



How to Obtain a CMS-L564 Form: Request for Employment Information for Medicare Part B

A STEP-BY-STEP GUIDE

01

CONTACT HRS EMPLOYEE BENEFITS

No need to complete the first section. Contact us by email at HR_EmployeeBenefits@ocgov.com or 714-834-6282 and let us know you need a completed Form. Please indicate how you would like it returned (email, fax, mail, etc.)

02

GIVE US ONE BUSINESS DAY

We will complete the form within one business day.

03

WE WILL SEND YOU THE COMPLETED FORM

We can return it by:

- Email (password protected)
- Mail
- Fax
- Scheduled Pick-Up

For Consideration: If you have a dependent that needs one, please make sure to request it in your initial request to HRS Employee Benefits.