



Ways to Submit Social Security Numbers:

Upload form at <https://pebp.nv.gov/> > Contact Us > Supporting Documents

Mail form to 3427 Goni Rd. Suite 109, Carson City, NV 89706

Call PEBP Member Services Unit
775-684-7000, 702-486-3100 or 800-326-5496

Submit a secure message through your E-PEBP Portal

CMS SOCIAL SECURITY NUMBER (SSN) QUESTIONNAIRE

Primary Account Holder Name:

PEBP ID:

Last Four Digits of SSN:

SECTION 1

Provided SSN below for my dependent(s) on my plan:

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

Name: _____ SSN: _____ - _____ - _____

Tax Identification Number (TIN) is not acceptable.

Primary Account Holder Signature

Date

If you have completed Section 1 above, stop here. If you are not able to provide the information in Section 1, proceed to Section 2. Please note, on completing Section 2, this signed questionnaire will be required annually.

SECTION 2

Primary Account Holder Name:

PEBP ID:

Last Four Digits of SSN:

For the reason(s) listed below, I have not provided the SSN as requested for:

Reason(s) for not providing requested information:

Ineligible for SSN currently. Please explain:

SSN application is currently pending. Please provide application date:

Other (please explain):

Primary Account Holder Signature _____ Date _____