

**0960-0696  
i1020  
Screen Shots**

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**I1020 SCREEN SHOTS FOR OMB**


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Welcome

User Interface



**Social Security**  
The Official Website of the U.S. Social Security Administration

Extra Help With Medicare Prescription Drug Plan Costs

OMB No. 0960-0696  
Paperwork Reduction Act

**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?**

This is an application for Extra Help and **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 \$26,120, if you are married and living with your spouse, or \$13,070 if you are not currently married or not living with your spouse. **(Do NOT count your home, vehicles, personal possessions, life insurance, 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.

**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**).

**You also may be able to get help from your State with other Medicare costs under the Medicare Savings Programs.** By completing this form, you will start your application process for a Medicare Savings Program. 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.

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 Counseling and 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

If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or TTY **1-800-325-0778**, Monday-Friday 7am-7pm

**Related Links**

Information About This Application:

- What You Will Need
- Other Ways To Apply
- How The Online Application Works

Legal and Official Information:

- Internet Security Policy

Medicare Information:


- About the Prescription Drug Program
- Official U.S. Government Medicare Site
- Centers For Medicare & Medicaid Services

**Your privacy is important.** For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

[Privacy Policy](#) | [Website Policies & Other Important Information](#) | [Site Map](#)

Welcome

User Interface



**Social Security**  
The Official Website of the U.S. Social Security Administration

Extra Help With Medicare Prescription Drug Plan Costs

OMB No. 0960-0696  
Paperwork Reduction Act

### 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?

This is an application for Extra Help and **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 \$26,120, if you are married and living with your spouse, or \$13,070 if you are not currently married or not living with your spouse. **(Do NOT count your home, vehicles, personal possessions, life insurance, 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.

### 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**).

**You also may be able to get help from your State with other Medicare costs under the Medicare Savings Programs.** By completing this form, you will start your application process for a Medicare Savings Program. 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.

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 Counseling and 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

If you need help completing this application, call Social Security toll-free at **1-800-772-1213** or **1-800-325-0778**, Monday-Friday 7am-7pm

#### Related Links

Information About This Application:

- What You Will Need
- Other Ways To Apply
- How The Online Application Works

Legal and Official Information:


- Internet Security Policy

Medicare Information:

- About the Prescription Drug Program
- Official U.S. Government Medicare Site
- Centers For Medicare & Medicaid Services

Privacy Policy | Website Policies & Other Important Information | Site Map

Should You Use This Application?



**Social Security**  
The Official Website of the U.S. Social Security Administration

OMB No. 0960-0696  
[Paperwork Reduction Act](#)

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### Extra Help With Medicare Prescription Drug Plan Costs

#### Should You Use This Application?

Not everyone will be able to use the online Application For Extra 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.

**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 Social Security disability benefits for 24 months; disability benefits based on Lou Gehrig's disease (ALS); or Renal dialysis treatments or a kidney transplant?** [More Info](#)

No  Yes

**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 \$26,120 if you are married and living with your spouse; or \$13,070 if you are not married or not living with your spouse?** [More Info](#)

Include the things you own by yourself, with your spouse or with someone else. **Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

No or Not Sure  Yes

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

[Next](#) [Previous](#)

**Welcome Back**


**User Interface**

The screenshot shows the Social Security Administration's official website. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a section titled 'Extra Help With Medicare Prescription Drug Plan Costs'. A 'Welcome Back!' message is displayed, followed by a paragraph explaining that users must enter their Social Security and Reentry Numbers to return to an application. Below the text are two input fields: 'Applicant's Social Security Number (SSN):' and 'Reentry Number:'. At the bottom of the form area are two buttons: 'Next' and 'Previous'. To the right of the main content area, there is a callout box with contact information for Social Security: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm'.

Save & Exit

User Interface

Text Size | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

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### Extra Help With Medicare Prescription Drug Plan Costs

**i Save & Exit**


If you want to, you can stop now. Later, you can come back to where you left off and continue with this application. You can review the parts you already completed and add or change information.

Applicant's Social Security Number: **743-99-7076**

Reentry Number: **72257395**

---

Print or save this page so you will have a copy of your Reentry Number.

 [Print this Page](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

#### Reentry Instructions

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**To Come Back To This Application:**

1. Go to this website: [www.socialsecurity.gov/prescriptionhelp](http://www.socialsecurity.gov/prescriptionhelp); and
2. Type in the Applicant's Social Security and Reentry Numbers shown above.

If you lose or forget your Reentry Number, you will have to begin this application again, and you will lose all the information already entered. You can start a new application up to three times. Social Security can help you start the process again, but we cannot look up the Reentry Number for you.

**Last Date To Complete This Application**

You need to complete an application by **March 20, 2011**; otherwise, you may lose benefits.

**Important Information**


You might have received a notice from us advising you of an earlier time period for filing the application. If you did, it was because you or someone on your behalf contacted us about filing before you started the Internet application. Generally, it is to your advantage to file within that earlier period to receive the earliest filing date.

[Continue With This Application](#) [Exit](#)

## You Are Not Eligible For The Extra Help

### User Interface

Text Size | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

## Extra Help With Medicare Prescription Drug Plan Costs

### 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.

[Apply Now](#) [Previous](#) [Exit](#)


If you need help completing this application, call Social Security toll-free at:  
1-800-772-1213 or  
TTY 1-800-325-0778,  
Monday-Friday 7am-7pm

[Need Help?](#)

**Go Ahead**

**User Interface**

Text Size ▾ | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

---

## Extra Help With Medicare Prescription Drug Plan Costs

### 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.

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[Apply Now](#) [Previous](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

---


[? Need Help?](#)



## Preparing To Find Out If You Qualify

### User Interface


Text Size | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

## Extra Help With Medicare Prescription Drug Plan Costs

### 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

#### What information will you need?

To determine if you could be eligible for extra 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 Save & 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.

