



# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

The OMB control number for this application is 0960-0696; expiration date 2/28/2011.

## Welcome!

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

### What Is This Application?

It is an application for extra help with the prescription drug costs. **It does not enroll you in a Medicare prescription drug plan.** You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov).

### Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?

You should complete this application for extra help on the Internet if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- You live in one of the 50 states or the District of Columbia; and
- Your combined savings, investments, and real estate are not worth more than \$23,970, if you are married and living with your spouse, or \$11,990 if you are not currently married or not living with your spouse. **(DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.)** If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

**EXCEPTION:** Even if you meet these conditions, **DO NOT** complete this application if you have Medicare **and** Supplemental Security Income (SSI) or Medicare **and** Medicaid because you automatically will get the extra help.

If your state Medicaid program pays your Medicare premiums because you belong to a Medicare Savings Program, you should contact your state Medicaid office for more information. You could get the extra help automatically and may not need to complete this application. If you do not belong to a Medicare Savings Program, you will also start your application process for that program by completing this form. We will send information to your state who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

### How Can You Get The Extra Help?

To get extra help with Medicare Prescription Drug plan costs, you **must complete and submit this application.** We will review your application and send you a letter to let you know if you qualify for extra help.

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

If you need help completing this application, call Social Security toll-free at **1-800-772-1213** (TTY number at **1-800-325-0778**).

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

#### What Do You Want To Do?

[Apply Now](#)

[Return To An Existing Application](#)

**Not Sure If You Should Use This?**

[Find Out If You Qualify](#)

## Related Links

Information About This Application:

[What You Will Need](#)

[Special Instructions For Blind Users](#)

[Other Ways To Apply](#)

[How The Online Application Works](#)

Legal And Official Information:

[Internet Security Policy](#)

[Paperwork Reduction Act](#)

[Website Policies & Other Important Information](#)

Medicare Information:

[About The Prescription Drug Program](#)

[Official U.S. Government Medicare Site](#)

[Centers For Medicare & Medicaid Services](#)

## Privacy Act Statement

Section 1860 D-14 of the Social Security Act authorizes the collection of information requested on this Internet application. The information you provide will be used to enable the Social Security Administration to determine if you are 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 may not be able to process your application online or may be unable to make an accurate and timely decision on your application. 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 requires the release of information. We may also need to share the information with other Social Security programs if Social Security 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 read more information on this subject, read [The Collection and Use of Information From Your Application - Privacy Act Statement](#).

Social Security has access to the information you provide on this application and is authorized to keep information on applications that were partially completed. This is for purposes of helping you complete the application process. If you have decided you want to continue, you can apply now or, if you are undecided, you may file at a later time.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

The OMB control number for this application is 0960-0696; expiration date 2/28/2011.

## Welcome!

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

### What Is This Application?

It is an application for extra help with the prescription drug costs. **It does not enroll you in a Medicare prescription drug plan.** You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov).

### Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?

You should complete this application for extra help on the Internet if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- You live in one of the 50 states or the District of Columbia; and
- Your combined savings, investments, and real estate are not worth more than \$23,970, if you are married and living with your spouse, or \$11,990 if you are not married or not living with your spouse. (**DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**) If you have more than those amounts, you may not qualify for the extra help. However, you can still enroll in an approved Medicare prescription drug plan for coverage.

**EXCEPTION:** Even if you meet these conditions, **DO NOT** complete this application if you have Medicare **and** Supplemental Security Income (SSI) or Medicare **and** Medicaid because you automatically will get the extra help.

If your state Medicaid program pays your Medicare premiums because you belong to a Medicare Savings Program, you should contact your state Medicaid office for more information. You could get the extra help automatically and may not need to complete this application. If you do not belong to a Medicare Savings Program, you will also start your application process for that program by completing this form. We will send information to your state who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

### How Can You Get The Extra Help?

To get extra help with Medicare Prescription Drug plan costs, you **must complete and submit this application.** We will review your application and send you a letter to let you know if you qualify for extra help.

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

If you need help completing this application, call Social Security toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

[Apply Now](#)

## Related Links

Information About This Application:

- [What You Will Need](#)
- [Special Instructions For Blind Users](#)
- [Other Ways To Apply](#)
- [How The Online Application Works](#)

Legal And Official Information:

- [Internet Security Policy](#)
- [Paperwork Reduction Act](#)
- [Website Policies & Other Important Information](#)

Medicare Information:

- [About The Prescription Drug Program](#)
- [Official U.S. Government Medicare Site](#)
- [Centers For Medicare & Medicaid Services](#)

## Privacy Act Statement

Section 1860 D-14 of the Social Security Act authorizes the collection of information requested on this Internet application. The information you provide will be used to enable the Social Security Administration to determine if you are 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 may not be able to process your application online or may be unable to make an accurate and timely decision on your application. 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 requires the release of information. We may also need to share the information with other Social Security programs if Social Security 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 read more information on this subject, read [The Collection and Use of Information From Your Application - Privacy Act Statement](#).

Social Security has access to the information you provide on this application and is authorized to keep information on applications that were partially completed. This is for purposes of helping you complete the application process. If you have decided you want to continue, you can apply now or, if you are undecided, you may file at a later time.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

## Should You Use This Application?

Not everyone will be able to use the online Application For Help With Medicare Prescription Drug Plan Costs. You must answer a few questions to help determine if you should use this Internet form. Any time there is a link at the end of a question that says "More Info," you can follow that link to get help with that question.

The OMB control number for this application is 0960-0696; expiration date 2/28/2011.

**Are you assisting someone (other than your spouse who lives with you) with this application?** [More Info](#)  No  Yes

If you are helping another person fill out this application, answer the following questions as if you were the person.

**Did you (or your spouse, if married and living together) get an application in the mail from us?** [More Info](#)  No  Yes

**Do you (or your spouse, if married and living together) have Medicare?** [More Info](#)  No  Yes

**Are you (or your spouse, if married and living together) 64 years and 9 months old or older?** [More Info](#)  No  Yes

**Have you (or your spouse, if married and living together) received:** [More Info](#)  No  Yes

- Social Security disability benefits for 24 months;
- Disability benefits based on Lou Gehrig's disease (ALS); or
- Renal dialysis treatments or a kidney transplant?

**In which state do you (and your spouse, if married and living together) live?** [More Info](#)

**What is your marital status?** [More Info](#)

**Do you have combined savings, investments and real estate worth more than:** [More Info](#)  No  Yes  Not sure

- \$23,970 if you are married and living with your spouse; or
- \$11,990 if you are not married or not living with your spouse?

Include the things you own by yourself, with your spouse or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

## You Are Not Eligible For The Extra Help

**Based on the information you gave us about your combined savings, investments and real estate, you are not eligible for extra help.** You do not need to complete this application. However, if you need a letter stating you are not eligible, complete the application. Whether or not you qualify for the extra help, you may still enroll in an approved Medicare prescription drug plan for coverage. If you need information about Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov).

### What You Can Do Next

1. You may begin the application process by selecting Apply Now,
2. You may go back to make changes by selecting Previous, or
3. You may Exit this application.

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Exit this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### What You Will Need

If you decide to complete this application, we will ask about your income (and your spouse's income, if married and living together) and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

Previous

Apply Now

Exit





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

## Go Ahead

To complete the application, select Apply Now at the bottom of this page.

We will ask about your income, your spouse's income, and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

[Previous](#)

[Apply Now](#)





## Preparing To Find Out If You Qualify



**Do not use your browser's Back button.**

To go back, select Previous at the bottom of the page.

### What information will you need?

To determine if you could be eligible for help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans Benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

You may apply regardless of the Qualifier results. If you apply right away, the information you enter will be saved in the application. Whatever you enter here will not affect your benefits or the application decision; you can change your financial information when you enter the application.

### What if you need to stop and come back later?

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Sign Out of this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### Can you edit your information?

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

### How long can you work on each page?

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

If you are unsure about how to use this application, you can find more details on the following pages:

- [How the Online Application Works](#)
- [Special Instructions for Blind Users](#)





## Preparing To Use This Application



**Do not use your browser's Back button.**

To go back, select Previous at the bottom of the page.

### What information will you need?

To determine if you could be eligible for help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

### What if you need to stop and come back later?

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Sign Out of this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### Can you edit your information?

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

### How long can you work on each page?

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

If you are unsure about how to use this application, you can find more details on the following pages:

- [How the Online Application Works](#)
- [Special Instructions for Blind Users](#)





## Application Help

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage. You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program.

[Information About This Application](#)

[What Is This Application?](#)

[How Can You Get The Extra Help?](#)

[Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?](#)

[What Information Will You Need?](#)

[What If You Need To Stop And Come Back Later?](#)

[Can You Edit Your Information?](#)

[How Long Can You Work On Each Page?](#)

[Are There Other Ways To Apply?](#)

[Information About Medicare](#)

[Legal And Official Information](#)

## Information About This Application

Follow the links below for specific information regarding this application:

[How The Online Application Works](#)

[Special Instructions For Blind Users](#)

[Back to Top](#)

## What Is This Application?

It is an application for extra help with the prescription drug costs. **It does not enroll you in a prescription drug plan.** You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about your State Health Insurance Assistance Program (SHIP). This program offers help with your Medicare questions.

[Back to Top](#)

## How Can You Get The Extra Help?

To get extra help with prescription drug costs, you **must complete and submit this application**. We will review your application and send you a letter to let you know if you qualify for extra help. To use the extra help, you must enroll in a Medicare Prescription Drug plan.

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

If you need help completing this application, call Social Security toll-free at **1-800-772-1213**. (TTY **1-800-325-0778**).

If you need information about Medicare Savings Programs, the Medicare Prescription Drug Program or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

[Back to Top](#)

## Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?

You should complete this application for extra help on the Internet if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Medical Insurance); and
- You live in one of the 50 states or the District of Columbia; and
- Your combined savings, investments, and real estate are not worth more than \$23,970 if you are married and living with your spouse, or \$11,990 if you are not currently married or not living with your spouse. (**DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**) If you have more than those amounts, you may not qualify for the extra help. However, if there is any doubt about the amounts, or you need a letter stating you are not eligible, complete the application. If you do not qualify for the extra help, you can still enroll in an approved Medicare prescription drug plan for coverage.

**EXCEPTIONS:** Even if you meet the conditions above, **DO NOT** complete this application if you have Medicare **and** Supplemental Security Income (SSI) or Medicare **and** Medicaid because you automatically will get the extra help.

