent request to have an Alternate ID Number utilized in lieu of your Social Security Number (SSN) when transmitting information about you to the benefits vendors who administer the Maricopa County Benefits Program. Please be aware that Social Security Numbers are the most reliable means of identifying an individual. They help ensure that all information pertaining to you in the course of administering your benefits remains uniquely yours.

Some of the potential problems associated with the use of an Alternate ID Number include the following:

- An Alternate ID Number may match another individual's Social Security Number or may match an Alternate ID Number issued by another company.
- An Alternate ID Number does not eliminate the possibility of an individual accessing or misusing information related to that number.
- Alternate ID Numbers are assigned in a non-random system. They are more susceptible to fraud, thus increasing the risk of uncovering your confidential information.

While we recognize your concerns regarding the use of your SSN, please be assured that each vendor is required to take all necessary precautions to ensure the confidentiality and security of your SSN.

To request the use of an Alternate ID Number in association with administration of your benefits, please complete, sign, date, and return this form as indicated below.

Requested Action:

I am requesting that the Maricopa County Employee Benefits Division use an Alternate ID Number in lieu of my Social Security Number for purposes of processing my enrollment and administering my benefits coverage. I understand that if I am a Medicare beneficiary and I do not provide my Social Security Number as required, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Fax the completed form to (602) 506-2354 or mail it to:

Maricopa County Employee Benefits Division
301 W. Jefferson St., Suite 3200
Phoenix, AZ 85003

Employee Signature: _____