#### 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](#)

---


**Next** Previous

## Preparing To Use This Application

### User Interface


The screenshot shows the Social Security Administration's official website. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a navigation bar with the title 'Extra Help With Medicare Prescription Drug Plan Costs'. The main content area is titled 'Preparing To Use This Application'. A yellow warning box contains a warning icon and the text: 'Do not use your browser's Back button. To go back, select Previous at the bottom of the page.' To the right of this box is a contact information box: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm'. The main text begins with the heading 'What information will you need?' followed by a paragraph explaining that Social Security needs income and resource information. A bulleted list follows, listing required documents: Social Security card, bank account statements, Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements, tax returns, payroll slips, and Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities. Subsequent sections include 'What if you need to stop and come back later?', 'Can you edit your information?', and 'How long can you work on each page?'. At the bottom, there are two buttons: 'Next' and 'Previous'.

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### Preparing To Use This Application

 **Do not use your browser's Back button**  
To go back, select Previous at the bottom of the page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

#### What information will you need?

To determine if you could be eligible for extra 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 Save & 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.

#### 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](#)

**Next** Previous

(Apply Now)

About You and Your Spouse


User Interface

The screenshot shows the Social Security Administration's online application interface for 'Extra Help With Medicare Prescription Drug Plan Costs'. The page is titled 'Social Security' and includes a progress bar with steps: Complete Application, Review, Submit, and Print Receipt. The main section is 'About You and Your Spouse', which is divided into three sub-sections: 'About You', 'About Your Spouse', and 'Contact Information'. Each sub-section contains a 'More info' link and a 'View info' link. The 'About You' section asks for the user's name (First, Middle, Last, Suffix), Social Security Number (SSN), date of birth (Month, Day, Year), and whether they worked in 2010 or 2011. The 'About Your Spouse' section asks for the spouse's name, Social Security Number (SSN), date of birth, and whether they worked in 2010 or 2011. The 'Contact Information' section asks if the user has changed their address in the last three months, and provides fields for mailing address (Street Line 1, Street Line 2, City/Town, State, ZIP Code) and phone number (10-digit number). There is also an 'Other Information' section with several questions and checkboxes regarding Medicare Savings Programs and contact preferences. A 'Next' button is located at the bottom of the form.

## About You and Your Spouse - With

### User Interface

Text Box | Accessibility Help



**Social Security**  
U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES

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**Extra Help With Medicare Prescription Drug Plan Costs**

1 Complete Application 2 Review 3 Submit 4 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 the application. Once you complete all the information on this page, we will provide you with a receipt number and you will be able to end the application and return to complete it later.

If you need help completing this application, call Social Security toll-free at 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm.

[Need help?](#)

**About You**

**Your Name:** [View info](#)  
Enter your name as it appears on your most recent Social Security card.

**Your Social Security Number (SSN):** [View info](#)

**What is your date of birth?** [View info](#)

**Have you worked in 2010 or 2011?** [View info](#)  
Note: Changing your answer may delete information you have provided about this question or require you to provide additional information.  
 No  Yes

**About Your Spouse**

**Spouse's Name:** [View info](#)  
Enter your spouse's name as it appears on his or her most recent Social Security card.

**Spouse's Social Security Number (SSN):** [View info](#)

**What is your spouse's date of birth?** [View info](#)

**Has your spouse worked in 2010 or 2011?** [View info](#)  
Note: Changing your answer may delete information you have provided about this question or require you to provide additional information.  
 No  Yes

**Contact Information**

Do you have changed our address within the last three months?

**Your Mailing Address:** [View info](#)

Street Line 1:   
Street Line 2:   
[Add More Lines](#)

City/Town:  State:  ZIP Code:

**Your Phone Number:** [View info](#)  
  
10-Digit Number

**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? [View info](#)  
 No  Yes

Do you have combined savings, investments, and real estate worth more than \$25,000? [View 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 Program. 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 need information from the form to your state unless you tell us not to. If you want help from the Medicare Savings Programs, do not complete the question below. 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:  
 No, do not send the 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. [View info](#)

**Contact Person's Name:**  
First:   
Last:


**Contact's Phone Number:** [View info](#)  
  
10-Digit Number

[Done](#) [Skip & Exit](#)

About You

User Interface

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 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](#)  
Enter your name as it appears on your most recent Social Security card.

First  M.I.  Last  Suffix

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

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

Month  Day  Year

**Have you worked in 2010 or 2011?** [More Info](#)

No  Yes

#### Contact Information

I have changed my address within the last three months.

**Your Mailing Address:** [More Info](#)

Street Line 1:

Street Line 2:  [Add More Lines](#)

City/Town:  State:  ZIP Code:

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

10-digit Number

#### 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](#)

10-digit Number

**Do you have combined savings, investments, and real estate worth more than \$12,640?** [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 SSA.

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, do not complete the question below. 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.

No, do not send the information to the state.

[Need Help?](#)

[Next](#)



**Social Security**  
The Official Website of the U.S. Social Security Administration

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application
2 Review
3 Submit
4 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
 Monday-Friday 7am-7pm

[Need Help?](#)

**About The Person Completing The Form**

**Form Completer's Name:**  
 First  M.I.  Last

**Relationship to Applicant:** [More Info](#)

**If other, please indicate:**

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

**Form Completer's Address:** [More Info](#)  
 Street Line 1:   
 Street Line 2:  [Add More Lines](#)

**City/Town:**  **State:**  **ZIP Code:**

**About The Person You Are Helping**

**Applicant's Name:** [More Info](#)  
 Enter the name as it appears on the applicant's most recent Social Security card.  
 First  M.I.  Last  Suffix

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

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

**Has the applicant worked in 2011 or 2012?** [More Info](#)  
 No  Yes

**Applicant's Contact Information**

The applicant has changed his/her address within the last three months.

