**Addendum to the Supporting Statement for**

 **Redetermination of Eligibility for Extra Help**

 **With Medicare Prescription Drug Plan Costs**

**Forms SSA-1026-REDE**

**(Social Security Administration Review of Your Eligibility for Extra Help)**

**And**

**SSA-1026-SCE**

**(Social Security Administration Reporting a Change That May Affect Your Extra Help)**

**20 CFR 418.3125**

**OMB No. 0960-0723**

**Revisions to the Collection Instrument**

SSA is making the following revisions:

* **Change #1:**SSA updated the year shown on the bottom of each page.

**Justification #1:**We made this change, as we update the edition date after OMB approval of new forms.

* **Change #2:**SSA updated the first page of the summary notice, second sentence from “*We will check to be sure that you are still eligible*…” to “*We will check that you are still eligible*…”

**Justification #2:**We updated the existing language using plain language guidelines.

* **Change #3:**SSA updated the first page of the summary notice, last paragraph from “*If you do not return this form within 90 days, your help with Medicare prescription drug plan costs will be terminated…. If you do need assistance, we can give you an additional 30 days to return the form to us…*” to “*If you do not return this form within 90 days, your Extra Help prescription drug plan costs will be terminated…. If you need assistance, we can give you an additional 30 days to return the form to us.*”

**Justification #3:**We updated the existing language using plain language guidelines.

* **Change #4:**SSA updated the second page of the summary notice sentence shown above the chart from “*Refer to these figures when completing the enclosed form (SSA-1026)*” to “*This page shows information we have about your resource and income. Please review the information below and refer to this page when completing the enclosed form (SSA‑1026)*”.

**Justification #4:**We updated the existing language using plain language guidelines to assist beneficiaries in better understanding the reasons for the review and report of change.

* **Change #5:**SSA updated the first and last pages with the updated return address to mail the completed form from Wilkes-Barre Data Operations Center to the Wilkes-Barre Direct Operations Center.

**Justification #5:**The agency updated the return address for this workload with the changed office name.

* **Change #6:**SSA unbolded the following language shown in question 8, “*on the back of the enclosed letter*.”

**Justification #6:**We made this change to maintain consistent question formatting.

* **Change #7:**SSA placed a comma after the first set of parenthesis displayed in question 10, first sentence.

**Justification #7:**We updated the existing language using Government printing office guidelines.

* **Change #8:**SSA updated the year shown in question 11 example box.

**Justification #8:**We update the edition date after OMB approves the new forms.

* **Change #9:**SSA placed the following field in bold font on page 6, “*Your Signature*”.

**Justification #9:**We emphasized the signature line to help reduce the number of unsigned form submissions.

* **Change #10:** We are revising the Privacy Act Statements on the forms. **Justification #10:** SSA’s Office of the General Counsel is conducting a systematic review of SSA’s Privacy Act Statements on agency forms. As a result, SSA is updating the Privacy Act Statements on the forms.

SSA will implement the changes above upon OMB approval.

These actions do not affect the public reporting burden.