

Section M - HEALTH INSURANCE		PERSON 1	RT 86 3-4																															
<p>Medicare is a Social Security health insurance program for disabled persons and for persons 65 years old and over. People covered by Medicare have a card that looks like this. <i>Show Medicare Card.</i></p> <p>1 a. Is anyone in this family, that is <u>(read names)</u>, now covered by Medicare? <input type="checkbox"/> Yes <input type="checkbox"/> No (4) <input type="checkbox"/> DK (4)</p> <p>b. Is -- now covered?</p>			5																															
<p>Ask for each person with "Covered" or "DK" in 1b</p> <p>2. May I please see the Social Security Medicare card(s) for -- (and --) to determine the type of coverage and to record the Health Insurance Claim Number. Providing the Health Insurance Claim Number is voluntary and collected under the authority of the Public Health Service Act. There will be no effect on -- benefits and no information will be given to any other government or non-government agency.</p> <p><i>Read if necessary: The Public Health Service Act is Title 42, United States Code, Section 242k.</i></p> <p><i>Transcribe the number, then mark the appropriate box(es)</i></p>		<p>H. I. C. Number</p> <p>1 <input type="checkbox"/> Hospital</p> <p>2 <input type="checkbox"/> Medical</p> <p>3 <input type="checkbox"/> Card N A</p>	7-17 18																															
<p>Ask for each person with "Card NA" in 2</p> <p>3 a. Is -- now covered by the part of Social Security Medicare which pays for hospital bills?</p> <p>b. Is -- now covered by that part of Medicare which pays for doctor's bills? This is the Medicare plan for which -- or some agency must pay a certain amount each month.</p>		<p>1 <input type="checkbox"/> Yes <input type="checkbox"/> DK</p> <p>2 <input type="checkbox"/> No</p> <p>1 <input type="checkbox"/> Yes <input type="checkbox"/> DK</p> <p>2 <input type="checkbox"/> No</p>	19 20																															
<p>4 a. (Not counting Medicare) Is anyone in the family now covered by a health insurance plan which pays any part of hospital, doctor, or dental bills? Do NOT include plans that pay for ONLY ONE type of service, such as nursing home care or accidents.</p> <p>b. It's important that we have the complete and accurate name of your health insurance plan. What is the COMPLETE name of the plan?</p> <p><i>Record in Table H. I. If "DK", probe: Do you have something with the plan name on it?</i></p> <p>c. Is anyone in the family now covered by any OTHER health insurance plan? Again, do NOT include plans that pay for ONLY ONE service.</p>																																		
<p>TABLE H. I.</p> <p>(Now I am going to ask some questions about the plan(s) you just told me about.)</p> <p><i>Read if necessary: Health Maintenance Organizations, or HMO's, sometimes called Individual Practice Associations, or IPA's, are plans whose members are required to use only those health care providers who work for the HMO or IPA. Also, members do not have to submit claims for costs of medical care services.</i></p>																																		
<p>PLAN 1 NAME</p>		21-22																																
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Section M — HEALTH INSURANCE — Continued

