


iClaim Medicare Only Application New Screens



Social Security Online
www.socialsecurity.gov

Benefit Application

Identification | General | Other Benefits | Remarks | Review | Submit | Next Steps

Initial Information | Application Number | Additional Information


Initial Information Section (Page 4 of 4)
Medicare Election Information for Joe Public

Do you wish to file for Medicare Only, excluding monthly retirement cash benefits at this time?
[Things to Consider](#)

Yes No

Are you already enrolled in Medicare under a Social Security Number other than your own?
[More Info](#)

Yes No



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Benefit Application

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Initial Information | Application Number | Additional Information

Initial Information Section (Page 5 of 5)
Medicare Election Information for Joe Public

Does Joe Public wish to file for Medicare Only, excluding monthly retirement cash benefits at this time?
[Things to Consider](#)

Yes No

Is Joe Public already enrolled in Medicare under a Social Security Number other than his own?
[More Info](#)

Yes No



Social Security Online

www.socialsecurity.gov

Benefit Application

You cannot use the Internet to apply for Medicare Only

You do not meet one or more qualifications to apply for Medicare Only benefits on the Internet. You should contact Social Security and tell us you received this message.

Please call us at **1-800-772-1213 (TTY 1-800-325-0778)** for more information. Representatives are available Monday through Friday from 7 a.m. to 7 p.m.

[Exit](#)



Social Security Online

www.socialsecurity.gov

Benefit Application

Identification General **Other Benefits** Remarks Review Submit Next Steps

Initial Information **Application Number** Additional Information

Application Number

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Application Number Section (Page 1 of 1) Application Number for John Public

You have successfully started **your** Medicare application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

Your Application Number: 27455482

Please print this page (with your browser's printer) or write down your Application Number. You may need it to complete your online application or to check the status of your claim.

If you are unable to complete your online application for any reason, use the **"Sign Off (finish this later)"** option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the **"Sign Off (finish this later)"** option.

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 \(finish this later\)](#)

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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](#).

[Return to Application](#)

[Sign Off \(finish this later\)](#)



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Application Number Section (Page 1 of 1)

Application Number for John Public

You have successfully started **John Public's** Medicare application. We are providing you with an Application Number. The number can be used to restart an incomplete application.

John Public's Application Number: 75845342

Please print this page (with your browser's printer) or write down the Application Number. You may need it to complete John Public's online application.

If you are unable to complete John Public's online application for any reason, use the **"Sign Off (finish this later)"** option at the bottom left corner of each page. We will save all the information you provided prior to the page where you use the **"Sign Off (finish this later)"** option.

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 **John Public's** Social Security number and this Application Number to continue the 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 this 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 completed application by 07/22/2009. **John Public may lose Medicare coverage** if we do not receive the signed application by **07/22/2009**. 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 \(finish this later\)](#)

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Identification

General

Other Benefits

Remarks

Review

Submit

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Benefit Information

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Benefit Information Section (Page 1 of 3)

Health Insurance Information for Joe Public

Medicare Coverage

Do you want to enroll in Medicare Part B? [More Info](#)

Yes No

Other Health Insurance Coverage

Are you receiving Medicaid (state health insurance)? [More Info](#)

Yes No

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>



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

Benefit Information Section (Page 2 of 3) Medicaid Information for John Public

When did Medicaid (state health insurance) start?
Month Year

When did Medicaid (state health insurance) end?
Month Year

Not Ended

What is the Medicaid (state health insurance) number? [More Info](#)

Unknown

What state provides Medicaid (state health insurance)? [More Info](#)

[S]ign Off (finish this later)

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Benefit Information

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[N]ext >>

Benefit Information Section (Page 3 of 3)

Group Health Plan Information for Joe Public

Are you covered under a Group Health Plan? [More Info](#)

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? [More Info](#)

Month Year
January --

What date did health insurance end? [More Info](#)

Month Year
January --

Not Ended

[S]ign Off (finish this later)

<< [P]revious

[N]ext >>



- Identification ✓
- General
- Other Benefits ✓
- Remarks
- Review
- Submit
- Next Steps

Remarks

<< [P]revious

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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 >>



Send this application

Send this application

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.



Identification General Other Benefits Remarks Review **Submit** Next Steps

Send this application Send this application Go

[R]eturn to Summary << [P]revious Finish

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 application.

I understand and agree that by selecting the "**Finish**" option below, this information will be sent electronically to Social Security. An application will be mailed to **John Public** for **[his/her]** signature, and the application must be submitted to a Social Security office before processing can begin.

I understand that a separate application for John Public must be filed when [he/she] wishes 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.

[S]ign Off (finish this later)

<< [P]revious Finish



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 [Frequently Asked Questions\(FAQs\)](#) site. Use the drop-down box on that site titled "**Questions?**" select "**Medicare**" and click on "**GO**".



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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.**

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 possible 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 [Frequently Asked Questions\(FAQs\)](#) site. Use the drop-down box on that site titled "Questions?" select "**Medicare**" and click on "**GO**".

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Continue

What's Next? Section (Page 3 of 3)

Medicare Information

Learn More About the Medicare Prescription Drug Program and/or File for Extra Help With Medicare Prescription Drug Plan Costs

If you want to learn more about the Medicare Prescription Drug Program, and/or file for the extra help related to this program, you may:

- visit our website at <http://www.socialsecurity.gov/prescriptionhelp>; or
- call Social Security at **1-800-772-1213**(TTY **1-800-325-0778**).

For a list of names of Medicare prescription drug providers in your area, contact the Centers for Medicare & Medicaid Services toll-free at **1-800-MEDICARE**(TTY **1-877-486-2048**) or visit "<http://www.medicare.gov>."

Helpful Health Care Websites

Health Information

The U.S. Department of Health and Human Services provides information on many health topics at www.healthfinder.gov on the Internet. You may wish to visit that site to review that information, which may be helpful to you.

Prescription Drug Assistance Programs

You may be able to get help paying for prescription drugs. To find out what programs are offered by drug companies, state and local governments, and local organizations, please visit www.healthfinder.gov/rxdrug on the Internet.

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Continue



Change Your Answer

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.

Cancel

Confirm



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 "**Cancel**" below.

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