

# 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

8216 2332 465

SEQ#

02

**FRAUDULENT USE OF THIS CARD IS A PUNISHABLE OFFENSE**

ENTRADA - 1 - 9044 000 000 000 000  
[Handwritten signature]

**NOT VALID  
WITHOUT  
SIGNATURE**

**MEDICAID PROVIDERS**

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



OTDA-4118 (12/2004)

**AUTHORIZED SIGNATURE**

**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**