PERSON 1

PLAN 3 NAME 43-44

53

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PLAN 4 NAME 54-55

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PLAN 5 NAME 65-66

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<p>b. Was this plan obtained through an employer or union?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes 1</td> <td style="width: 33%; text-align: center;">No 2</td> <td style="width: 33%; text-align: center;">DK 9</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">68</td> </tr> </table>	Yes 1	No 2	DK 9		1	2	9	68	<p>c. Does it pay for any DENTAL services other than oral surgery?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes 1</td> <td style="width: 33%; text-align: center;">No 2</td> <td style="width: 33%; text-align: center;">DK 9</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">72</td> </tr> </table>	Yes 1	No 2	DK 9		1	2	9	72	<p>d. Does it pay for any prescription drugs other than those administered during a hospital stay?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes 1</td> <td style="width: 33%; text-align: center;">No 2</td> <td style="width: 33%; text-align: center;">DK 9</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">73</td> </tr> </table>	Yes 1	No 2	DK 9		1	2	9	73	<p>e. Does it pay for any mental health, alcoholism, or drug abuse services?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes 1</td> <td style="width: 33%; text-align: center;">No 2</td> <td style="width: 33%; text-align: center;">DK 9</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">74</td> </tr> </table>	Yes 1	No 2	DK 9		1	2	9	74	<p>7. 1 <input type="checkbox"/> Covered .. } (NP) 2 <input type="checkbox"/> Not covered } 9 <input type="checkbox"/> DK</p>
Yes 1	No 2	DK 9																																		
1	2	9	68																																	
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<p>c. Is it now carried through an employer or union?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Yes 1</td> <td style="width: 33%; text-align: center;">No 2</td> <td style="width: 33%; text-align: center;">DK 9</td> <td style="width: 15%;"></td> </tr> <tr> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> <td style="text-align: center;">9</td> <td style="text-align: center;">69</td> </tr> </table>	Yes 1	No 2	DK 9		1	2	9	69				<p>7. 1 <input type="checkbox"/> Covered .. } (NP) 2 <input type="checkbox"/> Not covered } 9 <input type="checkbox"/> DK</p>																								
Yes 1	No 2	DK 9																																		
1	2	9	69																																	

8a. [In addition to the plan(s) you just mentioned] Is anyone in the family now covered by an insurance plan that pays for ONLY ONE type of health care service, such as nursing home care, eye care, or prescriptions?

Yes No (Check Item 2) DK (Check Item 2)

b. Is --- covered by this type of plan? 76

8b. 1 Covered 9 DK
2 Not covered

Ask for each person "Covered" in 8b:

c. What type of service does --- plan pay for? 77

1 <input type="checkbox"/> Prescriptions	77
2 <input type="checkbox"/> Eyecare	78
3 <input type="checkbox"/> Cancer treatment	79
4 <input type="checkbox"/> Catastrophic	80
5 <input type="checkbox"/> Nursing home care	81
6 <input type="checkbox"/> Accidents	82
7 <input type="checkbox"/> Dental care	83
8 <input type="checkbox"/> Other - Specify <input checked="" type="checkbox"/>	84

d. Is --- now covered by any OTHER insurance plan that pays for ONLY ONE service?

Yes (Reask 8c-d) No (NP with "Covered" in 8b)

<p>FORM HIS-1A (1989) (Addendum) (3-16 89) (Revised)</p> <p style="text-align: center;">U. S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS ACTING AS COLLECTING AGENT FOR THE U. S. PUBLIC HEALTH SERVICE</p> <p style="text-align: center;">NATIONAL HEALTH INTERVIEW SURVEY SECTION M — HEALTH INSURANCE (Addendum)</p>	<p>1. Book _____ of _____ books</p> <p>2. R. O. Number _____</p> <p>3. Sample _____</p> <p>4. Control number PSU _____ Segment _____ Serial _____</p>
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Table H.I. (Continued) RT 67

No plan listed in Table H.I.

Transcribe each plan name from Table H.I.

