Screenshot for Users that don't have an account:

MEARiS™
Medicare Electronic Application
Request Information System™

Login   Resources

User Profile

First Name

First Name is **required** .

Last Name

Last Name is **required**.

Email

Email is **required**.

US Phone Number (optional)

Ex. 1234567890

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Security Question

Your security question and answer will be used to help manage your account in the instance you forget your password or if your account gets locked.

Question

Answer

The answer to the security question must follow the rules below.

- Not contain part of the question.
- Must be at least 4 characters.
- Not be the same as the username or password.

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← → C ⌂ 🔒 mearis.cms.gov/public/register/self-reg

MEARIS™
Medicare Electronic Application
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Username & Password

Username

Username is **required**.

Password

⊗ Minimum of 8 characters
⊗ An uppercase letter (A-Z)
⊗ A lowercase letter (a-z)
⊗ A number (1-9)
⊗ A special character (!@#$%^&*~`'\\-_=\+.,?;"\'<>/\/()[])

Confirm Password

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