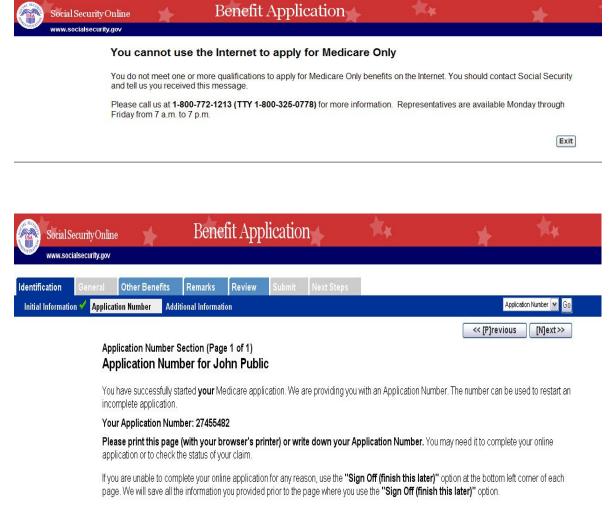
iClaim Medicare Only Application New Screens

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After waiting at least five minutes, you will be able to continue this application again by selecting "Continue Application" from the Welcome page. You will need to enter your Social Security number and this Application Number to continue your application.

If you lose this number and have not completed the application, you can start a new application and we will give you a new Application Number. The old number will be disabled. Social Security employees will not ask for, or be able to access your Application Number.

We may use 01/22/2009 as the official date of this application. In order to use 01/22/2009, we must receive the signed application by 07/22/2009. You may lose Medicare coverage if we do not receive the signed application by 7/22/2009. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

If you need assistance, please call us at 1-800-772-1213 (TTY 1-800-325-0778) for more information.

[S]ign Off (finish this later)

<< [P]revious [N]ext>>

Benefit Application

Sign Off

To Come Back to This Application Later:

- 1. Go to this web site: "http://www.socialsecurity.gov/retireonline"
- 2. Select "Continue Application".
- 3. Type in your Social Security Number and the Application Number shown below.
- 4. You will be taken back to where you left off in the application.

Completing this Application at a later date may affect the month your benefits will start as well as other information on the application.

DO NOT Forget Your Application Number:

Your Application Number is 123456789. Do not give this number to anyone else. If you lose or forget your Application Number, you will have to begin this application over again and you will lose all the information you already entered. To ensure your privacy, no one else can have access to your Application Number. Social Security can help you start the process over again, but we cannot access your Application Number. To have a record of your Application Number, print this page and keep it in a safe place.

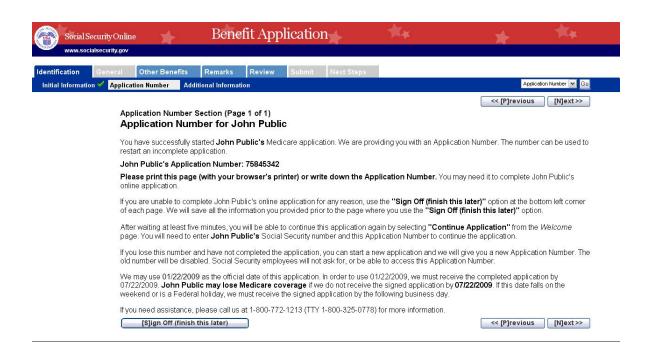
We may use 01/22/2009 as the official date of this application. In order to use 01/22/2009, we must receive the signed application by 07/22/2009 or you may lose Medicare coverage. If this date falls on the weekend or is a Federal holiday, we must receive the signed application by the following business day.

Unable To Come Back?

If, for some reason, you are unable to come back to this application later, you can use any of the following ways to complete a Social Security Retirement/Medicare Application:

- Call our number, 1-800-772-1213 (TTY 1-800-325-0778). Explain that you don't want to use the online application process but do want to file
 a claim. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.
- . Contact your local Social Security office and tell the representative that you want to file an application.
- . If you live outside the United States, see Service Around the World .