PLAN 1 NAME	PLAN 4 NAME
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<p>CHECK ITEM 1 37</p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p>5d. Does the employer or union pay for any part of the cost for this (name) plan? 38</p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p>5e. Does the employer or union pay for all or just part of the cost? 39</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p>5f. In whose name is the (name) plan? Enter person number. 40-41</p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p>CHECK ITEM 1 52</p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p>5d. Does the employer or union pay for any part of the cost for this (name) plan? 53</p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p>5e. Does the employer or union pay for all or just part of the cost? 54</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p>5f. In whose name is the (name) plan? Enter person number. 55-56</p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>
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PLAN 2 NAME	PLAN 5 NAME
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<p>CHECK ITEM 1 42</p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p>5d. Does the employer or union pay for any part of the cost for this (name) plan? 43</p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p>5e. Does the employer or union pay for all or just part of the cost? 44</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p>5f. In whose name is the (name) plan? Enter person number. 45-46</p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p>CHECK ITEM 1 57</p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p>5d. Does the employer or union pay for any part of the cost for this (name) plan? 58</p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p>5e. Does the employer or union pay for all or just part of the cost? 59</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p>5f. In whose name is the (name) plan? Enter person number. 60-61</p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>
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PLAN 3 NAME	Notes
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<p>CHECK ITEM 1 47</p> <p>1 <input type="checkbox"/> "Yes" in 5c (5d) 8 <input type="checkbox"/> Other (5f)</p> <p>5d. Does the employer or union pay for any part of the cost for this (name) plan? 48</p> <p>1 <input type="checkbox"/> Yes (5e) 2 <input type="checkbox"/> No } (5f) 9 <input type="checkbox"/> DK</p> <p>5e. Does the employer or union pay for all or just part of the cost? 49</p> <p>1 <input type="checkbox"/> All 2 <input type="checkbox"/> Part 9 <input type="checkbox"/> DK</p> <p>5f. In whose name is the (name) plan? Enter person number. 50-51</p> <p><input type="checkbox"/> Person number 00 <input type="checkbox"/> Person not in HH 99 <input type="checkbox"/> DK</p>	<p>Notes</p>
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Section M — HEALTH INSURANCE — Continued		PERSON 1	
CHECK ITEM 2	Review 1b and 7 for each person and determine if "Covered" by either Medicare and/or insurance, or "Not covered."	CK 2	<input type="checkbox"/> Covered <input type="checkbox"/> Not covered under 65 (NP) <input type="checkbox"/> Not covered 65 and over <input type="checkbox"/> DK
	85		
Ask for each person "Not covered" in Check Item 2. If "Not covered 65 and over," in Check Item 2, include "or Medicare."		9a.	1 2 3 4 5 6 7 8 <input checked="" type="checkbox"/> _____ (Specify)
9a. (Many people do not carry health insurance for various reasons.) Hand Card M. Which of those statements describes why — is not covered by any health insurance (or Medicare)? Any other reason? _____ Circle all reasons given.			86-87
Mark box if only one reason. If "Not covered 65 and over," in Check Item 2, include "or Medicare."		b.	<input type="checkbox"/> Only one reason 1 2 3 4 5 6 7 8 <input checked="" type="checkbox"/> _____ (Specify)
b. What is the MAIN reason — is not covered by any health insurance (or Medicare)?			88-89 90-91 92-93
10a. Does anyone in the family now receive assistance through the "Aid to Families with Dependent Children" program, sometimes called "AFDC" or "ADC"?		<input type="checkbox"/> Yes <input type="checkbox"/> No (11) <input type="checkbox"/> DK (11)	
b. Does — now receive AFDC or ADC?		10b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
11a. Does anyone in the family now receive the "Supplemental Security Income" or "SSI" check?		<input type="checkbox"/> Yes <input type="checkbox"/> No (12) <input type="checkbox"/> DK (12)	
b. Does — now receive this check?		11b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
12a. There is a program called Medicaid that pays for health care for persons in need. (In this State it is also called (name).) During the past 12 months, has anyone in this family received health care which has been or will be paid for by Medicaid (or (name))?		<input type="checkbox"/> Yes <input type="checkbox"/> No (13) <input type="checkbox"/> DK (13)	
b. Has — received this care in the past 12 months?		12b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
13a. Does anyone in the family now have a Medicaid (or (name)) card?		<input type="checkbox"/> Yes <input type="checkbox"/> No (14) <input type="checkbox"/> DK (14)	
b. Does — now have this card?		13b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
c. May I please see — (and —) card(s)? Mark appropriate box(es) in person's column.		c.	<input type="checkbox"/> Medicaid card seen 1 <input type="checkbox"/> Current <input checked="" type="checkbox"/> 2 <input type="checkbox"/> Expired 3 <input type="checkbox"/> No card seen 8 <input type="checkbox"/> Other card seen <input checked="" type="checkbox"/> _____ (Specify)
Ask for each person with "Yes" in 13b.			98
14a. Is anyone in the family now covered by any other public assistance program that pays for health care?		<input type="checkbox"/> Yes <input type="checkbox"/> No (15) <input type="checkbox"/> DK (15)	
b. Is — now covered?		14b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
15. Is anyone in this family now covered by health care benefits from the Armed Forces or Veterans' Administration?		<input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 3) <input type="checkbox"/> DK (Check Item 3)	
16a. Does anyone in the family now receive military retirement payments from any branch of the Armed Forces or a pension from the Veterans' Administration? Do not include VA disability compensation.		<input type="checkbox"/> Yes <input type="checkbox"/> No (17) <input type="checkbox"/> DK (17)	
b. Does — now receive military retirement or a VA pension?		16b.	1 <input type="checkbox"/> Yes <input type="checkbox"/> DK <input type="checkbox"/> No 2 <input type="checkbox"/> No
c. Which does — receive — the Armed Forces retirement, the VA pension, or both?		c.	1 <input type="checkbox"/> Armed Forces 2 <input type="checkbox"/> VA 3 <input type="checkbox"/> Both
Ask for each person with "Yes" in 16b.			100 101