If your state Medicare program pays your Medicare premiums because you belong to a Medicare Savings Program, you should contact your state Medicaid office for more information. You could get the extra help automatically and may not need to complete this application. If you do not belong to a Medicare Savings Program, you will also start your application process for that program by completing this form. We will send information to your state who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

[Back to Top](#)

## What Information Will You Need?

To determine if you could be eligible for help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRA), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

[Back to Top](#)

## What If You Need To Stop And Come Back Later?

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Sign Out of this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

[Back to Top](#)

## Can You Edit Your Information?

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

[Back to Top](#)

## How Long Can You Work On Each Page?

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

[Back to Top](#)

## Are There Other Ways To Apply?

If you prefer not to fill out this application on the Internet, you can call our toll-free number, **1-800-772-1213** for a paper application. If you are deaf or hard of hearing, call our toll-free TTY number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Tell the representative that you want to apply for help with Medicare prescription drug costs.

[Back to Top](#)

## Information About Medicare

Follow the links below for more specific information regarding the Prescription Drug Program and Medicare:

[About The Prescription Drug Program](#)

Medicare Information:

[Official U.S. Government Medicare Site](#)

[Centers For Medicare & Medicaid Services](#)

[Back to Top](#)

## Legal And Official Information

[Internet Security Policy](#)

[Website Policies & Other Important Information](#)

[Back to Top](#)





## Help: Should You Use This Application

### Are you assisting someone (other than your spouse who lives with you) with this application?

In order to collect the appropriate contact information, we need to know if this form is being filled out by a third party. If you are assisting someone other than your spouse who lives with you, select Yes.

### Did you (or your spouse, if married and living together) get an application in the mail from us?

We mailed scannable paper applications for Help With Medicare Prescription Drug Plan Costs to people who appeared to be below the income limits based on the information already in our records. However, if an individual received an application, it does not mean that the individual automatically qualifies for assistance.

### Do you (or your spouse, if married and living together) have Medicare?

Only individuals who are eligible for, or have Medicare may use this application. If you (or your spouse, if married and living together) are, you may be eligible for extra help to pay for your monthly premiums, annual deductibles, and co-payments related to the prescription drug program.

### Are you (or your spouse, if married and living together) 64 years and 9 months old or older?

The purpose of this question is to help us determine if you may be eligible for Medicare. If you are eligible for Medicare and have not yet applied, call our toll-free number at **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free TTY number at **1-800-325-0778**.

### Have you (or your spouse, if married and living together) received:

- **Social Security disability benefits for 24 months;**
- **disability benefits based on Lou Gehrig's disease (ALS); or**
- **renal dialysis treatments or a kidney transplant?**

The purpose of this question is to help us determine if you may be eligible for Medicare. To apply for Medicare a person must:

- be at least 64 years and 9 months old;
- have received Social Security disability benefits for 24 months;
- receive Social Security disability benefits based on Lou Gehrig's disease (ALS); **or**
- have received renal dialysis treatments or a kidney transplant.

If you (or your spouse, if married and living together) are eligible for Medicare and have not yet applied, call our toll-free number at **1-800-772-1213**. If you are deaf or hard of hearing, call our toll-free TTY number at **1-800-325-0778**.

### In which state do you (or your spouse, if married and living together) live?

To be eligible for the help with prescription drug plan costs, you must live in one of the 50 states or the District of Columbia. Select the state where your permanent residence is located.

### What is your marital status?

If you are married and living with your spouse, we count the income and resources of both you and your spouse when we determine whether you are eligible to receive help with prescription drug plan costs. We consider that you are living together if you and your spouse live in the same household. We count the income and resources of you and your spouse regardless of whether one or both of you are filing for this help. We consider that you are still living together if you or your spouse are **temporarily** absent from the household in a hospital or nursing home.

### Do you have combined savings, investments, and real estate worth more than:

- **\$23,970 if you are married and living with your spouse; or**
- **\$11,990 if you are not married or not living with your spouse?**

To be eligible for help with prescription drug plan costs, your resources must be within certain limits. Your resources may include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, Individual Retirement Accounts (IRA), and any other cash at home or anywhere else. Your resources also include real estate you own **except for the home that you live in**. Examples of other real estate are summer homes, rental properties or undeveloped land you own. Include the things you own by yourself, with your spouse or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

If you are sure that your combined savings, investments, and real estate are worth more than \$23,970 (married) or \$11,990 (single), select Yes. The actual limits for eligibility are \$20,970 (married) or \$10,490 (single). However, since we may not count some of the resources you expect to use for funeral or burial expenses, you may be able to have up to \$23,970 (married) or \$11,990 (single).

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

Other examples of resources that should **NOT** be counted are:

- Resources you could not easily convert to cash, such as jewelry or home furnishings;
- Property you need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money you may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Help: Find Out If You And Your Spouse Qualify: Part 1

### Have you or your spouse worked in this calendar year?

If you or your spouse have worked at any time during the present calendar year, select Yes for this question. If you have not worked at any time during the current calendar year, select No.

### Are you or your spouse UNDER age 65?

If you or your spouse are under age 65, disabled or blind and working, we may be able to exclude some of your earnings when we determine your eligibility for help with prescription drug costs. If you spend part of your earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

**Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? Do NOT include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter "0."**

Eligibility for the extra help is based on the amount of your income and that of your spouse compared to the Federal Poverty Level for your household's size. Therefore, we need to know how many other relatives are in your household for whom you or your spouse provide at least one-half of their financial support. We count relatives related to you by blood, marriage or adoption.

Close this window to return to the application.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Help: Find Out If You Qualify: Part 1

### Have you worked in this calendar year?

If you have worked at any time during the present calendar year, select Yes for this question. If you have not worked at any time during the current calendar year, select No.

### Are you UNDER age 65?

If you are under age 65, disabled or blind and working, we may be able to exclude some of your earnings when we determine your eligibility for help with prescription drug costs. If you spend part of your earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### How many relatives live in your household and receive at least one-half of their financial support from you? Do NOT include yourself in the number you enter. If your household consists only of you, enter "0."

Eligibility for the extra help is based on the amount of your income compared to the Federal Poverty Level for your household's size. Therefore, we need to know how many relatives are in your household for whom you provide at least one-half of their financial support. We count relatives related to you by blood, marriage or adoption.

Close this window to return to the application.





## Help: Find Out If You and Your Spouse Qualify: Part 2

### Do you or your spouse receive Social Security benefits?

If you or your spouse currently receive benefits from Social Security, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from Social Security (see sample below). This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

## Your New Benefit Amount

000001

**BENEFICIARY'S NAME:**  
JOHN Q. PUBLIC

**SOCIAL SECURITY CLAIM NUMBER**  
(only the last 4 digits are shown to help prevent identity theft): xxx-xx-1111

Your Social Security benefits will increase by 2.7 percent in 2005, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

### How Much Will I Get And When?

- Your new monthly amount (before deductions) is
  - The amount we are deducting for Medicare is (If you did not have Medicare as of Nov. 19, 2004, or if someone else pays your premium, we show \$0.00.)
  - The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 19, 2004, we show \$0.00.)
  - After taking any other deductions, we will deposit into your bank account on Jan. 3, 2005.
- If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

\$515.00
\$0.00
\$0.00
\$515.00

This is the amount you should use when we ask for your Social Security Benefit.

### Do you or your spouse receive Railroad Retirement benefits?

If you or your spouse currently receive benefits from the Railroad Retirement Board, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Railroad Retirement Board. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you or your spouse receive Veterans benefits?

If you or your spouse currently receive benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Department of Veterans Affairs. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you or your spouse receive income from other pensions or annuities?

If you or your spouse currently receive income from a pension, enter the total amount received each month in this field. If you receive money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

The entry for this field must be shown in a **MONTHLY** format. If the pension or annuity is received other than monthly, convert to a monthly amount before entering (e.g., if received weekly, multiply by 52 and divide by 12; if received bi-weekly, multiply by 26 and divide by 12; if received yearly, divide by 12, etc.).

**Do NOT include** annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.

### Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?

Indicate whether you or your spouse receive income from any other source. 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.

(**Do NOT include** help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

**Do NOT** list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should **NOT** be counted are:

- Food Stamps;
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment and drugs;
- Help from a housing agency;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;
- Soup kitchens;
- Earned income tax credit payments;
- Victim's compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.





## Help: Find Out If You Qualify: Part 2

### Do you receive Social Security benefits?

If you currently receive benefits from Social Security, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from Social Security (see sample below). This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

## Your New Benefit Amount

000001

**BENEFICIARY'S NAME:**  
JOHN Q. PUBLIC

**SOCIAL SECURITY CLAIM NUMBER**  
(only the last 4 digits are shown to help prevent identity theft): xxx-xx-1111

Your Social Security benefits will increase by 2.7 percent in 2005, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

### How Much Will I Get And When?

- Your new monthly amount (before deductions) is
  - The amount we are deducting for Medicare is (If you did not have Medicare as of Nov. 19, 2004, or if someone else pays your premium, we show \$0.00.)
  - The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 19, 2004, we show \$0.00.)
  - After taking any other deductions, we will deposit into your bank account on Jan. 3, 2005.
- If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

\$515.00
\$0.00
\$0.00
\$515.00

This is the amount you should use when we ask for your Social Security Benefit.

### Do you receive Railroad Retirement benefits?

If you currently receive benefits from the Railroad Retirement Board, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Railroad Retirement Board. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you receive Veterans benefits?

If you currently receive benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Department of Veterans Affairs. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you receive income from other pensions or annuities?

If you currently receive income from a pension, enter the total amount received each month in this field. If you receive money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

The entry for this field must be shown in a **MONTHLY** format. If the pension or annuity is received other than monthly, convert to a monthly amount before entering (e.g., if received weekly, multiply by 52 and divide by 12; if received bi-weekly, multiply by 26 and divide by 12; if received yearly, divide by 12, etc.).

**Do NOT include** annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.

### Do you receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?

Indicate whether you receive income from any other source. 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.

(**Do NOT include** help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

**Do NOT** list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should **NOT** be counted are:

- Food Stamps;
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment and drugs;
- Help from a housing agency;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;
- Soup kitchens;
- Earned income tax credit payments;
- Victim's compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.





## Help: About You And Your Spouse

### Your Name:

To ensure your privacy, we must match the name you enter on this application to the name on your most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help on the Internet.

### Your Social Security Number:

Enter your own Social Security number. If you receive Social Security benefits based on someone else's Social Security number, such as a current, former, or deceased spouse, do not enter that individual's Social Security number or Medicare Claim Number in this field.