**Mailing Address:** [More Info](#)  
 Street Line 1:   
 Street Line 2:  [Add More Lines](#)

**City/Town:**  **State:**  **ZIP Code:**

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

**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](#)  
 10-digit Number


**Does the applicant have combined savings, investments and real estate worth more than \$13,070?** [More Info](#)  
 Include the things the applicant owns separately or with another person. Do NOT count the home he or she lives in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.  
 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 their Medicare costs through their Medicare Savings Programs. To start his or her application process for Medicare Savings Programs, please see the information below.**

**Information about Medicare Savings Programs:** The applicant may be able to get help from his or her State with his or her 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 they tell us not to. **If the applicant wants help from the Medicare Savings Programs, do not complete the question below. Just complete and submit the application and the State will contact the applicant.**

If the applicant is **not** interested in filing for the Medicare Savings Programs, please select below.  
 **No, do not send the information to the State.**

Next



**Social Security**

The Official Website of the U.S. Social Security Administration

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**Extra Help With Medicare Prescription Drug Plan Costs**

1 Complete Application

2 Review

3 Submit

4 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  M.I.  Last

**Relationship to Applicant:** [More Info](#)

**If other, please indicate:**

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

10-digit Number

**Form Completer's Address:** [More Info](#)

Street Line 1:

Street Line 2:  [Add More Lines](#)

**City/Town:**  **State:**  **ZIP Code:**

**About The Person You Are Helping**

**Applicant's Name:** [More Info](#)

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

First  M.I.  Last  Suffix

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

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

Month  Day  Year

**Has the applicant worked in 2011 or 2012?** [More Info](#)

No  Yes

**Applicant's Contact Information**

The applicant has changed his/her address within the last three months.

**Mailing Address:** [More Info](#)

Street Line 1:

Street Line 2:  [Add More Lines](#)

**City/Town:**  **State:**  **ZIP Code:**

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

10-digit Number

**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](#)

10-digit Number

**Does the applicant have combined savings, investments and real estate worth more than \$13,070?** [More Info](#)

Include the things the applicant owns separately or with another person. Do NOT count the home he or she lives in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.

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 their Medicare costs through their Medicare Savings Programs. To start his or her application process for Medicare Savings Programs, please see the information below.**

**Information about Medicare Savings Programs:** The applicant may be able to get help from his or her State with his or her 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 they tell us not to. **If the applicant wants help from the Medicare Savings Programs, do not complete the question below. Just complete and submit the application and the State will contact the applicant.**

If the applicant is not interested in filing for the Medicare Savings Programs, please select below.

**No, do not send the information to the State.**

[Next](#)

If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or **TTY 1-800-325-0778** Monday-Friday 7am-7pm

[Need Help?](#)

Completing


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## Reentry Number Issued Normal Process

□

### User Interface

Text Size | Accessibility Help



# Social Security

Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

**Print The Reentry Number**

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to continue the application later, you will need this number. It will let you come back to the application and continue where you left off without losing any information you already entered.

Applicant's Social Security Number: **743-99-7076**

Re-Entry Number: **72257395**

Print or save this page so you will have a copy of your Reentry Number.

[Print this Page](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

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### Reentry Instructions

**To Come Back To This Application:**

1. Go to this website: <http://www.socialsecurity.gov/prescriptionhelp>; and
2. Type in the Social Security and Reentry Numbers shown above.

If you lose or forget your Reentry Number, you will have to begin this application again, and you will lose all the information already entered. You can start a new application up to three times. Social Security can help you start the process again, but we cannot look up the Reentry Number for you.

**Last Date To Complete This Application**

You need to complete an application by **March 20, 2011**; otherwise you may lose benefits.

**Important Information**

You might have received a notice from us advising you of an earlier time period for filing the application. If you did, it was because you or someone on your behalf contacted us about filing before you started the Internet application. Generally, it is to your advantage to file within that earlier period to receive the earliest filing date.

[Next](#) [Save & Exit](#)



**About You And Your Spouse's Living Situation - Married**

**User Interface**



**Social Security**  
The Official Website of the U.S. Social Security Administration

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application   2 Review   3 Submit   4 Print Receipt

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

For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for **at least one-half** of their financial support? *Please 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
TTY **1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

**Next**   Previous   Save & Exit

**About Your Living Situation - Single**

**User Interface**

□



**Social Security**  
The Official Website of the U.S. Social Security Administration

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

#### About Your Living Situation

For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? *Please 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
TTY **1-800-325-0778**,  
Monday-Friday 7am-7pm


[Need Help?](#)

[Next](#) [Previous](#) [Save & Exit](#)

## Wages And Earnings - Married

### User Interface

Text Size | Accessibility Help



# Social Security

Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

### Wages And Earnings

To qualify for extra help with your prescription drug costs, we need to know your and your spouse's combined income, including wages and self-employment income. However, if your spouse lives at a different address permanently, like a nursing home, we do not count your spouse's income when we determine your eligibility for extra help.

**Have you worked in 2010 or 2011?** [More Info](#)

No  Yes

---

**Has your spouse worked in 2010 or 2011?** [More Info](#)

No  Yes

---

**Do you expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$

Wages this year

---

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

**Amount of your expected Net EARNINGS from self-employment this calendar year:**

\$

Net Earnings this year

---

**Have these wages or self-employment earnings decreased in the last two years?** [More Info](#)

No  Yes

---

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month:  Year:

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm


[Need Help?](#)

**Next** Previous Save & Exit

## Wages And Earnings - Married

### User Interface

Text Size | Accessibility Help

**Social Security**  
Official Website of the U.S. Social Security Administration

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**Extra Help With Medicare Prescription Drug Plan Costs**

1 Complete Application 2 Review 3 Submit 4 Print Receipt

#### Wages And Earnings

To qualify for extra help with your prescription drug costs, we need to know your and your spouse's combined income, including wages and self-employment income. However, if your spouse lives at a different address permanently, like a nursing home, we do not count your spouse's income when we determine your eligibility for extra help.

**Have you worked in 2010 or 2011?** [More Info](#)

No  Yes

**Has your spouse worked in 2010 or 2011?** [More Info](#)

No  Yes

**Do you expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$

Wages this year

**Does your spouse expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your spouse's expected wages before taxes and deductions this calendar year:**

\$

Wages this year

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

**Amount of your expected Net EARNINGS from self-employment this calendar year:**

\$

Net Earnings this year

**What does your spouse expect the net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

**Amount of your spouse's expected Net EARNINGS from self-employment this calendar year:**

\$

Net Earnings this year

**Have these wages or self-employment earnings decreased in the last two years?** [More Info](#)

No  Yes

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month  Year

**Has your spouse stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did your spouse stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month  Year

**Does your spouse have to pay for things related to a disability or blindness that enable them to work?** [More Info](#)

We will count only a part of your spouse's earnings towards the income limit if your spouse works and receives Social Security benefits based on a disability or blindness and you has work-related expenses for which he/she is not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair, personal attendant services; vehicle modification, driver assistance, or other special work-related transportation needs, work-related assistive technology, guide dog expenses, sensory and visual aids, and Braille translations.