Section M — HEALTH INSURANCE — Continued

PERSON 1

<p>17a. Is anyone in the family now covered by CHAMPUS, which is a program of medical care for dependents of military personnel? <input type="checkbox"/> Yes <input type="checkbox"/> No (17c) <input type="checkbox"/> DK (17c)</p> <p>b. Is --- now covered by CHAMPUS? 17b.</p> <p>c. Is anyone in the family now covered by CHAMP-VA, which is medical insurance for dependents or survivors of disabled veterans? <input type="checkbox"/> Yes <input type="checkbox"/> No (18) <input type="checkbox"/> DK (18)</p> <p>d. Is --- now covered by CHAMP-VA? d.</p>	<p style="text-align: right;">5</p> <p style="text-align: right;">6</p> <p style="text-align: right;">7</p> <p style="text-align: right;">8</p> <p style="text-align: right;">9</p> <p style="text-align: right;">10</p> <p style="text-align: right;">11</p> <p style="text-align: right;">12</p> <p style="text-align: right;">13</p> <p style="text-align: right;">14</p> <p style="text-align: right;">15-18</p> <p style="text-align: right;">19-22</p> <p style="text-align: right;">23-26</p> <p style="text-align: right;">27</p> <p style="text-align: right;">28</p> <p style="text-align: right;">29</p> <p style="text-align: right;">30</p> <p style="text-align: right;">31</p> <p style="text-align: right;">32-33</p> <p style="text-align: right;">34</p> <p style="text-align: right;">35-36</p>
<p>18a. Is anyone in the family now covered by any other program that provides health care for military dependents or survivors of military persons? <input type="checkbox"/> Yes <input type="checkbox"/> No (Check Item 3) <input type="checkbox"/> DK (Check Item 3)</p> <p>b. Is --- now covered? 18b.</p>	<p style="text-align: right;">7</p> <p style="text-align: right;">8</p> <p style="text-align: right;">9</p> <p style="text-align: right;">10</p> <p style="text-align: right;">11</p> <p style="text-align: right;">12</p>
<p>CHECK ITEM 3 Refer to "AF" box above person's column in HIS-1.</p>	<p>CK 3</p> <p>1 <input type="checkbox"/> AF box marked (19)</p> <p>8 <input type="checkbox"/> Other (NP)</p>
<p>19a. Does --- have a disability related to --- service in the Armed Forces of the United States?</p> <p>b. Does --- now receive compensation for this disability from the Veterans' Administration?</p> <p>c. Has --- ever applied for a service-connected disability rating from the Veterans' Administration?</p> <p>d. Was it approved or denied?</p>	<p>19a.</p> <p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No (NP)</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes (NP) 2 <input type="checkbox"/> No</p> <p>c.</p> <p>1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK (NP)</p> <p>2 <input type="checkbox"/> No (NP)</p> <p>d.</p> <p>1 <input type="checkbox"/> Approved 3 <input type="checkbox"/> Pending</p> <p>2 <input type="checkbox"/> Denied 9 <input type="checkbox"/> DK</p>