### What is your date of birth?

We use this date to determine your current age. If you are under age 65, blind or disabled **and** working, we may be able to exclude some of your earnings when we determine eligibility for help with prescription drug costs. If you spend part of your earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Have you worked in 2007 or 2008?

When we determine whether you are eligible for help with prescription drug plan costs, we consider the wages and self-employment net earnings that you or your spouse receive.

If you or your spouse worked in 2007 or 2008, we will ask you about your wages and self-employment earnings when you complete the application for this help.

If neither you nor your spouse worked in these years, we will not ask you about your wages and self-employment earnings when you complete the application for this help.

If you worked in 2007 or 2008, select Yes.

### Spouse's Name:

To ensure your spouse's privacy, we must match the name entered on this application to the name on his or her most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help for your spouse on the Internet.

### Spouse's Social Security Number:

Enter your spouse's own Social Security number. If your spouse receives Social Security benefits based on someone else's Social Security number, such as yours or a former or deceased spouse, do not enter your or the former spouse's Social Security number or Medicare Claim number in this field.

### What is your spouse's date of birth?

We use this date to determine your spouse's current age. If your spouse is under age 65, blind or disabled **and** working, we may be able to exclude some of his or her earnings when we determine eligibility for help with prescription drug costs. If your spouse spends part of his or her earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Has your spouse worked in 2007 or 2008?

When we determine eligibility for help with prescription drug plan costs, we consider the wages and self-employment net earnings that you or your spouse receive.

If you or your spouse worked in 2007 or 2008, we will ask you about your wages and self-employment earnings when you complete the application for this help.

If neither you nor your spouse worked in these years, we will not ask you about your wages and self-employment earnings when you complete the application for this help.

If your spouse worked in 2007 or 2008, select Yes.

### Your Mailing Address:

All notices sent to you from Social Security will be mailed to the address we currently have on file. If you have moved in the last three months, check the box to indicate this is a new address. Your mailing address must be within the 50 states or the District of Columbia.

### Your Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?

If both you and your spouse have Medicare (or expect to have it in the next three months), you may both apply for the extra help on the same application.

Select **Yes** if your spouse is also applying. Select **No** if your spouse is not applying.

### Do you have combined savings, investments, and real estate worth more than \$23,970?

To be eligible for help with prescription drug plan costs, your resources must be within certain limits. Your resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, Individual Retirement Accounts (IRA), and any other cash at home or anywhere else. Your resources also include real estate you own, **except for the home that you live in**. Examples of other real estate are summer homes, rental properties or undeveloped land you own. Include the things you own by yourself, with your spouse or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

If you are sure that your combined savings, investments, and real estate are worth more than \$23,970, select Yes. The actual limit for eligibility is \$20,970. However, since we may not count some of the resources you expect to use for funeral or burial expenses, you may be able to have up to \$23,970.

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

Other examples of resources that should **NOT** be counted are:

- Resources you could not easily convert to cash, such as jewelry or home furnishings;
- Property you need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money you may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.

### OPTIONAL: (contact person)

If there is someone that we should contact instead of you regarding the information you provided on this form, please provide his or her name and phone number. If you provide contact information for someone other than yourself, we will only contact that person by phone.

### Contact's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.





## Help: About You

### Your Name:

To ensure your privacy, we must match the name you enter on this application to the name on your most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help on the Internet.

### Your Social Security Number:

Enter your own Social Security number. If you receive Social Security benefits based on someone else's Social Security number, such as a current, former, or deceased spouse, do not enter that individual's Social Security number or Medicare Claim Number in this field.

### What is your date of birth?

We use this date to determine your current age. If you are under age 65, blind or disabled **and** working, we may be able to exclude some of your earnings when we determine eligibility for help with prescription drug costs. If you spend part of your earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Have you worked in 2007 or 2008?

When we determine whether you are eligible for help with prescription drug plan costs, we consider the wages and self-employment net earnings that you receive.

If you worked in 2007 or 2008, we will ask you about your wages and self-employment earnings when you complete the application for this help.

If you did not work in these years, we will not ask you about your wages and self-employment earnings when you complete the application for this help.

If you worked in 2007 or 2008, select Yes.

### Your Mailing Address:

All notices sent to you from Social Security will be mailed to the address we currently have on file. If you have moved in the last three months, check the box to indicate this is a new address. Your mailing address must be within the 50 states or the District of Columbia.

### Your Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### OPTIONAL: (contact person)

If there is someone that we should contact instead of you regarding the information you provided on this form, please provide his or her name and phone number. If you provide contact information for someone other than yourself, we will only contact that person by phone.

### Contact's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### Do you have combined savings, investments, and real estate worth more than \$11,990?

To be eligible for help with prescription drug plan costs, your resources must be within certain limits. Your resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, Individual Retirement Accounts (IRA), and any other cash at home or anywhere else. Your resources also include real estate you own, **except for the home that you live in**. Examples of other real estate are summer homes, rental properties or undeveloped land you own. Include the things you own by yourself or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

If you are sure that your combined savings, investments, and real estate are worth more than \$11,990, select Yes. The actual limit for eligibility is \$10,490. However, since we may not count some of the resources you expect to use for funeral or burial expenses, you may be able to have up to \$11,990.

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

Other examples of resources that should **NOT** be counted are:

- Resources you could not easily convert to cash, such as jewelry or home furnishings;
- Property you need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money you may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.





## Help: About The Person Completing This Form And The People You Are Helping

### Relationship to Applicant:

In order to understand who is completing this form, we need to know who is providing the information and your relationship to the people for whom you are applying. Please select the choice from the drop-down menu that best reflects your relationship to the people for whom you are applying.

### Form Completer's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### Form Completer's Address:

If you are working for an organization or agency that is completing this form on behalf of another individual, enter the business address in this field. Otherwise, enter your home address.

Your mailing address must be within the 50 states or the District of Columbia.

### Primary Applicant's Name:

To ensure the primary applicant's privacy, we must match the name entered on this application to the name on his or her most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help on the Internet.

### Primary Applicant's Social Security Number:

Enter the primary applicant's own Social Security number. If the person for whom you are applying receives Social Security benefits based on someone else's Social Security number, such as a current, former or deceased spouse, do not enter that individual's Social Security number or Medicare Claim Number in this field.

### What is the primary applicant's date of birth?

We use this date to determine the primary applicant's current age. If the person for whom you are applying is under age 65, blind or disabled **and** working, we may be able to exclude some of his or her earnings when we determine eligibility for help with prescription drug costs. If he or she spends part of his or her earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Has the primary applicant worked in 2007 or 2008?

When we determine eligibility for help with prescription drug plan costs, we consider the wages and self-employment net earnings of the person who is applying for this help. We also consider the wages and net self-employment earnings of that person's spouse.

If the primary applicant or his or her spouse worked in 2007 or 2008, we will ask about wages and self-employment earnings on this application.

If neither the primary applicant nor his or her spouse worked in these years, we will not ask about wages and self-employment earnings on this application.

If the primary applicant worked in 2007 or 2008, select Yes.

### If the spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?

If both the applicant and his or her spouse have Medicare (or expect to have it within the next three months), you may apply for both individuals on the same application.

Select **Yes** if the spouse is also applying. Select **No** if the spouse is not applying.

### Do the applicants have combined savings, investments, and real estate worth more than \$23,970?

To be eligible for help with prescription drug plan costs, the resources of the person for whom you are applying and his or her spouse must be within certain limits. Resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, Individual Retirement Accounts (IRA), and any other cash at home or anywhere else. Resources also include real estate owned, **except for the home in which the applicants live**. Examples of other real estate are summer homes, rental properties or undeveloped land they own. Include things the person for whom you are applying owns by himself or herself, with his or her spouse or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

If you are sure that their combined savings, investments, and real estate are worth more than \$23,970, select Yes. The actual limit for eligibility is \$20,970. However, since we may not count some of the resources these people expect to use for funeral or burial expenses, they may be able to have up to \$23,970.

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If the applicants have book entry securities, they are counted as resources and should be reported on this application.

Other examples of resources that should **NOT** be counted are:

- Resources they could not easily convert to cash, such as jewelry or home furnishings;
- Property they need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money they may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation received as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.

### Spouse's Name:

To ensure the spouse's privacy, we must match the name entered on this application to the name on his or her most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help for the spouse on the Internet.

### Spouse's Social Security Number:

Enter the spouse's own Social Security number. If the spouse receives Social Security benefits based on someone else's Social Security number, such as his or her current spouse or a former spouse, do not enter the spouse's or former spouse's Social Security number or Medicare Claim Number in this field.

### What is the spouse's date of birth?

We use this date to determine the spouse's current age. If the spouse of the person for whom you are applying is under age 65, blind or disabled **and** working, we may be able to exclude some of his or her earnings when we determine eligibility for help with prescription drug costs. If he or she spends part of his or her earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Has the applicant's spouse worked in 2007 or 2008?

When we determine eligibility for help with prescription drug plan costs, we consider the wages and self-employment net earnings of the person who is applying for this help. We also consider the wages and net self-employment earnings of that person's spouse.

If the primary applicant or his or her spouse worked in 2007 or 2008, we will ask about wages and self-employment earnings on this application.

If neither the primary applicant nor his or her spouse worked in these years, we will not ask about wages and self-employment earnings on this application.

If the primary applicant's spouse worked in 2007 or 2008, select Yes.

### Mailing Address:

All notices sent from Social Security to the people for whom you are applying will be mailed to the address we currently have on file. If the people for whom you are applying have moved in the last three months, check the appropriate address-change box. This address must be within the 50 states or the District of Columbia.

### Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### OPTIONAL: (contact person)

If there is someone that we should contact instead of you regarding the information you provided on this form, please provide his or her name and phone number. If you provide contact information for someone other than yourself, we will only contact that person by phone.

### Contact's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.





## Help: About The Person Completing This Form And The Person You Are Helping

### Relationship to Applicant:

In order to understand who is completing this form, we need to know who is providing the information and your relationship to the person for whom you are applying. Please select the choice from the drop-down menu that best reflects your relationship to the person for whom you are applying.

### Form Completer's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### Form Completer's Address:

If you are working for an organization or agency that is completing this form on behalf of another individual, enter the business address in this field. Otherwise, enter your home address.

Your mailing address must be within the 50 states or the District of Columbia.

### Applicant's Name:

To ensure the applicant's privacy, we must match the name entered on this application to the name on his or her most recent Social Security card. Therefore, it is very important that you enter it exactly the same way. If we cannot match these names, you will be unable to file for this extra help on the Internet.