Social Security Online Benefit Application	
www.socialsecurity.gov	
Identification ✔ General Other Benefits Remarks Review Submit Next Steps	
Benefit Information	
Benefit Information Section (Page 1 of 3) Health Insurance Information for Joe Public	
Medicare Coverage	
Do you want to enroll in Medicare Part B? <u>More Info</u> O Yes O No	
Other Health Insurance Coverage	
Are you receiving Medicaid (state health insurance)? <u>More Info</u> ○Yes ○No	
[S]ign Off (finish this later) << [P]revious [N]ext >>	

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Social Security Online Benefit Application
Identification 🖋 General Other Benefits Remarks Review Submit Next Steps
Benefit Information
Benefit Information Section (Page 3 of 3) Group Health Plan Information for Joe Public
Are you covered under a Group Health Plan? <u>More Info</u> ⊚Yes ◯No
Are you covered under a Group Health Plan through your own employment?
⊖Yes ⊛No
Are you covered under a Group Health Plan through another person's employment? ⊙Yes ○No
Employment Information The questions below apply to the employment that provides your group health plan insurance.
What date did employment start? More Info Month Day Year January
What date did employment end? More Info Month Day Year January
Not Ended
Health Insurance Coverage
What date did health insurance start? <u>More Info</u>
Month Year January V V
What date did health insurance end? More Info Month Year
January V V Not Ended
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Remark	KS CALLER CAL	
	Remarks Section (Page 1 of 1) Remarks for Joe Public	
	Remarks	
	Please provide any additional information or remarks you want to send with this application. If you estimated any dates, places, or amounts, please explain. There is a limit of 750 characters (about 15 lines).	
	[S]ign Off (finish this later) << [P]revious [N]ext >>	

Social Security Online Benefit Application
www.socialsecurity.gov
Identification 🖋 General 🖋 Other Benefits 🖋 Remarks 🖋 Review 🖋 Submit 🛛 Next Steps
Send this application Send this application 👻 Go
[R]eturn to Summary <a> < [P]revious <a>Sign Now
Send this application Section (Page 1 of 1) Send this application for John Public To return to the Overall Summary, please use the "Return to Summary" button.
Congratulations, you've almost completed your application for Medicare insurance.
Please read and accept the following statement to finish the application. If you are helping someone to complete the application, then that person needs to read and accept the statements.
I apply for all insurance benefits for which I may be eligible under Part A (and Part B) of TXVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.
I understand and agree that my application will be signed electronically by selecting " Sign Now " below. I also understand that my electronic signature means that I intend to file for Medicare Insurance and have provided the Social Security Administration with accurate information.
I understand I must file a separate application when I wish to establish entitlement to monthly Social Security benefits.
I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.
When you select " Sign Now ", you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.
[S]ign Off (finish this later) Sign Now Sign Now

Social Security		×.	*
Identification 🖋 Gene	ral 🖋 🛛 Other Benefits 🖋 🛛 Remarks 🖋 🛛 Review 🖋 🖉 Submit	Next Steps	
Send this application			Send this application 🗾 Go
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S 7 C II a	Send this application Section (Page 1 of 1) Send this application for John Public To return to the Overall Summary, please use the "Return to Summary" button. Congratulations, you've almost completed John Public's Medicare understand and agree that by selecting the "Finish" option below, pplication will be mailed to John Public for [his/her] signature, an efore processing can begin.	this information will be sent electro	
S	understand that a separate application for John Public must be filed ocial Security benefits. declare under penalty of perjury that I have examined all the informa ny knowledge. [S]ign Off (finish this later)		

A ALL AND	Social Security Online www.socialsecurity.gov		Benefit Application			* **		
Identification Receipt ✔ Wh	General at's Next?	Other Benefits	Remarks	Review	Submit	Next Steps		
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What's Next? Section (Page 1 of 3) What's Next for John Public

Thank you for using our benefit application.

If you discover that something is incorrect on the electronic application you sent, please contact the office processing your claim. We recommend that you print this page or write down the Social Security office information.

