

**ADDENDUM TO THE SUPPORTING STATEMENT FOR:  
FORMS SSA-1026-REDE (SOCIAL SECURITY ADMINISTRATION REVIEW  
OF YOUR ELIGIBILITY FOR EXTRA HELP) AND SSA-1026-SCE (SOCIAL  
SECURITY ADMINISTRATION REPORTING A CHANGE THAT MAY  
AFFECT YOUR EXTRA HELP)**

**REDETERMINATION OF ELIGIBILITY FOR HELP WITH MEDICARE  
PRESCRIPTION DRUG PLAN COSTS**

20 CFR 418.3125

OMB No. 0960-0723

Below we describe the changes we are making to this collection:

**Elimination of Form SSA-L1026:**

- When we initiated this collection in mid 2006, we used form SSA-L1026, the SSA Medicare Prescription Drug Assistance Notice of Review. This was a “passive redetermination” letter we sent to all Medicare Part D subsidy recipients who were deemed eligible in the preceding 12 months. The letter reported the information we had on file for them and asked the subsidy recipients to notify us if any of the information had changed. If it did, we would then send them form SSA-1026-SCE so they could undergo a complete redetermination.
- Currently, we are able to use our databases to identify those Medicare Part D subsidy recipients who should undergo a redetermination, and we can send them form SSA-1026-SCE directly. We are, therefore, not using form SSA-L1026 anymore, and are removing it permanently from this information collection.

**Legislatively Mandated Changes to Forms SSA-1026-REDE and SSA-1026-SCE**

- Due to the provisions of Public Law 110-275, the Medicare Improvements for Patients and Providers Act of 2008, SSA is making multiple changes to forms SSA-1026-REDE and SSA-1026-SCE. We are also making several minor wording changes to improve the form’s clarity. See next page for specifics.
- We will begin using form SSA-1026-REDE in September 2009, and form SSA-1026-SCE in December 2009.

## Changes to Both Forms:

Change 1: Resource and Income Summary sheet – We removed “Cash Value of Life Insurance.”

Rationale for Change 1: This change reflects P.L. 110-275’s mandate to stop counting the face value of a life insurance policy as an asset.

Change 2: On Page 1, the “If You Are Assisting Someone Else With This Form” section is now positioned above the “How to Complete This Form” section.

Rationale for Change 2: If someone is helping the Medicare Part D subsidy recipient complete their form, this new formatting informs the helper immediately to complete the form as if he/she were the beneficiary.

Change 3: We moved question 4, which was originally on page 2, to page 3.

Rationale for Change 3: This was necessary due to reformatting.

Change 4: In question #5, “We need to know about **resources** that you, your spouse (if married and living together) or both of you have,” we removed “Cash value of life insurance” from the list of potential resources.

Rationale for Change 4: P.L. 110-275 eliminates counting the cash surrender value of life insurance policies as a resource for determining the subsidy amount, so that item is no longer necessary.

Change 5: We removed the current question #8, “We need to know about **help with household expenses** that you, your spouse (if married and living together) or both of you receive.”

Rationale for Change 5: This change is in compliance with P.L. 110-275.

Change 6: We reformatted pages 2 and 3.

Rationale for Change 6: This reformatting was due to the changes we made to question #5 and the removal of question #8.

Change 7: In question #4, we changed

“If **all** of the information on the *Income and Resources Summary* is correct, place an X in the box and go to question **12** on page 5.”

to

“If **all** of the information on the *Income and Resources Summary* is correct, place an X in the box and go to question **11** on page 5...”

Rationale for Change 7: Because of the removal of question #5, we re-numbered the following questions.

Change 8: Question #6, “Will some of the money from sources listed in **Question 5** be used to pay for funeral or burial expenses?” (YES/NO)

Is Changed to:

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

**If YES, skip to question 7.**

If **NO**, place an X in the **NO** box, then go to question 7. (YOU: NO/SPOUSE: NO)”

Rationale for Change 8: We eliminated the reference to the question about the value of insurance policies.

Change 9: On page 7, in the **Privacy Act**, Paragraph 1, we are changing sentence 5 from:

“Section 1860 D-14 of the *Social Security Act* authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration (SSA) to determine if you continue to be eligible for help paying your share of the cost of a Medicare Prescription Drug plan. You do not have to give us the information requested. However, failure to provide all or part of the information could prevent an accurate and timely decision on your continuing eligibility for benefits and could result in the loss of your extra help with Medicare Prescription Drug plan costs. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your eligibility for the subsidy or if a Federal law requires the release of the information. We also may need to share the information with other SSA programs if SSA needs to determine your eligibility in those programs.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.”

to

“Section 1860 D-14 of the *Social Security Act* authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration (SSA) to determine if you continue to be eligible for help paying your share of the cost of a Medicare Prescription Drug plan. You do not have to give us the information requested. However, if you do not provide the information, we will be unable to make an accurate and timely decision on your continuing eligibility for benefits and could result in the loss of your extra help with Medicare Prescription Drug plan costs. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your initial or continuing eligibility for the extra help or if a Federal law

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requires the release of the information. We also may need to share the information with other SSA programs if SSA needs to determine your eligibility in those programs.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.”

Rationale for Change 9: We revised our PA language due to the results of litigation (this litigation was unrelated to any Medicare programs or forms).

Change 10: In the Paperwork Reduction Act, which directly follows the Privacy Act, we changed the estimated response time from 20 to 18 minutes.

Rationale for Change 10: We decreased our estimate due to the removal of part of question #5 and all of question #8 from the original forms.