### Applicant's Social Security Number:

Enter the applicant's own Social Security number. If the person for whom you are applying receives Social Security benefits based on someone else's Social Security number, such as a current, former or deceased spouse, do not enter that individual's Social Security number or Medicare Claim Number in this field.

### What is the applicant's date of birth?

We use this date to determine the applicant's current age. If the person for whom you are applying is under age 65, blind or disabled **and** working, we may be able to exclude some of his or her earnings when we determine eligibility for help with prescription drug costs. If he or she spends part of his or her earnings to pay for things needed in order to work, we will not count those earnings when we determine eligibility. For example, we would exclude the amount spent on attendant care, certain drugs, medical supplies and devices, certain types of training and therapy, certain work-related equipment, etc.

### Has the applicant worked in 2007 or 2008?

When we determine eligibility for help with prescription drug plan costs, we consider the wages and self-employment net earnings of the person who is applying for this help.

If the person you are helping worked in 2007 or 2008, we will ask about his or her wages and self-employment earnings on this application.

If this person did not work in these years, we will not ask about wages and self-employment earnings on this application.

If the person you are helping worked in 2007 or 2008, select Yes.

### Mailing Address:

All notices sent from Social Security to the person for whom you are applying will be mailed to the address we currently have on file. If the person for whom you are applying has moved in the last three months, check the appropriate address-change box. This address must be within the 50 states or the District of Columbia.

### Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### OPTIONAL: (contact person)

If there is someone that we should contact instead of you regarding the information you provided on this form, please provide his or her name and phone number. If you provide contact information for someone other than yourself, we will only contact that person by phone.

### Contact's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

### Does the applicant have combined savings, investments, and real estate worth more than \$11,990?

To be eligible for help with prescription drug plan costs, the applicant's resources must be within certain limits. Resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, Individual Retirement Accounts (IRA), and any other cash at home or anywhere else. Resources also include real estate owned, **except for the home in which the applicant lives**. Examples of other real estate are summer homes, rental properties or undeveloped land he or she owns. Include things the person for whom you are applying owns by himself or herself or with someone else. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

If you are sure that this person's combined savings, investments, and real estate are worth more than \$11,990, select Yes. The actual limit for eligibility is \$10,490. However, since we may not count some of the resources the applicant expects to use for funeral or burial expenses, he or she may be able to have up to \$11,990.

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If the applicant has book entry securities, they are counted as resources and should be reported on this application.

Other examples of resources that should **NOT** be counted are:

- Resources that could not easily convert to cash, such as jewelry or home furnishings;
- Property he or she needs for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money he or she may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation received as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Help: About Your And Your Spouse's Living Situation

**Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? Do NOT include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter "0."**

Eligibility for the extra help is based on the amount of your income and that of your spouse compared to the Federal Poverty Level for your household's size. Therefore, we need to know how many other relatives are in your household for whom you or your spouse provide at least one-half of their financial support. We count relatives related to you by blood, marriage or adoption.

Close this window to return to the application.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Help: About Your Living Situation

**How many relatives live in your household and receive at least one-half of their financial support from you? Do NOT include yourself in the number you enter. If your household consists only of you, enter "0."**

Eligibility for the extra help is based on the amount of your income compared to the Federal Poverty Level for your household's size. Therefore, we need to know how many relatives are in your household for whom you provide at least one-half of their financial support. We count relatives related to you by blood, marriage or adoption.

Close this window to return to the application.





## Help: Income Other Than Wages

### Do you or your spouse receive Social Security benefits?

If you or your spouse currently receive benefits from Social Security, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from Social Security (see sample below). This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

## Your New Benefit Amount

000001

BENEFICIARY'S NAME:

JOHN Q. PUBLIC

SOCIAL SECURITY CLAIM NUMBER

(only the last 4 digits are shown to help prevent identity theft): xxx-xx-1111

Your Social Security benefits will increase by 2.7 percent in 2005, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

### How Much Will I Get And When?

- Your new monthly amount (before deductions) is
  - The amount we are deducting for Medicare is (If you did not have Medicare as of Nov. 19, 2004, or if someone else pays your premium, we show \$0.00.)
  - The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 19, 2004, we show \$0.00.)
  - After taking any other deductions, we will deposit into your bank account on Jan. 3, 2005.
- If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

\$515.00	This is the amount you should use when we ask for your Social Security Benefit.
\$0.00	
\$0.00	
\$515.00	

### Do you or your spouse receive Railroad Retirement benefits?

If you or your spouse currently receive benefits from the Railroad Retirement Board, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Railroad Retirement Board. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you or your spouse receive Veterans benefits?

If you or your spouse currently receive benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Department of Veterans Affairs. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you or your spouse receive income from other pensions or annuities?

If you or your spouse currently receive income from a pension, enter the total amount received each month in this field. If you receive money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount in this field as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

The entry for this field must be shown in a **MONTHLY** format. If the pension or annuity is received other than monthly, convert to a monthly amount before entering (e.g., if received weekly, multiply by 52 and divide by 12; if received bi-weekly, multiply by 26 and divide by 12; if received yearly, divide by 12, etc.)

**Do NOT include** annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.

### Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, private or state disability payments, etc.?

Indicate whether you or your spouse receive income from any other source. 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.

(**Do NOT include** help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

**Do NOT** list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should **NOT** be counted are:

- Food Stamps;
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment and drugs;
- Housing assistance;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;
- Soup kitchens;
- Earned income tax credit payments;
- Victim's compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

### Has any of the income from these sources decreased in the last two years?

We will be comparing the information you provided about your income and your spouse's income with information from other Federal, State and local government agencies. Since some of that information may be outdated, it will help us process your application if we know that the information we receive from the other agencies is too high.

If the amount of the income you listed in the questions above has decreased in the last two calendar years, select Yes.





## Help: Income Other Than Wages

### Do you receive Social Security benefits?

If you currently receive benefits from Social Security, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from Social Security (see sample below). This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

## Your New Benefit Amount

000001

BENEFICIARY'S NAME:

JOHN Q. PUBLIC

SOCIAL SECURITY CLAIM NUMBER

(only the last 4 digits are shown to help prevent identity theft): xxx-xx-1111

Your Social Security benefits will increase by 2.7 percent in 2005, because of a rise in the cost of living. You can use this letter when you need proof of your benefit amount to receive food stamps, rent subsidies, energy assistance, bank loans, or for other business.

### How Much Will I Get And When?

- Your new monthly amount (before deductions) is
  - The amount we are deducting for Medicare is (If you did not have Medicare as of Nov. 19, 2004, or if someone else pays your premium, we show \$0.00.)
  - The amount we are deducting for voluntary federal tax withholding is (If you did not elect voluntary federal tax withholding as of Nov. 19, 2004, we show \$0.00.)
  - After taking any other deductions, we will deposit into your bank account on Jan. 3, 2005.
- If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

\$515.00	This is the amount you should use when we ask for your Social Security Benefit.
\$0.00	
\$0.00	
\$515.00	

### Do you receive Railroad Retirement benefits?

If you currently receive benefits from the Railroad Retirement Board, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Railroad Retirement Board. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you receive Veterans benefits?

If you currently receive benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. To find out what amount to enter, use the amount on your annual cost-of-living adjustment letter you receive from the Department of Veterans Affairs. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

### Do you receive income from other pensions or annuities?

If you currently receive income from a pension, enter the total amount received each month in this field. If you receive money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount in this field as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.)

The entry for this field must be shown in a **MONTHLY** format. If the pension or annuity is received other than monthly, convert to a monthly amount before entering (e.g., if received weekly, multiply by 52; if received bi-weekly, multiply by 26; if received yearly, divide by 12, etc.)

**Do NOT include** annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.

### Do you receive other income not listed above, including alimony, net rental income, workers' compensation, private or state disability payments, etc.?

Indicate whether you receive income from any other source. 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.

(**Do NOT include** help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

**Do NOT** list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should **NOT** be counted are:

- Food Stamps;
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment and drugs;
- Housing assistance;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;
- Soup kitchens;
- Earned income tax credit payments;
- Victim's compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

### Has any of the income from these sources decreased in the last two years?

We will be comparing the information you provided about your income with information from other Federal, State and local government agencies. Since some of that information may be outdated, it will help us process your application if we know that the information we receive from the other agencies is too high.

If the amount of the income you listed in the questions above has decreased in the last two calendar years, select Yes.





## Help: Resources

**Do you or your spouse have any of the following resources? If Yes, enter the combined total for those items.**

**Combined total of all bank accounts (checking, savings and certificates of deposit)**

**Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments**

**Any other cash at home or anywhere else**

To be eligible for help with prescription drug plan costs, your and your spouse's resources must be within certain limits. Your resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), Individual Retirement Accounts (IRA), and any other cash at home or anywhere else.

You can look at your most recent statements from your bank or stock broker to find out how much is in your account(s).

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

**Do NOT** include cash if it is from a Social Security check or pension check that you cashed this month. Also, **do NOT include the home you live in**, vehicle(s), personal possessions, burial plots or irrevocable burial contracts. Other examples of resources that should **NOT** be counted are:

- Resources you could not easily convert to cash, such as jewelry or home furnishings;
- Property you need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money you may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.

**Will some money from any of the sources listed above be used to pay for funeral or burial expenses?**

If you do not expect to use any of the money or investments that you listed on this page to pay for your or your spouse's funeral or burial expenses, select **No**. If you do, skip to the next question (i.e., a Yes response is not necessary in this case, and there is no Yes response entry available for this question).

**Other than your home and the property on which it is located, do you or your spouse own any real estate?**

Select Yes if you or your spouse own real estate **other than the home in which you live**. Examples of other real estate are summer homes, rental properties or undeveloped land you own. Include real estate that you own with your spouse or with another person or persons. If Yes, a Social Security representative will contact you to discuss this further.





## Help: Resources

**Do you have any of the following resources? If Yes, enter the combined total for those items.**

**Combined total of all bank accounts (checking, savings and certificates of deposit)**

**Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments**

**Any other cash at home or anywhere else**

To be eligible for help with prescription drug plan costs, your resources must be within certain limits. Your resources include bank accounts (checking, savings, and certificates of deposit), stocks, bonds, savings bonds (including book entry securities\*), Individual Retirement Accounts (IRA), and any other cash at home or anywhere else.

You can look at your most recent statements from your bank or stock broker to find out how much is in your account(s).

