**[Health Insurance Full Time](https://www.postjobfree.com/resume/adzkji/health-insurance-full-time-eastpointe-mi)**

**Location:**Eastpointe, MI

**Posted:**September 08, 2023

**Contact Info:**

[richmondkevin88@yahoo.com](mailto:richmondkevin88%40yahoo.com?subject=Health%20Insurance%20Full%20Time)

[pdf](https://www.postjobfree.com/resume-download/adzkji?output=pdf) [docx](https://www.postjobfree.com/resume-download/adzkji?output=docx) [txt](https://www.postjobfree.com/resume-download/adzkji?output=txt" \o "Download Text File)[**Email to me**](https://www.postjobfree.com/contact-candidate/adzkji/health-insurance-full-time-eastpointe-mi?etr=)

Top of Form

Your Email: cs@advanceqt.com [change email](https://www.postjobfree.com/change-email)

**Subject:**Response to your resume Health Insurance Full Time

Message 

Job Description (optional) 



Bottom of Form

**Resume:**

The information below will help you gather the information you may need to create a my Social Security account and complete the online Medicare, Retirement, and Spouse’s applications. We recommend you print this page to use while gathering your information.

Create a my Social Security Account

You are required to login to your existing my Social Security account, or attempt to create one. To create an account, we will ask you a series of identity questions for verification. You may want to have certain items on hand to be prepared for additional security questions, such as, but not limited to: mobile phone (for the purpose of receiving texts and emails), credit card, W-2, and tax forms. File for Benefits Online – The Information You Need Medicare

Only

Retirement

& Spouses

Date and Place of Birth

If you were born outside the United States or its territories:

• Name of your birth country at the time of your birth (it may have a different name now)

• Permanent Resident Card number (if you are not a U.S citizen) X X

MEDICAID Number (State Health Insurance) - Start and End Dates X Current Heath Insurance

• Employment start and end dates for the current employer (of you or your spouse) who provides your health insurance coverage through a Group Health Plan

• Start and end dates for the Group Health Insurance provided by you (or your spouse’s) current employer X

Marriage and Divorce

• Name of current spouse

• Name of prior spouse (if the marriage lasted more than 10 years or ended in death)

• Spouse(s) date of birth and SSN (optional)

• Beginning and ending dates of marriage(s)

• Place of marriage(s) (city, state or country, if married outside the U.S.) X

Names and Dates of Birth of Children Who:

• Became disabled prior to age 22, or

• Are under age 18 and are unmarried, or

• Are aged 18 to 19 and still attending secondary school full time X

U.S. Military Service

• Type of duty and branch

• Service period dates

X

Employer Details for Current Year and Prior 2 Years (not self-employment)

• View your Social Security Statement online at www.socialsecurity.gov/myaccount

• Employer name

• Employment start and end dates

X

Self-Employment Details for Current Year and Prior 2 Years

• View your Social Security Statement online at www.socialsecurity.gov/myaccount

• Business type

• Total net income

X

Direct Deposit - Domestic bank (USA)

• Account type and number

• Bank routing number

Direct Deposit - International bank (non-USA)

• International Direct Deposit (IDD) bank country

• Bank name, bank code, and currency

• Account type and number, branch/transit number

X

Checklist for Online Medicare, Retirement,

& Spouses Applications

Social Security Administration Publication No. 05-10509 Produced and published at U.S. taxpayer expense