

BENEFIT

NEW YORK STATE
IDENTIFICATION CARD



ID NUMBER

CARD NUMBER

AN33246W 600486 8216 2332 465 02

SEX

DOB

M

05/01/1956

LASTNAME

SAUNDERS

FIRST NAME / M.I.

KEVIN E

600486

ACCESS NUMBER

SEQ#

8216 2332 465

02

FRAUDULENT USE OF THIS CARD IS A PUNISHABLE OFFENSE



**NOT VALID
WITHOUT
SIGNATURE**

AUTHORIZED SIGNATURE

MEDICAID PROVIDERS

Reimbursement to providers of medical services authorized by New York State electronic verification systems is dependent on verification by MEVS

MEDICAID RECIPIENTS

For answers to Medicaid eligibility questions contact your local Department of Social Services. For other Medicaid questions call **1-800-541-2831**

EBT CLIENTS

For balance information or customer service representative call **1-888-328-6399**
DO NOT WRITE YOUR PIN ON THIS CARD

If this card is found please drop in any mailbox.
RETURN POSTAGE IS GUARANTEED.
RETURN TO:
P.O. BOX 859, ALBANY, N.Y. 12201-0859



OTDA-4113 (12/2004)