\* **Book Entry Securities** - In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

**Do NOT** include cash if it is from a Social Security check or pension check that you cashed this month. Also, **do NOT include the home you live in**, vehicle(s), personal possessions, burial plots or irrevocable burial contracts. Other examples of resources that should **NOT** be counted are:

- Resources you could not easily convert to cash, such as jewelry or home furnishings;
- Property you need for self support that is used in a trade or business;
- Life insurance policies;
- Irrevocable burial trusts;
- Disaster assistance;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**NOTE:** Certain other money you may be holding is not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income benefits;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.

**Will some money from any of the sources listed above be used to pay for funeral or burial expenses?**

If you do not expect to use any of the money or investments that you listed on this page to pay for your funeral or burial expenses, select **No**. If you do, skip to the next question (i.e., a Yes response is not necessary in this case, and there is no Yes response entry available for this question).

**Other than your home and the property on which it is located, do you own any real estate?**

Select Yes if you own real estate **other than the home in which you live**. Examples of other real estate are summer homes, rental properties or undeveloped land you own. Include real estate that you own by yourself, or with another person or persons. If Yes, a Social Security representative will contact you to discuss this further.



Enter SSN to retrieve application(s):

Search

Return to iMain

[< Back to Results](#)

SSN: 743-39-1122

Partial application started on 01/24/2008

[Contact Information](#)[Print This Form](#)[About You and Your Spouse](#)[About You and Your Spouse's Living Situation](#)[Resources](#)[Income Other Than Wages And Earnings](#)[Wages and Earnings](#)[Third Party Information](#)**Contact Information**

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:

**James Crook**  
**(444) 444-4444**

[Return to Top](#)**About You and Your Spouse**

	You	Spouse
Name:	<b>John Smith</b>	<b>Jane Smith</b>
Social Security Number:	<b>743-39-1122</b>	<b>743-39-1122</b>
What are your dates of birth?	<b>02/10/1960</b>	<b>01/10/1958</b>
Have you worked in 2007 or 2008?	<b>Yes</b>	<b>Yes</b>
Mailing Address:	<b>2 Main St Balto, MD 21222 We have not changed our address within the last three months.</b>	
Telephone Number:	<b>(333) 333-3333</b>	
If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?	<b>No</b>	
Do you have combined savings, investments, and real estate worth more than \$23,970 ?	<b>No</b>	
Medicare Savings Programs:	<b>Not Interested</b>	

[Return to Top](#)**About You And Your Spouse's Living Situation**

Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse?

**3**[Return to Top](#)**Resources**

	You	Spouse
Do you or your spouse have any of the following resources:		
Combined total of all bank accounts (checking, savings and certificates of deposit)	<b>Yes, we have \$2,000.00</b>	
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	<b>Yes, we have \$1,000.00</b>	
Any other cash at home or anywhere else	<b>Yes, we have \$250.00</b>	
Will some money from any of these sources be used to pay for funeral or burial expenses?	<b>No</b>	<b>Yes</b>
Other than your home and the property on which it is located, do you or your spouse own any real estate?	<b>No</b>	

[Return to Top](#)**Income Other Than Wages and Earnings**

	You	Spouse
Do you or your spouse receive income from any of the sources listed below:		
Social Security benefits	<b>No</b>	<b>No</b>
Railroad Retirement benefits	<b>No</b>	<b>No</b>
Veterans benefits	<b>Yes, \$200.00 per month</b>	<b>No</b>
Other pensions and annuities	<b>Yes, \$20.00 per month</b>	<b>No</b>
Other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.	<b>No</b>	<b>Yes, \$50.00 per month from babysitting</b>
Has any of the income from these sources decreased in the last two years?	<b>No</b>	

[Return to Top](#)**Wages and Earnings**

	You	Spouse
What do you or your spouse expect to earn in wages before taxes and deductions this calendar year?	<b>\$10,000.00 this year</b>	<b>\$5,000.00 this year</b>
What do you or your spouse expect your net earnings from self-employment to be this calendar year?	<b>Net earnings of \$300.00 this year</b>	<b>None</b>
Have these wages or self-employment earnings decreased in the last two years?	<b>Yes</b>	
Have you or your spouse stopped working in 2007 or 2008, or plan to stop working in 2008 or 2009?	<b>Yes, stopped/plan to stop February, 2009</b>	<b>No</b>
Do you or your spouse have to pay for things related to a disability or blindness that enable you to work?	<b>No</b>	<b>Yes</b>

[Return to Top](#)**Third Party Information**

Name:	<b>William V Jones</b>
Relationship to Applicant:	<b>neighbor</b>
Telephone Number:	<b>(222) 222-2222</b>
Address:	<b>1 Main St Balto, MD 21222</b>

[Print This Form](#)[Return to Top](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● Complete Application ● Review ● Submit ● Print Receipt

## About You And Your Spouse

We need some basic information about how to contact you and your spouse in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

### About You

Your Name: [More Info](#)

(First, Middle Initial, Last, Suffix)

  

Enter your name as it appears on your most recent Social Security card.

Your Social Security Number: [More Info](#)

(Do NOT include dashes or hyphens.)

What is your date of birth? [More Info](#)

 Month  Day  Year

Have you worked in 2007 or 2008? [More Info](#)

 No  Yes

### About Your Spouse

Spouse's Name: [More Info](#)

(First, Middle Initial, Last, Suffix)

  

Enter your spouse's name as it appears on his or her most recent Social Security card.

Spouse's Social Security Number: [More Info](#)

(Do NOT include dashes or hyphens.)

What is your spouse's date of birth? [More Info](#)

 Month  Day  Year

Has your spouse worked in 2007 or 2008? [More Info](#)

 No  Yes

### Contact Information

Your Mailing Address: [More Info](#)

We have changed our address within the last three months

(Address Line 1)  Apt. No.

(Address Line 2)

(Address Line 3)

(City, State, ZIP)

Your Phone Number: [More Info](#)

 (  )  - 

### Other Information

If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply? [More Info](#)

 No  Yes

Do you have combined savings, investments, and real estate worth more than \$23,970? [More Info](#)

Include the things you own by yourself, with your spouse or with another person. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

No or Not Sure  Yes

**If you selected YES**, you are not eligible for the extra help. But, your state may be able to help you with your Medicare costs through the Medicare Savings Programs. To start your application process for Medicare Savings Programs, please see the information below.

**Information about Medicare Savings Programs:** You may be able to get help from your state with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information from this form to your state unless you tell us not to. **If you want help from the Medicare Savings Programs, just complete and submit your application and your state will contact you.**

If you are **not** interested in filing for the Medicare Savings Programs, please select below.

Not interested in the Medicare Savings Programs, do not send information to the state.

**OPTIONAL:** If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. [More Info](#)

Contact Person's Name:

(First, Last)

Contact's Phone Number: [More Info](#)

 (  )  - 

[Continue](#)





STEP: ● **Complete Application** ◆ Review ◆ Submit ◆ Print Receipt

## About You

We need some basic information about how to contact you in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

**Your Name:** [More Info](#)

(First, Middle Initial, Last, Suffix)

Enter your name as it appears on your most recent Social Security card.

**Your Social Security Number:** [More Info](#)

(Do NOT include dashes or hyphens.)

**What is your date of birth:** [More Info](#)

Month  Day  Year

**Have you worked in 2007 or 2008?** [More Info](#)  No  Yes

## Contact Information

**Your Mailing Address:** [More Info](#)  I have changed my address within the last three months

(Address Line 1)  Apt. No.

(Address Line 2)

(Address Line 3)

(City, State, ZIP)

**Your Phone Number:** [More Info](#) (  )  -

## Other Information

**OPTIONAL:** If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. [More Info](#)

**Contact Person's Name:**    
(First, Last)

**Contact's Phone Number:** [More Info](#) (  )  -

**Do you have combined savings, investments, and real estate worth more than \$11,990?** [More Info](#)

Include the things you own by yourself or with another person. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

No or Not Sure  Yes

If you selected YES, you are not eligible for the extra help. But, your state may be able to help you with your Medicare costs through their Medicare Savings Programs. To start your application process for Medicare Savings Programs, please see the information below.

**Information about Medicare Savings Programs:** You may be able to get help from your state with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information from this form to your state unless you tell us not to. **If you want help from the Medicare Savings Programs, just complete and submit your application and your state will contact you.**

If you are **not** interested in filing for the Medicare Savings Programs, please select below.

**Not interested in the Medicare Savings Programs, do not send information to the state.**





STEP: ● Complete Application ● Review ● Submit ● Print Receipt

## About The Person Completing The Form And The People You Are Helping

We need some basic information about how to contact you and the people you are helping in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

### About The Person Completing The Form

**Form Completer's Name:**    
(First, Middle Initial, Last)

**Relationship to Applicant:** [More Info](#)   
If other, please indicate:

**Form Completer's Phone Number:** [More Info](#) (  )  -

**Form Completer's Address:** [More Info](#)  
(Address Line 1)  Apt. No.   
(Address Line 2)   
(Address Line 3)   
(City, State, ZIP)

### About The Person You Are Helping

**Primary Applicant's Name:** [More Info](#)     
(First, Middle Initial, Last, Suffix)

Enter the name as it appears on the primary applicant's most recent Social Security card.

**Primary Applicant's Social Security Number:** [More Info](#)   
(Do NOT include dashes or hyphens.)

**What is the primary applicant's date of birth?** [More Info](#) Month  Day  Year

**Has the primary applicant worked in 2007 or 2008?** [More Info](#)  No  Yes

**If the spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?** [More Info](#)  No  Yes

**Do the applicants have combined savings, investments, and real estate worth more than \$23,970?** [More Info](#)  No or Not Sure  Yes  
If you selected YES, they are not eligible for the extra help. But, their state may be able to help them with the Medicare costs through the Medicare Savings Programs. To start their application process for Medicare Savings Programs, please see the information below.

**Information about Medicare Savings Programs:** The applicants may be able to get help from their state with their Medicare costs under the Medicare Savings Programs. To start their application process for the Medicare Savings Programs, Social Security will send information from this form unless they tell us not to. **If they want help from the Medicare Savings Programs, just complete and submit the application and their state will contact them.**

If they are **not** interested in filing for the Medicare Savings Programs, please select below for them.

Not interested in the Medicare Savings Programs, do not send information to the state.

### About The Applicant's Spouse

**Spouse's Name:** [More Info](#)     
(First, Middle Initial, Last, Suffix)

Enter the spouse's name as it appears on his or her most recent Social Security card.