No  Yes

If you need help completing this application, call Social Security toll-free at 1.800.772.1213 or TTY 1.800.325.0778, Monday-Friday 7am-7pm


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## Wages And Earnings - Single (WITHOUT)

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# Social Security

Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application2 Review3 Submit4 Print Receipt

### Wages And Earnings

To qualify for extra help with your prescription drug costs, we need to know your income, including wages and self-employment income.

---

**Have you worked in 2010 or 2011?** [More Info](#)

No  Yes

---

**Do you expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$   
Wages this year

---

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

---

**Have these wages or self-employment earnings decreased in the last two years?** [More Info](#)

No  Yes

---

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month:  Year:

If you need help completing this application, call Social Security toll-free at:  
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**TTY 1-800-325-0778**,  
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## Wages And Earnings - Single (WITH)

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### Wages And Earnings

To qualify for extra help with your prescription drug costs, we need to know your income, including wages and self-employment income.

**Have you worked in 2010 or 2011?** [More Info](#)

No  Yes

---

**Do you expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$

Wages this year

---

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

**Amount of your expected Net EARNINGS from self-employment this calendar year:**

\$

Net Earnings this year

---

**Have these wages or self-employment earnings decreased in the last two years?** [More Info](#)

No  Yes

---

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month Year

---

**Do you have to pay for things related to a disability or blindness that enable you to work?** [More Info](#)

We will count only a part of your earnings towards the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair; personal attendant services; vehicle modification, driver assistance, or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.


No  Yes

Next Previous Save & Exit

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## Income Other Than Wages And Earnings – Married User Interface



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### Extra Help With Medicare Prescription Drug Plan Costs

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

No  Yes

**Does your spouse receive Social Security benefits?** [More Info](#)

No  Yes

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

No  Yes

**Does your spouse receive Railroad Retirement benefits?** [More Info](#)

No  Yes

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

No  Yes

**Does your spouse receive Veterans benefits?** [More Info](#)

No  Yes

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

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

No  Yes

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

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

No  Yes

**Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)

No  Yes

**Does your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)

No  Yes


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

No  Yes

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## Income Other Than Wages And Earnings - Single

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### 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

**Do you receive Railroad Retirement benefits?** [More Info](#)  
 No  Yes

**Do you receive Veterans benefits?** [More Info](#)  
 No  Yes

**Do you receive income from other pensions or annuities?** [More Info](#)  
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs) or any other investments.)  
 No  Yes

**Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)  
 No  Yes

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


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Resources - Married

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#### Resources

Please enter the money amounts of all bank accounts, investments or cash that either you, your spouse, or both of you own. Also 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.

If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or **TTY 1-800-325-0778**, Monday-Friday 7am-7pm

[Need Help?](#)

Do you or your spouse have bank accounts (checkings, savings and certificates of deposit)? [More Info](#)

No  Yes

Combined total of all bank accounts (checkings, savings and certificates of deposit):

\$

[Add Accounts](#)

Do you or your spouse have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? [More Info](#)

No  Yes

Combined total of your stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments:

\$

[Add Investments](#)

Do you or your spouse have any other cash at home or anywhere else? [More Info](#)

No  Yes

Combined total of your other cash at home or anywhere else:

\$

Will some money from any of the sources listed above be used to pay for your 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.

No

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

This includes any bank accounts, investments, and cash that your spouse listed. If Yes, skip to the next question. If no, select No and then go to the next question.

No

Other than your home and the property on which it is located, do you or your spouse own any real estate? [More Info](#)

Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.


No  Yes

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**Extra Help With Medicare Prescription Drug Plan Costs**

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**Resources**  
Please enter the money amounts of all bank accounts, investments or cash that you own. Also 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.

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[Need Help?](#)

**Do you have bank accounts (checkings, savings and certificates of deposit)?** [More Info](#)

No  Yes

**Combined total of your bank accounts (checkings, savings and certificates of deposit):**

\$

[Add Accounts](#)

**Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments?** [More Info](#)

No  Yes

**Combined total of your stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments:**

\$

[Add Investments](#)

**Do you have any other cash at home or anywhere else?** [More Info](#)

No  Yes

**Combined total of your other cash at home or anywhere else:**

\$

**Will some money from any of the sources listed above be used to pay for your 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.

No [More Info](#)

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

Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.

No  Yes


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**Tool: Add Up Your Accounts**

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Extra Help With Medicare Prescription Drug Plan Costs

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**Tool: Add Up Your Accounts**  
We have provided a tool to help you accurately calculate the total value of your bank accounts. Enter the appropriate amounts and we will calculate it for you.

Note: Once you leave this page, this tool will not save the individual amounts.

**Bank Accounts: Checking Accounts**

Checking Account 1:  
\$

Checking Account 2:  
\$

Checking Account 3:  
\$

Checking Account 4:  
\$

**Bank Accounts: Savings Accounts**

Savings Account 1:  
\$

Savings Account 2:  
\$

Savings Account 3:  
\$

Savings Account 4:  
\$

**Bank Accounts: Certificates of Deposit (CD)**

Certificate of Deposit Account 1:  
\$

Certificate of Deposit Account 2:  
\$

Certificate of Deposit Account 3:  
\$

Certificate of Deposit Account 4:  
\$

Add And Use TotalCancel


If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm

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**Tool: Add Up Your Investments**

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### Extra Help With Medicare Prescription Drug Plan Costs

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**Tool: Add Up Your Investments**  
We have provided a tool to help you accurately calculate the total value of your investments. Enter the appropriate amounts and we will calculate it for you.

