

MEDICARE HOLO TRANSIT CARD APPLICATION - KAMA'AINA

Medicare Holo cards must be recertified every 4 years with a valid US Medicare card (red, white & blue card)

First Name:

Last Name:

Address:

City:

State:

Zip Code:

Telephone:

Email:

Date of Birth:

Month

Day

Year

Check one box:

Medicare 1-year Pass:

\$45.00

Medicare Monthly Pass:

\$20.00

Medicare Holo Card cost: \$2.00

Stored Value: \$ _____

Medicare #:

Signature:

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