**Spouse's Social Security Number:** [More Info](#)   
(Do NOT include dashes or hyphens.)

**What is the spouse's date of birth?** [More Info](#) Month  Day  Year

**Has the applicant's spouse worked in 2007 or 2008?** [More Info](#)  No  Yes

### Applicant's Contact Information

**Mailing Address:** [More Info](#)  The applicant has changed his/her address within the last three months

(Address Line 1)  Apt. No.   
(Address Line 2)   
(Address Line 3)   
(City, State, ZIP)

**Phone Number:** [More Info](#) (  )  -

### Other Information

**OPTIONAL:** If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. [More Info](#)

**Contact Person's Name:**    
(First, Last)

**Contact's Phone Number:** [More Info](#) (  )  -





STEP:  Complete Application  Review  Submit  Print Receipt

## About The Person Completing The Form And The Person You Are Helping

We need some basic information about how to contact you and the person you are helping in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

### About The Person Completing The Form

**Form Completer's Name:**    
(First, Middle Initial, Last)

**Relationship to Applicant:** [More Info](#)   
If other, please indicate:

**Form Completer's Phone Number:** [More Info](#) (  )  -

**Form Completer's Address:** [More Info](#)  
(Address Line 1)  Apt. No.   
(Address Line 2)   
(Address Line 3)   
(City, State, ZIP)

### About The Person You Are Helping

**Applicant's Name:** [More Info](#)     
(First, Middle Initial, Last, Suffix)

Enter the name as it appears on the applicant's most recent Social Security card.

**Applicant's Social Security Number:** [More Info](#)   
(Do NOT include dashes or hyphens.)

**What is the applicant's date of birth?** [More Info](#) Month  Day  Year

**Has the applicant worked in 2007 or 2008?** [More Info](#)  No  Yes

### Applicant's Contact Information

**Mailing Address:** [More Info](#)  The applicant has changed his/her address within the last three months

(Address Line 1)  Apt. No.   
(Address Line 2)   
(Address Line 3)   
(City, State, ZIP)

**Phone Number:** [More Info](#) (  )  -

### Other Information

**OPTIONAL:** If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. [More Info](#)

**Contact Person's Name:**    
(First, Last)

**Contact's Phone Number:** [More Info](#) (  )  -

**Does the applicant have combined savings, investments, and real estate worth more than \$11,990?** [More Info](#)  No or Not Sure  Yes  
If you selected YES, the applicant is not eligible for the extra help. But, his or her State may be able to help him or her with the Medicare costs through the Medicare Savings Programs. To start his or her application process for Medicare Savings Programs, please see the information below.  
Include the things the applicant owns separately or with another person. **DO NOT include the home he or she lives in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

**Information about Medicare Savings Programs:** The applicant may be able to get help from his or her state with their Medicare costs under the Medicare Savings Programs. To start his or her application process for the Medicare Savings Programs, Social Security will send information from this form to his or her state unless the applicant tells us not to. **If the applicant wants help from the Medicare Savings Programs, just complete and submit the application and the state will contact the applicant.**

If the applicant is **not** interested in this program, please select below:

Not interested in the Medicare Savings Programs, do not send information to the state.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP: ● **Complete Application** ◆ Review ◆ Submit ◆ Print Receipt

## About Your And Your Spouse's Living Situation

**Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? Do NOT include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter "0."** [More Info](#)

We ask this because your household size may affect the amount of help you can get. We count relatives related to you by blood, marriage or adoption.

[Previous](#)

[Continue](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP: ● **Complete Application** ◆ Review ◆ Submit ◆ Print Receipt

## About Your Living Situation

How many relatives live in your household and receive at least one-half of their financial support from you? Do NOT include yourself in the number you enter. If your household consists only of you enter "0." [More Info](#)

We ask this because your household size may affect the amount of help you can get. We count relatives related to you by blood, marriage or adoption.

[Previous](#)

[Continue](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP: ● Complete Application ● Review ● Submit ● Print Receipt

## Income Other Than Wages And Earnings

If you or your spouse receive income from any of the sources listed below, 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 fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select **No** for that source.

If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

Do you or your spouse receive Social Security benefits? [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

Do you or your spouse receive Railroad Retirement benefits? [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

Do you or your spouse receive Veterans benefits? [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

Do you or your spouse receive income from other pensions or annuities? [More Info](#)

(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.)

You  No  Yes, \$  per month (before deductions) [Add Pensions Or Annuities](#)

Spouse  No  Yes, \$  per month (before deductions) [Add Pensions Or Annuities](#)

Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, private or state disability payments, etc.? [More Info](#)

(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any cash at home or anywhere else.)

You  No  Yes  
If Yes, specify monthly amount and type(s):

Amount: \$  per month

[Add Other Income](#)

Type:

Spouse  No  Yes

If Yes, specify monthly amount and type(s):

Amount: \$  per month

[Add Other Income](#)

Type:

Has any of the income from these sources decreased in the last two years? [More Info](#)

No  Yes

[Previous](#)

[Continue](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

Sign Out (Finish this Later)

[Need Help?](#)

STEP: ● Complete Application ◊ Review ◊ Submit ◊ Print Receipt

## Income Other Than Wages And Earnings

If you receive income from any of the sources listed below, 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 fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select **No** for that source.

If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

Do you receive Social Security benefits? [More Info](#)  No  Yes, \$  per month (before deductions)

Do you receive Railroad Retirement benefits? [More Info](#)  No  Yes, \$  per month (before deductions)

Do you receive Veterans benefits? [More Info](#)  No  Yes, \$  per month (before deductions)

Do you receive income from other pensions or annuities? [More Info](#)  No  Yes, \$  per month (before deductions) [Add Pensions Or Annuities](#)  
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.)

Do you receive other income not listed above, including alimony, net rental income, workers compensation, private or state disability payments, etc.? [More Info](#)  No  Yes  
If Yes, specify monthly amount and type(s):  
Amount: \$  per month  
[Add Other Income](#)  
Type:

Has any of the income from these sources decreased in the last two years? [More Info](#)  No  Yes





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP: ● **Complete Application** ◆ Review ◆ Submit ◆ Print Receipt

## Resources

Please enter the money amounts of all bank accounts, investments or cash that either you, your spouse, or both of you own. Include items that either of you own with another person.

If you need help adding your bank accounts, select Add Accounts. If you need help adding your investments, select Add Investments. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

**Do you or your spouse have any of the following resources? If Yes, enter the combined total for those items.** [More Info](#)

**Combined total of all bank accounts (checking, savings and certificates of deposit)**  No  Yes, we have: \$  [Add Accounts](#)

**Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments**  No  Yes, we have: \$  [Add Investments](#)

**Any other cash at home or anywhere else**  No  Yes, we have: \$

**Will some money from any of the sources listed above be used to pay for funeral or burial expenses?** [More Info](#)

This includes any bank accounts, investments, and cash that you listed.

**If Yes, skip to the next question.** If no, select **No** and then go to the next question.

You  No

Spouse  No

**Other than your home and the property on which it is located, do you or your spouse own any real estate?** [More Info](#)  No  Yes

Examples of other real estate are summer homes, rental properties or undeveloped land you own.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP: ● **Complete Application** ◆ Review ◆ Submit ◆ Print Receipt

## Resources

Please enter the money amounts of all bank accounts, investments or cash that you own. Include items that you own with another person.

If you need help adding your bank accounts, select Add Accounts. If you need help adding your investments, select Add Investments. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

**Do you have any of the following resources? If Yes, enter the combined total for those items.** [More Info](#)

**Combined total of all bank accounts (checking, savings and certificates of deposit)**  No  Yes, I have: \$  [Add Accounts](#)

**Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments**  No  Yes, I have: \$  [Add Investments](#)

**Any other cash at home or anywhere else**  No  Yes, I have: \$

**Will some money from any of the sources listed above be used to pay for funeral or burial expenses?** [More Info](#)  No

This includes any bank accounts, investments, and cash that you listed.

**If Yes, skip to the next question.** If no, select **No** and then go to the next question.

**Other than your home and the property on which it is located, do you own any real estate?** [More Info](#)  No  Yes

Examples of other real estate are summer homes, rental properties or undeveloped land you own.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Paperwork Reduction Act

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the Paperwork Reduction Act of 1995. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 25 minutes to read the instructions, gather the facts, and answer the questions.

You may send comments on our time estimate above to: Social Security Administration, 1338 Annex Building, Baltimore, MD 21235-6401. **Send only comments relating to our time estimate to this address, not the completed form.**

The OMB control number for this application is 0960-0696; expiration date 2/28/2011.

Close this window to return to the application.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## Other Ways To Apply

If you prefer not to fill out this application on the Internet, you can call our toll-free number, **1-800-772-1213** for a paper application or to make an appointment. If you are deaf or hard of hearing, call our toll-free TTY number, **1-800-325-0778**. Representatives are available Monday through Friday from 7 a.m. to 7 p.m. Tell the representative that you want to apply for the Extra Help with Medicare Prescription Drug Costs.

Close this window to return to the application.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

## What You Will Need

To determine if you could be eligible for help with prescription drug plan costs, Social Security needs information about your (and your spouse's, if married and living together) income and resources. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRA), stocks, bonds, savings bonds (including book entry securities\*), mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

\* **Book Entry Securities** In addition to traditional U.S. Savings Bonds, individuals now may go to the Treasury Department's Internet site and make online purchases of electronic savings bonds. Electronic savings bonds are also called "book entry securities." With book entry securities, the individual's investment is recorded electronically by the Treasury Department and a paper savings bond is not issued. If you have book entry securities, they are counted as resources and should be reported on this application.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

Close this window to return to the application.





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● **Find Out If You Qualify** ◆ Complete Application ◆ Review ◆ Submit ◆ Print Receipt

## Find Out If You And Your Spouse Qualify: Part 1

The next few pages provide a tool that can tell you if you are likely to qualify for extra help to pay for your prescription drug costs so that you do not have to go through the entire application process unnecessarily. If this tool suggests that it is unlikely you will qualify, you may still apply. We will save your answers only if you decide to apply now. You may change your answers at any time until you submit your application.

Have you or your spouse worked in this calendar year? [More Info](#)

You  No  Yes

Spouse  No  Yes

Are you or your spouse UNDER age 65? [More Info](#)

You  No  Yes

Spouse  No  Yes

Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? Do NOT include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter "0." [More Info](#)

We ask this because your household size may affect the amount of help you can get. We count relatives related to you by blood, marriage or adoption.

