



# Railroad Medicare Beneficiary Address Change Form

To update your address, please complete the fields, print, sign, and return this form to Railroad Medicare at the address below or fax to (803) 264-9844.

Your Name

Medicare Number

Date of Birth

Telephone Number (including area code)

New Address

City  State  Zip Code

\_\_\_\_\_  
(Requestor's Signature) Date

If you are signing the request for this change for the above patient, please include a copy of court/legal papers showing you can act on behalf of the person listed above.

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. You may also fax this form to us at (803) 264-9844. Basic Medicare information may be found on our Web site at [www.PalmettoGBA.com/rr/me](http://www.PalmettoGBA.com/rr/me).

Fax Number: (803) 264-9844



Palmetto GBA - Railroad Medicare  
P.O. Box 10066  
Augusta, GA 30999-0001  
[www.PalmettoGBA.com/rr/me](http://www.PalmettoGBA.com/rr/me)

Version: May 2014