

General Instructions for Completing the Application for Extra Help with Medicare Prescription Drug Plan Costs



If You Are Assisting Someone Else With This Application

Answer the questions as if that person were completing the application. You must know that person's Social Security number and financial information. Also, complete Section B on page 6.

Do you have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid?

If the answer is YES, do not complete this application because you automatically will get the Extra Help.

Does your State Medicaid program pay your Medicare premiums because you belong to a Medicare Savings Program?

If the answer is YES, contact your State Medicaid office for more information. You could get the Extra Help automatically and may not need to complete this application.

How To Complete This Application

- Use **BLACK INK** only.
- Keep your numbers, letters and Xs inside the boxes; use only **CAPITAL** letters.
- Do not add any handwritten comments on the application.
- Do not use dollar signs when entering money amounts.
- Cents can be rounded to the nearest whole dollar.

EXAMPLE

Place an X in the box. DO NOT fill in or use check marks in boxes.

<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CORRECT	INCORRECT	INCORRECT	INCORRECT

EXAMPLE

Use capital letters when entering answers

A	B	C	D
---	---	---	---

Completing Your Application

You may complete the online application at ssa.gov or use the enclosed pre-addressed stamped envelope to return your completed and signed application to:

Social Security Administration
Wilkes-Barre Direct Operations Center
P.O. Box 1020
Wilkes-Barre, PA 18767-9910

Return this application package in the enclosed envelope. Do not include anything else in the envelope. If we need more information, we will contact you.

NOTE: To apply, you must live in one of the 50 States or the District of Columbia.

If You Have Questions Or Need Help Completing This Application

You can call us toll-free at 1-800-772-1213, or if you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.



Signatures

IMPORTANT INFORMATION - PLEASE READ CAREFULLY

I/We understand that the Social Security Administration (SSA) will check my/our statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.

By submitting this application, I am/we are authorizing SSA to obtain and disclose information related to my/our income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my/our wages, account balances, investments, benefits, and pensions. Unless I/we answered "No" to Question 15, I am/we are authorizing SSA to disclose to the State the financial information listed above and other individually identifiable information from my/our file, such as my/our name(s), date of birth, gender and Social Security number(s) to start the application process for Medicare Savings Programs. I/We declare under penalty of perjury that I/we have examined all the information on this form and it is true and correct to the best of my/our knowledge.

Please complete Section A. If you cannot sign, a representative may sign for you. If someone assisted you, complete Section B as well.

Section A

Your Signature:	Date:	Phone Number: () -
Spouse's Signature:	Date:	
Your Mailing Address:		Apt. #:
City:	State:	Zip Code:

If you changed your mailing address within the last three months, place an here:

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone number.

Print First Name:	Print Last Name:	Phone Number: () -
-------------------	------------------	------------------------

Section B

If someone assisted you, place an in the box that describes that person and provide the rest of the information requested below.

- Family Member Attorney Other Advocate Other
Specify: _____
- Friend Agency Social Worker

Print First Name:	Print Last Name:	Phone Number: () -
Address:		Apt. #:
City:	State:	Zip Code:



If you placed an in the NO or NOT SURE box in question 3, answer all of the following questions. If you are married and living with your spouse, you must answer all of the questions for both of you.

4. Enter below money amounts of all bank accounts, investments or cash that you, your spouse, if married and living together, or both of you own. Also include items that either of you own with another person. Include only dollar figures not account numbers. If you or your spouse do not own any item listed, alone or with another person, place an in the NONE box. Do NOT include a back payment from Social Security or SSI received in the last 10 months.

Combined total of all bank accounts (checking, savings and certificates of deposit)	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Any other cash at home or anywhere else	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []

5. Will some money from the sources listed in question 4 be used to pay for funeral or burial expenses?

Instructions: If YES, skip to question 6.

If NO, place an in the NO box, then go to question 6.

Do NOT place an in the spouse NO box if you did not provide spouse information in Question 2.

YOU: NO SPOUSE: NO

6. Other than your home and the property on which it is located, do you or your spouse, if married and living together, own any real estate? Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.

YES NO

7. For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for at least one-half of their financial support?

Please do not include yourself or your spouse in the number you enter. If your household consists only of you or you and your spouse, place an in the ZERO box. Place an in only one box.

ZERO 1 2 3 4 5 6 7 8 9 or more



8. If you or your spouse, if married and living together, receive income from any of the sources listed below, you must answer the questions for both of you. Please enter the total amount you receive each month. If the amount changes from month to month or you do not receive it every month, enter the average monthly income for the past year for each type in the appropriate boxes. Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you or your spouse do not receive income from a source listed below, place an in the NONE box for that source.

		Monthly Benefit
Social Security benefits before deductions	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Railroad Retirement benefits before deductions	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Veterans benefits before deductions	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Other pensions or annuities before deductions. Do not include money you receive from any item you included in question 4.	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []
Other income not listed above, including alimony, net rental income, workers compensation, unemployment, private or State disability payments, etc. (Specify): _____	<input type="checkbox"/> NONE	\$ [] [] , [] [] . [] []

9. Have any of the amounts you included in question 8 decreased during the last two years?

YES NO

If you have worked in the last two years, you need to answer questions 10-14. If you are married and living with your spouse and either one of you has worked in the last two years, you need to answer questions 10-14. Otherwise, skip to question 15.

10. What do you expect to earn in wages before taxes and deductions this calendar year?

YOU: NONE \$ [] [] , [] [] . [] []

SPOUSE: NONE \$ [] [] , [] [] . [] []