**Note:** Once you leave this page, this tool will not save the individual amounts.

---

**Investments: Stocks, Bonds, Savings Bonds, Mutual Funds, Individual Retirement Accounts (IRAs)**

Investment Type 1:  
\$

Investment Type 2:  
\$

Investment Type 3:  
\$

Investment Type 4:  
\$

Investment Type 5:  
\$

Investment Type 6:  
\$

Investment Type 7:  
\$

Investment Type 8:  
\$

**Add And Use Total**Cancel


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**Tool: Add Up Your Other Pensions And Annuities**

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### Extra Help With Medicare Prescription Drug Plan Costs

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**Tool: Add Up Your Other Pensions And Annuities**  
We have provided a tool to help you accurately calculate the total value of your pensions and annuities. Enter the appropriate amounts and we will calculate it for you.

**Note:** Once you leave this page, this tool will not save the individual amounts.

---

**You said that your other pensions and annuities total: \$500**  
If you use the amounts you enter here, the new total will replace your previous answer.

**Other Pensions and Annuities**

Pension or Annuity Type 1:  
\$

Pension or Annuity Type 2:  
\$

Pension or Annuity Type 3:  
\$

Pension or Annuity Type 4:  
\$

Pension or Annuity Type 5:  
\$

Pension or Annuity Type 6:  
\$

Pension or Annuity Type 7:  
\$

Pension or Annuity Type 8:  
\$

**Add And Use Total**Cancel


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**Tool: Add Up Your Types Of Income**

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### Tool: Add Up Your Types Of Income

We have provided a tool to help you accurately calculate the total value of your other types of income. Enter the appropriate amounts and we will calculate it for you.

**Note:** Once you leave this page, this tool will not save the individual amounts.

---

**You said that your other income totals: \$500**  
If you use the amounts you enter here, the new total will replace your previous answer.

**Other Types of Income (including alimony, net rental income, workers' compensation, private or state disability payments, etc.)**

Other Income Type 1:  
\$

Other Income Type 2:  
\$

Other Income Type 3:  
\$

Other Income Type 4:  
\$

Other Income Type 5:  
\$

Other Income Type 6:  
\$

Other Income Type 7:  
\$

Other Income Type 8:  
\$

[Add And Use Total](#)[Cancel](#)

If you need help completing this application, call Social Security toll-free at:  
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**11020 SCREEN SHOTS FOR OMB**

*(Find Out if You Qualify)*

## Find Out If You And Your Spouse Qualify (Married) Part 1 (WITHOUT)

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# Social Security

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## Extra Help With Medicare Prescription Drug Plan Costs

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

No  Yes

Has your spouse worked in this calendar year? [More Info](#)

No  Yes

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

No  Yes

Is your spouse UNDER age 65? [More Info](#)

No  Yes

For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for **at least one-half** of their financial support? *Please 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.

If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or TTY **1-800-325-0778**, Monday-Friday 7am-7pm

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# Social Security

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

- No
- Yes

Has your spouse worked in this calendar year? [More Info](#)

- No
- Yes

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

- No
- Yes

Is your spouse UNDER age 65? [More Info](#)

- No
- Yes

For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for **at least one-half** of their financial support? *Please 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.

If you need help completing this application, call Social Security toll-free at:

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### 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

For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? *Please 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.

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### Find Out If You And Your Spouse 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 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.

If you need help completing this application, call Social Security toll-free at:  
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**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

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

No  Yes

Does your spouse receive Social Security benefits? [More Info](#)

No  Yes

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

No  Yes

Does your spouse receive Railroad Retirement benefits? [More Info](#)

No  Yes

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

No  Yes

Does your spouse receive Veterans benefits? [More Info](#)

No  Yes

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

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

No  Yes

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

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

No  Yes

Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)

No  Yes

Does your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)


No  Yes

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## Find Out If You Qualify (Single) Part 1

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### 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

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

No  Yes

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

No  Yes

**Do you receive income from other pensions or annuities?** [More Info](#)  
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs) or any other investments.)

No  Yes

**Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)

No  Yes

If you need help completing this application, call Social Security toll-free at:  
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### Find Out If You Qualify (Married) Part 3 (WITH)

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**Extra Help With Medicare Prescription Drug Plan Costs**

**1** Find Out If You Qualify   **2** Complete Application   **3** Review   **4** Submit   **5** Print Receipt

**Find Out If You And Your Spouse Qualify: Part 3 of 3**  
Please continue to enter the information below so that we can tell you if you are likely to qualify for extra help.

**Have you worked in this calendar year?** [More Info](#)  
 No    Yes

**Has your spouse worked in this calendar year?** [More Info](#)  
 No    Yes

**Do you have to pay for things related to a disability or blindness that enable you to work?** [More Info](#)  
We will only count part of your earnings towards the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair, personal attendant services; vehicle modification, driver assistance, or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.  
 No    Yes, for blindness    Yes, for a disability

**Does your spouse have to pay for things related to a disability or blindness that enable him/her to work?** [More Info](#)  
We will only count part of your spouse's earnings towards the income limit if your spouse works and receives Social Security benefits based on a disability or blindness and has work related expenses for which he/she is not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair, personal attendant services, vehicle modification, driver assistance, or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.  
 No    Yes, for blindness    Yes, for a disability

**Do you expect to earn wages this calendar year?** [More Info](#)  
 No    Yes  
Amount of your expected wages before taxes and deductions this calendar year:  
\$ 1000  
Wages this year

**Does your spouse expect to earn wages this calendar year?** [More Info](#)  
 No    Yes  
Amount of your spouse's expected wages before taxes and deductions this calendar year:  
\$ 1000  
Wages this year

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)  
 None    Net EARNINGS    Net LOSS

**What does your spouse expect the net earnings from self-employment to be this calendar year?** [More Info](#)  
 None    Net EARNINGS    Net LOSS  
Amount of your spouse's expected Net EARNINGS from self-employment this calendar year:  
\$ 1000  
Net earnings this year

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)  
 No    Yes

**Has your spouse stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)  
 No    Yes  
When did your spouse stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?  
Month: March   Year: -

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If you need help completing this application, call Social Security toll-free at 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm

[Need Help?](#)

**Find Out If You Qualify (Single) Part 3 (WITHOUT)**

**User Interface**

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## Social Security

Official Website of the U.S. Social Security Administration

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Find Out If You Qualify2 Complete Application3 Review4 Submit5 Print Receipt

#### Find Out If You Qualify: Part 3 of 3

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

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

No  Yes

---

**Do you expect to earn wages this calendar year?** [More Info](#)

No  Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$

Wages this year

---

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None  Net EARNINGS  Net LOSS

**Amount of your expected Net EARNINGS from self-employment this calendar year:**

\$

Net earnings this year

---

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No  Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month Year

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm


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## Find Out if You Qualify (Single) Part 3 (WITH)

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# Social Security

Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

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### Find Out If You Qualify: Part 3 of 3

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

---

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

No     Yes

---

**Do you have to pay for things related to a disability or blindness that enable you to work?** [More Info](#)

We will count only a part of your earnings towards the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair; personal attendant services; vehicle modification, driver assistance, or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.