Previous

Continue





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● **Find Out If You Qualify** ◆ Complete Application ◆ Review ◆ Submit ◆ Print Receipt

## Find Out If You Qualify: Part 1

The next few pages provide a tool that can tell you if you are likely to qualify for extra help to pay for your prescription drug costs so that you do not have to go through the entire application process unnecessarily. If this tool suggests that it is unlikely you will qualify, you may still apply. We will save your answers only if you decide to apply now. You may change your answers at any time until you submit your application.

Have you worked in this calendar year? [More Info](#)

No  Yes

Are you UNDER age 65? [More Info](#)

No  Yes

How many relatives live in your household and receive at least one-half of their financial support from you? Do NOT include yourself in the number you enter. If your household consists only of you, enter "0." [More Info](#)

We ask this because your household size may affect the amount of help you can get. We count relatives related to you by blood, marriage or adoption.

Previous

Continue





STEP: ● **Find Out If You Qualify** ● Complete Application ● Review ● Submit ● Print Receipt

## Find Out If You And Your Spouse Qualify: Part 2 Of 2

Please continue to enter the information below so that we can tell you if you are likely to qualify for extra help.

If you or your spouse receive income from any of the sources listed below, 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 fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select **No** for that source.

If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

**Do you or your spouse receive Social Security benefits?** [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

**Do you or your spouse receive Railroad Retirement benefits?** [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

**Do you or your spouse receive Veterans benefits?** [More Info](#)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

**Do you or your spouse receive income from other pensions or annuities?** [More Info](#)

(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.)

You  No  Yes, \$  per month (before deductions)

Spouse  No  Yes, \$  per month (before deductions)

**Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?** [More Info](#)

(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

You  No  Yes

If Yes, specify monthly amount and type(s):

Amount: \$  per month

Type:

Spouse  No  Yes

If Yes, specify monthly amount and type(s):

Amount: \$  per month

Type:





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● **Find Out If You Qualify** ◆ Complete Application ◆ Review ◆ Submit ◆ Print Receipt

## Find Out If You Qualify: Part 2 Of 3

Please continue to enter the information below so that we can tell you if you are likely to qualify for extra help.

If you receive income from any of the sources listed below, 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 fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select **No** for that source.

If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

**Do you receive Social Security benefits?** [More Info](#)

No  Yes, \$  per month **(before deductions)**

**Do you receive Railroad Retirement benefits?** [More Info](#)

No  Yes, \$  per month **(before deductions)**

**Do you receive Veterans benefits?** [More Info](#)

No  Yes, \$  per month **(before deductions)**

**Do you receive income from other pensions or annuities?** [More Info](#)

(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, IRAs or any other investments.)

No  Yes, \$  per month **(before deductions)**

**Do you receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?** [More Info](#)

(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

No  Yes

**If Yes, specify monthly amount and type(s):**

**Amount:** \$  per month

**Type:**





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● **Find Out If You Qualify** ◆ Complete Application ◆ Review ◆ Submit ◆ Print Receipt

## Find Out If You Qualify: Results - You Should Apply

Based on the answers you provided, **you probably qualify** for the extra help with prescription drug costs.

### What You Can Do Next

1. You may begin the application process by selecting [Apply Now](#),
2. You may go back to make changes by selecting [Previous](#), or
3. You may select [Start Over](#) to reenter your information.

If you select [Apply Now](#), you will get a Reentry Number after you fill in your name and address. If you choose to [Sign Out](#) of this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### What You Will Need To Apply

If you decide to complete this application, we will ask about your income (and your spouse's income, if married and living together) and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

[Start Over](#)

[Previous](#)

[Apply Now](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Need Help?](#)

STEP: ● **Find Out If You Qualify** ♦ Complete Application ♦ Review ♦ Submit ♦ Print Receipt

## Find Out If You Qualify: Results - You Probably Do Not Qualify

Based on the answers you provided, **you probably do not qualify** for extra help. You do not need to complete this application. However, if there is any doubt about your entries or you need a letter stating you are not eligible, complete the application. Whether or not you qualify for the extra help, you may still enroll in an approved Medicare prescription drug plan for coverage. For information about enrolling in a prescription drug plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov).

### What You Can Do Next

1. You may begin the application process by selecting Apply Now,
2. You may go back to make changes by selecting Previous,
3. You may select Start Over to reenter your information, or
4. You may Exit the application.

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Sign Out of this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### What You Will Need To Apply

If you decide to complete this application, we will ask about your income (and your spouse's income, if married and living together) and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

[Start Over](#)

[Previous](#)

[Apply Now](#)

[Exit](#)





# Extra Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP:  Complete Application  **Review**  Submit  Print Receipt

## Review Your Information

Review the items you completed below before you submit this application. If you need to make changes, select the Edit button in the margin just left of the section where the changes are necessary. Changes on one page may require additional information to be entered or changed on subsequent pages. You can print this summary before you submit it. Once you submit it, you will be able to print a receipt that shows exactly what is on your application.

### About the Form Completer

[Edit](#)

**Name:**

Form Completer

**Phone:**

(111) 111-1111

**Relationship:**

Family Member

**Address:**

123 Main Street  
Anywhere, SC 34567

### About You and Your Spouse

[Edit](#)

**Applicants:**

Both my spouse and I are applying.

**Work Status:**

I did not work in 2007 or 2008.

My spouse did not work in 2007 or 2008.

We do not have combined savings, investments, and real estate worth more than \$23,970.

[Edit](#)

**Medicare Savings Programs:**

I am not interested in the Medicare Savings Programs.

[Edit](#)

**My Information:**

John Doe

743-99-6060

Date of birth: January 1, 1900

**My Spouse:**

Jane Doe

743-99-1060

Date of birth: February 2, 1901

[Edit](#)

**Mailing Address/Phone:**

123 Main Street

Anywhere, SC 34567

(540) 555-9876

We have not changed our address within the last three months.

[Edit](#)

**Contact Person:**

None given

### About You And Your Spouse's Living Situation

[Edit](#)

**Number of dependents:**

0

### Resources

[Edit](#)

**Bank accounts, investments, cash:**

We have no bank accounts.

We have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts, or similar investments.

We have no cash at home or anywhere else.

[Edit](#)

**Burial expenses:**

No money from the sources mentioned will be used to pay for my funeral or burial expenses.

No money from the sources mentioned will be used to pay for my spouse's funeral or burial expenses.

[Edit](#)

**Real estate:**

We do not own any real estate other than our home and the property on which it is located.

### Income Other Than Wages and Earnings

[Edit](#)

**Income from pensions, annuities and other sources:**

I did not answer the question about receiving Social Security benefits.

I did not answer the question about my spouse receiving Social Security benefits.

I do not receive Railroad Retirement benefits.

My spouse does not receive Railroad Retirement benefits.

I do not receive Veterans benefits.

My spouse does not receive Veterans benefits.

I receive \$500.00 per month from other pensions or annuities.

My spouse does not receive other pensions or annuities.

I receive \$500.00 per month from other income. Type: Other Income

My spouse does not receive other income.

[Edit](#)

**Decrease in income other than wages and earnings:**

Our income from these sources has not decreased in the last two years.

[Continue](#)





[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP:  Complete Application  **Review**  Submit  Print Receipt

## Review Your Information

Review the items you completed below before you submit this application. If you need to make changes, select the Edit button in the margin just left of the section where the changes are necessary. Changes on one page may require additional information to be entered or changed on subsequent pages. You can print this summary before you submit it. Once you submit it, you will be able to print a receipt that shows exactly what is on your application.

### About You and Your Spouse

[Edit](#)

#### Applicants:

I am applying. My spouse is not applying.

#### Work Status:

I worked in 2006 or 2007.

My spouse worked in 2006 or 2007.

We do not have combined savings, investments, and real estate worth more than \$23,970.

[Edit](#)

#### Medicare Savings Programs:

I am interested in the Medicare Savings Programs.

**⚠ Since you did not respond to this question, our assumption is that you are interested in the Medicare Savings Programs. If this is not correct, select Edit to go back and change your answer.**

[Edit](#)

#### My Information:

John Doe

743-99-3059

Date of birth: January 1, 1960

#### My Spouse:

Jane Doe

743-99-1059

Date of birth: February 2, 1901

[Edit](#)

#### Mailing Address/Phone:

123 Main Street

Anywhere, SC 34567

(540) 555-9876

We have not changed our address within the last three months.

[Edit](#)

#### Contact Person:

None given

### About You And Your Spouse's Living Situation

[Edit](#)

#### Number of dependents:

**● You did not enter the number of dependents.**

### Resources

[Edit](#)

#### Bank accounts, investments, cash:

**● You did not give us information about your bank accounts.**

**● You did not answer whether you have any stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts, or similar investments.**

**● You did not answer whether you have any other cash at home or anywhere else.**

[Edit](#)

#### Burial expenses:

Some money from the sources mentioned will be used to pay for my funeral or burial expenses.

**⚠ If you did not respond to this question, our assumption is that some money from the sources mentioned will be used to pay for your funeral or burial expenses. If this is not correct, select Edit to go back and change your answer.**

Some money from the sources mentioned will be used to pay for my spouse's funeral or burial expenses.

**⚠ If you did not respond to this question, our assumption is that some money from the sources mentioned will be used to pay for your spouse's funeral or burial expenses. If this is not correct, select Edit to go back and change your answer.**

[Edit](#)

#### Real estate:

**● You did not answer whether you own any real estate other than your home and the property on which it is located.**

### Income Other Than Wages and Earnings

[Edit](#)

#### Income from pensions, annuities and other sources:

I did not answer the question about receiving Social Security benefits.

I did not answer the question about my spouse receiving Social Security benefits.

I do not receive Railroad Retirement benefits.

My spouse does not receive Railroad Retirement benefits.

I do not receive Veterans benefits.

My spouse does not receive Veterans benefits.

I do not receive other pensions or annuities.

My spouse does not receive other pensions or annuities.

I do not receive other income.

My spouse does not receive other income.

[Edit](#)

#### Decrease in income other than wages and earnings:

Our income from these sources has not decreased in the last two years.

### Wages and Earnings

[Edit](#)

#### Pre-tax wages this calendar year:

I do not expect to earn wages this calendar year.

My spouse does not expect to earn wages this calendar year.

[Edit](#)

#### Self-employment net earnings this calendar year:

I expect to earn \$1,200.00.

My spouse expects to earn \$1,300.00.

[Edit](#)

#### Decrease in wages and/or net self-employment earnings:

Our income from wages and/or net self-employment earnings has not decreased in the last two years.

