

Background Information for Warren Prince

Your information was received on August 2, 2017 at 7:21:27 AM.

Identification

Applicant Identification

Name: **Warren Herman Prince**

Social Security Number: *****--**-2355**

Date of Birth: **November 10, 1952**

Gender: **Male**

Blind: **No**

Disabled: **No**

Applicant's Contact Information

Contact Information

Mailing Address: **646 Lenape Road, Bechtelsville, Pennsylvania, 19505**

Reside at this address: **Yes**

Phone: **(610) 845-3803 Home**

Best time to call: **Anytime between 9 a.m. and 5 p.m.**

Email Address: **wprince@princelaw.com**

Confirm Email Address: **wprince@princelaw.com**

Language Preferences

Preferred language for speaking: **English**

Preferred language for reading: **English**

Birth and Citizenship Information

Place of Birth: **Harrisburg, Pennsylvania**

U.S. Citizen: **Yes**

Type of Citizenship: **US citizen born inside US**

Medicare Election

Wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time: **Yes**
Already enrolled in Medicare under a Social Security Number other than own: **No**

Other Benefits

Health Insurance Information

Want to enroll in Medicare Part B: **Yes**
Receiving Medicaid (state health insurance): **No**

Group Health Plan Information

Covered under a Group Health Plan: **No**

Remarks

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The following are your remarks: