

Revisions to Form CMS 18F5 (OMB 0938-0251) Application for Medicare Part A (Hospital Insurance)

The form was updated to add the optional collection of email addresses. The form was also updated to clarify the request for the applicant's name as it appears on their birth certificate. This change was based on public comment. No additional changes were made and the burden was not impacted by the changes.

Changes

Updated Form	Original Form	Reason for Change
1c. Your Name as it appears on your birth certificate if different than 1b.	1c. Name at birth if it is different than item 1b.	Change in response to public comment.
1j. Email Address	N/A	Form updated to give the beneficiary an additional method of communication. This field is optional.