

## Crosswalk for Changes to CMS Form Request for Employment Information (CMS-L564/CMS-R-297)

### *Changes made prior to the 60-day notice*

<b>Section on Current CMS-L564 (CMS-R-297) (04/10)</b>	<b>Type of Change</b>	<b>Rationale for Change</b>
n/a	Add: coversheet	Explains the purpose of the form for proper use by beneficiaries seeking to enroll in Part B using the statutory SEP
Section A	Remove: From Social Security Administration and Telephone Number	Beneficiaries will fill out Section A. A SSA representative is not needed as the form now includes instructions to assist the applicants and employers with completing the form
Section A	Remove: Note from SSA to employer	This form no longer requires this information
Section B	Add: Additional questions and reformat form	To properly determine eligibility for individuals with GHP coverage, with hours bank arrangements or for disabled individuals with large GHP coverage
n/a	Add: Instructions for completion of form	To provide explanation for each data element requested on the form for accurate completion by the applicant and the employer

### *Changes made prior to the 30-day notice*

CMS did not receive any public comments during the 60-day comment period. Changes were made due to internal review and consultation with the Social Security Administration.

<b>Section on Current CMS-L564 (CMS-R-297) (04/10)</b>	<b>Type of Change</b>	<b>Rationale for Change</b>
Section B	Add: End date of coverage for a disabled individual who had coverage in a large group health plan (LGHP)	To properly determine Special enrollment period eligibility for disabled individuals with LGHP coverage