<p>20a. During the past 12 months, that is since (12-month date) a year ago, have (read names of related HH members 18 or over) been laid off from a job or lost a job? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section N) <input type="checkbox"/> DK (Section N)</p> <p>b. Who was this? Mark "Laid off/lost job" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 20b and c) <input type="checkbox"/> No</p> <p>d. How many times has --- been laid off or lost a job during the past 12 months?</p> <p>e. In what month and year was --- laid off or did --- lose a job [(the last time/the time before that)]?</p> <p>f. For ANYTIME during [that/those] job layoff(s) or job loss(es), did --- receive unemployment insurance benefits?</p>	<p>20b.</p> <p>1 <input type="checkbox"/> Laid off/lost job</p> <p>d.</p> <p>_____ Times</p> <p>e.</p> <p>Mo. Yr. 19 Time 1 15-18</p> <p>Mo. Yr. 19 Time 2 19-22</p> <p>Mo. Yr. 19 Time 3 23-26</p> <p>f.</p> <p>1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK</p> <p>2 <input type="checkbox"/> No</p>
<p>21a. Because of (names of persons in 20b) job layoff(s) or job loss(es), did anyone in the family lose any health insurance coverage that had been carried through [that/those] job(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No (Section N) <input type="checkbox"/> DK (Section N)</p> <p>b. Who was this? Mark "Lost coverage" box in person's column.</p> <p>c. Anyone else? <input type="checkbox"/> Yes (Reask 21b and c) <input type="checkbox"/> No</p>	<p>21b.</p> <p>1 <input type="checkbox"/> Lost coverage</p> <p style="text-align: right;">28</p>
<p>CHECK ITEM 4 Refer to 21b and mark appropriate box.</p>	<p>CK 4</p> <p>1 <input type="checkbox"/> Lost coverage (22)</p> <p>2 <input type="checkbox"/> Did not lose coverage (NP)</p>
<p>22a. Was --- covered by some OTHER health insurance plan at any time during [that/those] job layoff(s) or job loss(es)? Do not count military insurance or health programs such as Medicaid or AFDC.</p> <p>b. Was --- covered by another plan for the entire time (names of persons in 20b) [was/were] off work?</p> <p>c. For how long was --- not covered by any kind of health insurance plan?</p>	<p>22a.</p> <p>1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK (23)</p> <p>2 <input type="checkbox"/> No (23)</p> <p>b.</p> <p>1 <input type="checkbox"/> Yes (23) 9 <input type="checkbox"/> DK (23)</p> <p>2 <input type="checkbox"/> No</p> <p>c.</p> <p>00 <input type="checkbox"/> Less than 1 month</p> <p>_____ Months</p>
<p>23a. At ANYTIME during [that/those] job layoff(s) or job loss(es), was --- covered by a military program or by a health program such as Medicaid or AFDC?</p> <p>b. For how long was --- covered by this kind of program?</p>	<p>23a.</p> <p>1 <input type="checkbox"/> Yes 9 <input type="checkbox"/> DK (NP)</p> <p>2 <input type="checkbox"/> No (NP)</p> <p>b.</p> <p>00 <input type="checkbox"/> Less than 1 month</p> <p>_____ Months</p>

MEDICARE

Health  Insurance

SOCIAL SECURITY ACT

NAME OF BENEFICIARY

John Q. Public

CLAIM NUMBER

000-00-0000-A

SEX

MALE

IS ENTITLED TO

EFFECTIVE DATE

Hospital Insurance

7-1-66

Medical Insurance

7-1-66

SIGN
HERE

John Q. Public

SAMPLE

CARD M

**REASONS FOR NOT HAVING
HEALTH INSURANCE**

1. Job layoff, job loss, or any reasons related to unemployment
2. Can't obtain insurance because of poor health, illness, or age
3. Too expensive, can't afford health insurance
4. Dissatisfied with previous insurance
5. Don't believe in insurance
6. Have been healthy, not much sickness in the family, haven't needed health insurance
7. Covered by some other health plan
8. Some other reason

Medicare

Card M

(Cut along broken line)