Social Security Office Processing Your Medicare Application

SOCIAL SECURITY 11006 VEIRS MILL RD SUITE L20 SILVER SPRING, MD 20902

Checking the Status of Your Application

Information about the status of your application is available on the Internet. *Please wait at least 5 business days from today before you check your application status.* Just go to *Social Security Online* and select **"Check the Status of Your Application"** and enter your Confirmation Number. **The Confirmation Number for this claim is: 27455482**. Please guard this number carefully. It's the key to your application information. Social Security employees will **never** ask for your Confirmation Number.

Reporting Responsibilities

It is important to contact us as soon as possible if the following occurs:

- · Your mailing address changes;
- · Your citizenship or immigration status changes;
- Your Medicare Part B premium is automatically paid from an account at a bank or another financial institution, and you change your financial institution or close your account.

You can call, write or visit us to make a report. If you call or visit our office or website, please have your Social Security number handy. The Social Security number should also be included in any written correspondence.

Please report any of the above changes to our agency even if they have previously been reported to another government agency.

Frequently Asked Questions

If you have questions about this application, please check our <u>Frequently Asked Questions(FAQs)</u> site. Use the dropdown box on that site titled "Questions?" select "Medicare" and click on "GO".

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Social Security Online www.socialsecurity.gov		e Ber	Benefit Application				* **		
		Other Benefits	Remarks	Review	Submit	Next Steps			
Receipt 🖌 🛛 Wh	at's Next?						<< [P]revious	[N]ext>>	

What's Next? Section (Page 1 of 3) What's Next for John Public

Thank you for using our benefit application.

If you discover that something is incorrect on the electronic application you sent, please contact the office processing your claim. We recommend that you print this page or write down the Social Security office information.

John Public will receive a printed version of the electronic application you sent. If he discovers that something is incorrect on the printed version, please have him make the changes in ink on the application and initial them before submitting the signed application.

Social Security Office Processing the Medicare Application for John Public

SOCIAL SECURITY 11006 VEIRS MILL RD SUITE L20 SILVER SPRING, MD 20902

Reporting Responsibilities

It is important for John Public to contact us as soon as posible if the following occurs. He should contact us if his:

- · Mailing address changes;
- · Citizenship or immigration status changes;
- Medicare Part B premium is automatically paid from an account at a bank or other financial institution, and he changes financial institutions or closes the account.

He can call, write or visit us to make a report. If he calls or visits our office or website, he should have his Social Security number handy. The Social Security number should also be included in any written correspondence.

Please report any of the above changes to our agency even if they have previously been reported to another government agency.

Frequently Asked Questions

If you have questions about this application, please check our <u>Frequently Asked Questions(FAQs)</u> site. Use the dropdown box on that site titled "Questions?" select "Medicare" and click on "GO".

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Social Security Online		Benefit App	plication	*	**	·)
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	call Social	Security at 1-800-772-121	3(TTY 1-800-325-	.0778) .		
		s of Medicare prescription s toll-free at 1-800-MEDIC				
	Helpful Health C	are Websites				
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	You may be able	ug Assistance Programs to get help paying for preso overnments, and local orga	cription drugs. To			
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OUNTRY.	www.socialsecurity.gov				
	Chang	e Your A	nswer		

You previously stated that you wanted to apply for monthly cash benefits. If you now wish to apply for Medicare Only (excluding cash benefits), you will not be able to apply for cash benefits at the same time.

If you verify the Medicare Only selection by clicking "Confirm" below, some information you have provided will be lost, and you will be required to provide additional information.

To resume filing for cash benefits (which includes the option to apply for Medicare), please click "Cancel" below.

Either selection will return you to the previous page to continue your application.





Change Your Answer

You previously stated that you wanted to apply for Medicare Only (excluding cash benefits). If you now wish to apply for monthly cash benefits, any information you have provided related to Medicare Only will be lost, and you will be required to provide additional information.

To verify the monthly cash benefits selection, click "Confirm" below.

To resume filing for Medicare Only benefits, please click " $\ensuremath{\textbf{Cancel}}$ " below.

Either selection will return you to the previous page to continue your application.