No     Yes, for blindness     Yes, for a disability

---

**Do you expect to earn wages this calendar year?** [More Info](#)

No     Yes

**Amount of your expected wages before taxes and deductions this calendar year:**

\$

Wages this year

---

**What do you expect your net earnings from self-employment to be this calendar year?** [More Info](#)

None     Net EARNINGS     Net LOSS

**Amount of your expected Net EARNINGS from self-employment this calendar year:**

\$

Net earnings this year

---

**Have you stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012?** [More Info](#)

No     Yes

**When did you stop working in 2010 or 2011, or plan to stop working in 2011 or 2012?**

Month:  Year:

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If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

## Find Out If You Qualify (You Should Apply)

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**Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

1 Find Out If You Qualify 2 Complete Application 3 Review 4 Submit 5 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 Save & 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 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. □

[Apply Now](#) [Previous](#) [Start Over](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm


[? Need Help?](#)



## Find Out If You Qualify (You Probably Do Not Qualify)

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### Extra Help With Medicare Prescription Drug Plan Costs

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#### 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).

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

#### 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, 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 **Save & 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 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.


**Apply Now** Previous Start Over Exit

***Review and Send***

Review Your Information

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Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 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 page 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.

If you need help completing this application, call Social Security toll-free at 1-800-722-1213 or TTY 1-800-225-9776, Monday-Friday 7am-7pm  
[Need Help?](#)

**About the Form Completer**

**About the Form Completer**

Name: **Form Completer**  
Relationship: **Family Member**  
Phone: **(111) 111-1111**  
Address: **123 Main Street, Anywhere, SC, 34567**

**About You and Your Spouse**

**About You and Your Spouse**

Applicants: **Both my spouse and I are applying.**  
Work Status:  
**I did not work in 2010 or 2011.**  
**My spouse did not work in 2010 or 2011.**  
**We do not have combined savings, investments, and real estate worth more than \$25,260.**  
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.**  
**We are interested in the Medicare Savings Program.**

My Information  
Name: **John Doe**  
Social Security Number: **742-89-6678**  
Date of Birth: **January 1, 1900**

My Spouse  
Name: **Jane Doe**  
Social Security Number: **742-89-1078**  
Date of Birth: **February 2, 1981**

Mailing Address / Phone  
Address: **123 Main Street, Anywhere, SC, 34567**  
Phone: **(543) 555-3876**  
**We have not changed our address within the last three months.**

Contact Person: **None given**

**About Your And Your Spouse's Living Situation**

**About Your And Your Spouse's Living Situation**

Number of Dependents: **0**

**Resources**

**Resources**

Bank accounts, investments, cash:  
**We have no bank accounts.**  
**We have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs), or similar investments.**  
**We have no cash at home or anywhere else.**

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.**

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**

**Income Other Than Wages and Earnings**


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 \$100.00 per month from other income.**  
Type: **Other Income**  
**My spouse does not receive other income.**

Decrease in income other than wages and earnings:  
**Our income from these sources has not decreased in the last two years.**

## Review Your Information

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 Social Security  
U.S. SOCIAL SECURITY ADMINISTRATION

**Extra Help With Medicare Prescription Drug Plan Costs**

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 page 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**

Application: I am applying. My spouse is not applying.

**Work Status**

I worked in 2010 or 2011.  
My spouse did not work in 2010 or 2011.  
We do not have combined savings, investments, and real estate worth more than \$20,000.

**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.

**We are interested in the Medicare Savings Program.**

**My Information**

Name: **John Doe**  
Social Security Number: **723.99.3078**  
Date of Birth: **January 1, 1950**

**My Spouse**

Name: **Jane Doe**  
Social Security Number: **723.99.3078**  
Date of Birth: **February 2, 1960**

**Mailing Address / Phone**

Address: **123 Main Street, Anywhere, UT, 84007**  
Phone: **(408) 555-0000**

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

Contact Person: **None given**

**About Your And Your Spouse's Living Situation**

Number of Dependents:

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

**Resources**

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, or dividend Reinvestment Accounts (DRAs), or similar investments.**

**You did not answer whether you live any other cash or home or anywhere else.**

**Real estate**

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

**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.

**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.**

**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**

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.**

**Dividends or income other than wages and savings**

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

**Wages and Earnings**

Please report this year:

**I do not expect to earn wages this calendar year.**

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

**Self-employment or earnings this calendar year:**

**I expect to earn \$1,200.**

**My spouse expects to earn \$1,500.**

**Dividends or wages and/or self-employment earnings has not decreased in the last two years.**

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

**Work Status**

**I did not stop working in 2010 or 2011, and do not plan to stop in 2011 or 2012.**

**My spouse did not stop working in 2010 or 2011, and does not plan to stop in 2011 or 2012.**

**Disability or incapacity**

**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 submit this application.**

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## Social Security

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### Extra Help With Medicare Prescription Drug Plan Costs

1 ✓ Complete Application 2 ✓ Review 3 Submit 4 Print Receipt

**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.

#### Ready To Submit?

If you are ready to submit your Application for Extra 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.

#### Terms of Agreement

I, **John Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, **John Doe**, agree with the terms of agreement above.


Submit NowPreviousSave & Exit

□

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## Social Security

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application2 Review3 Submit4 Print Receipt

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[I am declaring 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.](#)

I, John Doe, agree with the terms of agreement above.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

#### Terms of Agreement

I, **Form Completer**, declare under the penalty of perjury that the applicant(s) above have authorized me to complete this form on their behalf. I have accurately reflected in completing this form the information that was provided by the applicant(s).