[Edit](#)

#### Work plans:

I did not stop working in 2006 or 2007, and do not plan to stop in 2007 or 2008.

My spouse did not stop working in 2006 or 2007, and does not plan to stop in 2007 or 2008.

[Edit](#)

#### Disability-related expenses:

I do not pay for things related to disability or blindness that enable me to work.

*You must provide the missing information before you can continue to submit this application.*

[Previous](#)

[Continue](#)





# Help With Medicare Prescription Drug Plan Costs

1-800-772-1213 or TTY 1-800-325-0778, 7am-7pm Monday-Friday

[Sign Out \(Finish this Later\)](#)

[Need Help?](#)

STEP:  Complete Application  Review  **Submit**  Print Receipt

## Ready To Submit?

If you are ready to submit your Application for Help With Medicare Prescription Drug Plan Costs, read the statement below. Checking the box next to your name means that you agree with the statement and have signed your application.

I, **Form Completer**, am assisting **John Doe and Jane Doe** in submitting this application. I understand that the Social Security Administration (SSA) will check my 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 authorizing SSA to obtain and disclose information related to the applicants' income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about the applicants' wages, account balances, investments, benefits, and pensions.

[I declare under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.](#)



**Important: After you submit this application, you will not be able to come back to it. Check the box next to your name to indicate that you have read and are signing the statement below.**

**I, Form Completer, read and agree with the above.**

[Previous](#)

[Submit Now](#)





STEP:  Complete Application  Review  Submit  **Print Receipt**

## Successful Submission - Print Or Save Your Receipt

We recommend that you print or save this page for your records. We have included the exact details of your submitted application. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).

Select this link to [print this page or save](#) it to your computer.

**The Application For Help With Medicare Prescription Drug Plan Costs was received by Social Security on October 30, 2007, 3:12:59 pm.**

### About You and Your Spouse

	You	Spouse
Name:	<b>John Doe</b>	<b>Jane Doe</b>
Social Security Number:	<b>743-99-5059</b>	<b>743-99-1059</b>
What are your dates of birth?	<b>January 1, 1900</b>	<b>February 2, 1901</b>
Have you worked in 2006 or 2007?	<b>Yes</b>	<b>No</b>
Mailing Address:	<b>123 Main Street Anywhere, SC 34567 We have not changed our address within the last three months.</b>	
Telephone Number:	<b>(540) 555-9876</b>	
If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?	<b>Yes</b>	
Do you have combined savings, investments, and real estate worth more than \$23,970?	<b>No</b>	
Medicare Savings Programs:	<b>Not Interested</b>	
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:	<b>None Provided</b>	

### About You And Your Spouse's Living Situation

Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse?	<b>0</b>
---	----------

### Resources

	You	Spouse
Do you or your spouse have any of the following resources:		
Combined total of all bank accounts (checking, savings and certificates of deposit)	<b>No</b>	
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	<b>No</b>	
Any other cash at home or anywhere else	<b>No</b>	
Will some money from any of these sources be used to pay for funeral or burial expenses?	<b>No</b>	<b>No</b>
Other than your home and the property on which it is located, do you or your spouse own any real estate?	<b>No</b>	

### Income Other Than Wages and Earnings

	You	Spouse
Do you or your spouse receive income from any of the sources listed below:		
Social Security benefits		
Railroad Retirement benefits	<b>No</b>	<b>No</b>
Veterans benefits	<b>No</b>	<b>No</b>
Other pensions and annuities	<b>Yes, \$500.00 per month</b>	<b>No</b>
Other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.	<b>Yes, \$500.00 per month from Other Income</b>	<b>No</b>
Has any of the income from these sources decreased in the last two years?	<b>No</b>	

### Wages and Earnings

	You	Spouse
What do you or your spouse expect to earn in wages before taxes and deductions this calendar year?	<b>\$1,000.00 this year</b>	
What do you or your spouse expect your net earnings from self-employment to be this calendar year?	<b>Net earnings of \$1,000.00 this year</b>	
Have these wages or self-employment earnings decreased in the last two years?	<b>No</b>	
Have you or your spouse stopped working in 2006 or 2007, or plan to stop working in 2007 or 2008?	<b>No</b>	



STEP:  Complete Application  Review  Submit  **Print Receipt**

## Successful Submission - Print Or Save Your Receipt

We recommend that you print or save this page for your records. We have included the exact details of your submitted application. For instructions on how to print, save, or view the saved file, please refer to the [Print/Save/View Guide](#).

Select this link to [print this page or save](#) it to your computer.

**The Application For Help With Medicare Prescription Drug Plan Costs was received by Social Security on October 30, 2007, 3:11:51 pm.**

### About You

Name:	<b>John Doe</b>
Social Security Number:	<b>743-99-1059</b>
What is your date of birth?	<b>January 1, 1900</b>
Have you worked in 2006 or 2007?	<b>Yes</b>
Mailing Address:	<b>123 Main Street Anywhere, SC 34567 I did not change my address within the last three months.</b>
Telephone Number:	<b>(540) 555-9876</b>
Do you have combined savings, investments, and real estate worth more than \$11,990?	<b>No</b>
Medicare Savings Programs:	<b>Not Interested</b>
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:	<b>None Provided</b>

### About Your Living Situation

How many relatives live in your household and receive at least one-half of their financial support from you?	<b>0</b>
--	----------

### Resources

Do you have any of the following resources:	
Combined total of all bank accounts (checking, savings and certificates of deposit)	<b>No</b>
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	<b>No</b>
Any other cash at home or anywhere else	<b>No</b>
Will some money from any of these sources be used to pay for funeral or burial expenses?	<b>Yes</b>
Other than your home and the property on which it is located, do you own any real estate?	<b>No</b>

### Income Other Than Wages and Earnings

Do you receive income from any of the sources listed below:	
Social Security benefits	
Railroad Retirement benefits	<b>No</b>
Veterans benefits	<b>No</b>
Other pensions and annuities	<b>No</b>
Other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.	<b>No</b>
Has any of the income from these sources decreased in the last two years?	<b>No</b>

### Wages and Earnings

What do you expect to earn in wages before taxes and deductions this calendar year?	<b>\$1,500.00 this year</b>
What do you expect your net earnings from self-employment to be this calendar year?	<b>No</b>
Have these wages or self-employment earnings decreased in the last two years?	<b>No</b>
Have you stopped working in 2006 or 2007, or plan to stop working in 2007 or 2008?	<b>Yes, stopped/plan to stop February, 2007</b>



## Successful Submission - Print Or Save Your Receipt

The Application For Help With Medicare Prescription Drug Plan Costs was received by Social Security on October 30, 2007, 3:12:59 pm.

### About You and Your Spouse

	You	Spouse
Name:	John Doe	Jane Doe
Social Security Number:	743-99-5059	743-99-1059
What are your dates of birth?	January 1, 1900	February 2, 1901
Have you worked in 2006 or 2007?	Yes	No
Mailing Address:	123 Main Street Anywhere, SC 34567 We have not changed our address within the last three months.	
Telephone Number:	(540) 555-9876	
If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?	Yes	
Do you have combined savings, investments, and real estate worth more than \$23,970?	No	
Medicare Savings Programs:	Not Interested	
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:	None Provided	

### About You And Your Spouse's Living Situation

Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse?	0
---	---

### Resources

	You	Spouse
Do you or your spouse have any of the following resources:		
Combined total of all bank accounts (checking, savings and certificates of deposit)	No	
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	No	
Any other cash at home or anywhere else	No	
Will some money from any of these sources be used to pay for funeral or burial expenses?	No	No
Other than your home and the property on which it is located, do you or your spouse own any real estate?	No	

### Income Other Than Wages and Earnings

	You	Spouse
Do you or your spouse receive income from any of the sources listed below:		
Social Security benefits		
Railroad Retirement benefits	No	No
Veterans benefits	No	No
Other pensions and annuities	Yes, \$500.00 per month	No
Other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.	Yes, \$500.00 per month from Other Income	No
Has any of the income from these sources decreased in the last two years?	No	

### Wages and Earnings

	You	Spouse
What do you or your spouse expect to earn in wages before taxes and deductions this calendar year?	\$1,000.00 this year	
What do you or your spouse expect your net earnings from self-employment to be this calendar year?	Net earnings of \$1,000.00 this year	
Have these wages or self-employment earnings decreased in the last two years?	No	
Have you or your spouse stopped working in 2006 or 2007, or plan to stop working in 2007 or 2008?	No	

Close this window to return to the application.



# Successful Submission - Print Or Save Your Receipt

The Application For Help With Medicare Prescription Drug Plan Costs was received by Social Security on October 30, 2007, 3:11:51 pm.

## About You

Name:	<b>John Doe</b>
Social Security Number:	<b>743-99-1059</b>
What is your date of birth?	<b>January 1, 1900</b>
Have you worked in 2006 or 2007?	<b>Yes</b>
Mailing Address:	<b>123 Main Street Anywhere, SC 34567 I did not change my address within the last three months.</b>
Telephone Number:	<b>(540) 555-9876</b>
Do you have combined savings, investments, and real estate worth more than \$11,990?	<b>No</b>
Medicare Savings Programs:	<b>Not Interested</b>
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:	<b>None Provided</b>

## About Your Living Situation

How many relatives live in your household and receive at least one-half of their financial support from you?	<b>0</b>
--	----------

## Resources

Do you have any of the following resources:	
Combined total of all bank accounts (checking, savings and certificates of deposit)	<b>No</b>
Combined total of all stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	<b>No</b>
Any other cash at home or anywhere else	<b>No</b>
Will some money from any of these sources be used to pay for funeral or burial expenses?	<b>Yes</b>
Other than your home and the property on which it is located, do you own any real estate?	<b>No</b>

## Income Other Than Wages and Earnings

Do you receive income from any of the sources listed below:	
Social Security benefits	
Railroad Retirement benefits	<b>No</b>
Veterans benefits	<b>No</b>
Other pensions and annuities	<b>No</b>
Other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.	<b>No</b>
Has any of the income from these sources decreased in the last two years?	<b>No</b>

## Wages and Earnings

What do you expect to earn in wages before taxes and deductions this calendar year?	<b>\$1,500.00 this year</b>
What do you expect your net earnings from self-employment to be this calendar year?	<b>No</b>
Have these wages or self-employment earnings decreased in the last two years?	<b>No</b>
Have you stopped working in 2006 or 2007, or plan to stop working in 2007 or 2008?	<b>Yes, stopped/plan to stop February, 2007</b>

Close this window to return to the application.