I, Form Completer, agree with the terms of agreement above.


**Submit Now**PreviousSave & Exit

□

Ready to Submit

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### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

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**Ready To Submit?**

If you are ready to submit your Application for Extra 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.

**Terms of Agreement**

I, **John Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, John Doe, agree with the terms of agreement above.

**Terms of Agreement**

I, **Jane Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, Jane Doe, agree with the terms of agreement above.

**Submit Now** Previous Save & Exit


If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

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### Extra Help With Medicare Prescription Drug Plan Costs

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**Important:**  
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**Ready To Submit?**

If you are ready to submit your Application for Extra 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.

**Terms of Agreement**

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By submitting this application, I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, John Doe, agree with the terms of agreement above.

**Terms of Agreement**

I, **Jane Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, Jane Doe, agree with the terms of agreement above.

**Terms of Agreement**

I, **Form Completer**, declare under the penalty of perjury that the applicant(s) above have authorized me to complete this form on their behalf. I have accurately reflected in completing this form the information that was provided by the applicant(s).

I, Form Completer, agree with the terms of agreement above.

**Submit Now** Previous Save & Exit


□



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### Extra Help With Medicare Prescription Drug Plan Costs

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**Important:**  
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#### Ready To Submit?

If you are ready to submit your Application for Extra 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.

#### Terms of Agreement

I, **John Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, John Doe, agree with the terms of agreement above.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

#### Terms of Agreement

I, **Jane Doe**, understand that by signing this application, I am authorizing Social Security to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.


I, Jane Doe, agree with the terms of agreement above.

**Submit Now**PreviousSave & Exit

Ready to Submit

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### Extra Help With Medicare Prescription Drug Plan Costs

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**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Need Help?](#)

#### Ready To Submit?

If you are ready to submit your Application for Extra 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.

#### Terms of Agreement

I, **John Doe**, 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 my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security number, etc., to the State to start the application process for Medicare Savings Programs.

[I am declaring 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.](#)

I, **John Doe**, agree with the terms of agreement above.

#### Terms of Agreement

I, **Jane Doe**, understand that by signing this application, I am authorizing Social Security to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

I, **Jane Doe**, agree with the terms of agreement above.

#### Terms of Agreement

I, **Form Completer**, declare under the penalty of perjury that the applicant(s) above have authorized me to complete this form on their behalf. I have accurately reflected in completing this form the information that was provided by the applicant(s).


I, **Form Completer**, agree with the terms of agreement above.

**Submit Now** Previous Save & Exit

## Successful Submission - Print Or Save Your Receipt


### User Interface

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

 **The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on January 19, 2011, 11:35:19 am.**

**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.

**About You and Your Spouse**

**You**  
Name: **John Doe**  
Social Security Number: **243-39-5078**  
Date of birth: **January 1, 1900**  
Have you worked in 2010 or 2011? **Yes**

**Spouse**  
Name: **Jane Doe**  
Social Security Number: **243-39-1078**  
Date of birth: **February 2, 1981**  
Has your spouse worked in 2010 or 2011? **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 \$25,200? **No or Not Sure**  
Medicare Savings Programs: **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 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? **0**

**Resources**

Do you or your spouse have bank accounts (checking, savings and certificates of deposit)? **No**  
Do you or your spouse have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? **No**  
Do you or your spouse have any other cash at home or anywhere else? **No**  
Will some money from any of these sources be used to pay for your funeral or burial expenses? **No**  
Will some money from any of these sources be used to pay for your spouse's funeral or burial expenses? **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**

Do you receive income from Social Security benefits? **No**  
Does your spouse receive income from Social Security benefits? **No**  
Do you receive income from Railroad Retirement benefits? **No**  
Does your spouse receive income from Railroad Retirement benefits? **No**  
Do you receive income from Veterans benefits? **No**  
Does your spouse receive income from Veterans benefits? **No**  
Do you receive income from other persons and animals? **Yes, \$500.00 per month**  
Does your spouse receive income from Veterans benefits? **No**  
Do you receive income from 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**  
Does your spouse receive income from other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.? **No**  
Has any of the income from these sources decreased in the last two years? **No**

**Wages and Earnings**

Do you expect to earn wages this calendar year? **Yes, \$1,000.00 before taxes and deductions**  
What do you 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 stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012? **No**

**Next**

**Unsuccessful Submission**

**User Interface**

Text Size | Accessibility Help

**Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application   2 Review   3 Submit   4 Print Receipt

**Unsuccessful Submission**

We cannot process your request at this time. If you still wish to complete the application, you may:

- Try again later,
- Call our toll-free number, **1-800-772-1213**. 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.

Select Exit to leave this application. You will be taken to the Social Security home page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm


[Exit](#)

□

## Next Steps

### User Interface

Text Size ▾ | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

### Next Steps

**What you just did:**

You completed the Application for Extra Help With Medicare Prescription Drug Plan Costs.

**What we will do:**

We will process your application as quickly as possible. We will contact you if we need more information. When we finish, we will send a letter to advise whether you qualify for extra help.

**What you need to do:**

Carefully read the letter we provide. It will say what to do next. Please remember, if you or the person/people you are helping qualify for this extra help, enrollment in a Medicare prescription drug plan is required.

If you do not choose a Medicare prescription drug plan, Medicare will select one for you to be sure this benefit is received. However, if you wait for Medicare to choose, there may be months for which there is no prescription drug coverage.

For information about prescription drug plans in your area, you may call toll-free **1-800-MEDICARE** (1-800-633-4227) or visit [www.medicare.gov](http://www.medicare.gov). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at **1-877-486-2048**.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

**Exit**


**Missing Information (Fix Errors)**

**User Interface**

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a section titled 'Extra Help With Medicare Prescription Drug Plan Costs'. A progress bar indicates four steps: 1. Complete Application (active), 2. Review, 3. Submit, and 4. Print Receipt. The 'Missing Information' section contains a message: 'You must provide the missing information before you can submit this application. To review the information entered, select "Review All Information" button.' Below this message are two error items, each with a 'Fix This Page' button: 'Missing Information: About Your And Your Spouse's Living Situation' and 'Missing Information: Resources'. At the bottom of the main content area, there are two buttons: 'Review All Information' and 'Save & Exit'. On the right side, a help box provides contact information: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm' and a 'Need Help?' link.

## Successful Submission - Print Or Save Your Receipt (print)

### User Interface

 **The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on January 19, 2011, 11:35:19 am.**

**Successful Submission - Print Or Save Your Receipt**

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**About You and Your Spouse**

**You**  
Name: **John Doe**  
Social Security Number: **743-99-5078**  
Date of birth: **January 1, 1900**  
Have you worked in 2010 or 2011? **Yes**

---

**Spouse**  
Name: **Jane Doe**  
Social Security Number: **743-99-1078**  
Date of birth: **February 2, 1901**  
Has your spouse worked in 2010 or 2011? **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 \$25,000? **No or Not Sure**

Medicare Savings Programs: **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 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? **0**

---

**Resources**

Do you or your spouse have bank accounts (checking, savings and certificates of deposit)? **No**

Do you or your spouse have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? **No**

Do you or your spouse have any other cash at home or anywhere else? **No**

Will some money from any of these sources be used to pay for your funeral or burial expenses? **No**

Will some money from any of these sources be used to pay for your spouse's funeral or burial expenses? **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**

Do you receive income from Social Security benefits?  
Does your spouse receive income from Social Security benefits?

Do you receive income from Railroad Retirement benefits? **No**

Does your spouse receive income from Railroad Retirement benefits? **No**

Do you receive income from Veterans benefits? **No**

Does your spouse receive income from Veterans benefits? **No**

Do you receive income from other pensions and annuities? **Yes, \$500.00 per month**

Does your spouse receive income from Veterans benefits? **No**

Do you receive income from 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**

Does your spouse receive income from other income not listed, including alimony, net rental income, workers' compensation, private or state disability payments, etc.? **No**

Has any of the income from these sources decreased in the last two years? **No**

---

**Wages and Earnings**

Do you expect to earn in wages this calendar year? **Yes, \$1,000.00 before taxes and deductions**


What do you 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 stopped working in 2010 or 2011, or plan to stop working in 2011 or 2012? **No**

*Unsuccessful Submission*

User Interface

**Unsuccessful Submission**

We cannot process your request at this time. If you still wish to complete the application, you may:

- Try again later,
- Call our toll-free number, **1-800-772-1213**. 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.




*Message Pages*

“Please Confirm” message pages have been removed as they are no longer required with the navigational changes.


**Authentication - Medicare Part D Database Not Eligible Or SSI Recipient**

**User Interface**

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

 **We Cannot Process Your Request**

We have not been able to match the information you entered with our records. If the information you provided is correct, then it may be necessary to correct your information with Social Security.

To resolve this problem, call our toll-free number, **1-800-772-1213**. 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.

Select Exit to leave this application. You will be taken to the Social Security home page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Exit](#)

## Check The Social Security Number You Entered

### User Interface

The screenshot shows the Social Security Administration's website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text:

**Check The Social Security Numbers You Entered**

Our system cannot accept an application on at least one of the Social Security numbers you entered: **743997078; 743991078**.

Please check these numbers.

- If you typed the wrong number(s), you will need to correct it before continuing.
- If these are the correct Social Security numbers, contact Social Security to make other arrangements to complete an application.

Be sure to tell the representative that you tried the online application and received this message.

To contact Social Security, call our toll-free number, **1-800-772-1213**. 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.

To the right of the warning box, a separate box provides contact information: "If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or **TTY 1-800-325-0778**, Monday-Friday 7am-7pm".


At the bottom left of the page, there is a "Previous" button.

## How The Online Application Works

### User Interface

The screenshot shows a web browser window displaying the Social Security Administration's website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a sub-header "Extra Help With Medicare Prescription Drug Plan Costs". The main content area is titled "How The Online Application Works" and contains several paragraphs of text and a bulleted list of instructions. A "Close" button is located at the bottom left of the content area. On the right side, there is a separate box with contact information for Social Security.

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### How The Online Application Works

This application does not have to be completed all at once. After you fill in your name and address, you will get a Reentry Number. You will be able to stop working on the application whenever you want, and then use this Reentry Number to come back. Each application has its own Reentry Number that can only be used for that application on the web site.

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

Please read the following information about using this online application:

- You may complete the application in English or Spanish. If, after starting an application, you prefer to complete the application in a different language, you must exit the application and begin a new application in the desired language. Any information entered in the previous application will be lost, and must be reentered.
- Select Next to move forward, or Previous to move backward. Both options are located at the bottom of the page. Do **NOT** use the Back button on your browser to move backward.
- **IMPORTANT:** Do not use the Enter key to move around in the application or to select from the drop-down lists.
- Additional buttons, other than Next and Previous, may appear at the bottom of a page. These buttons allow you to take an action such as returning to the Review page.
- You must complete all required information before you can send us the application. After the data entry pages, you will see a list of the pages with missing information. You will not be able to sign and submit the application to us until you fix all the errors and provide the missing information.
- If you Sign Out of the application before completing this basic information, when you return to the application we will return you to the page where you left off.
- Additional information may appear in a pop-up window. Close this window to return to the application.
- Keyboard commands, hotkeys or access keys will vary based upon browser and the version of that browser that you are using. A list of these commands can be found in the Help section of your browser. The Help feature can be located on the Menu bar of your browser or by using the F1 function key on the keyboard. Any assistive devices that you may be using will also have a list of these shortcut keys in the Help section. Also see our [Keyboard Commands](#) web page.
- Special characters such as ~, ", are not permitted throughout the application.
- [Special Instructions for Blind Users](#).

#### Time Limits

There are time limits for your work on each page. You will receive a warning after 25 minutes and 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 that page will be lost.


[Close](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

Privacy Act Statement

User Interface

Text Size | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

### Privacy Act Statement

#### Collection and Use of Personal Information

Section 1860 D-14 of the Social Security Act, as amended, authorizes us to collect the information on this Internet application. We will use the information you provide to determine if you are eligible for help paying your share of the cost of a Medicare Prescription Drug plan.

The information you furnish on this form is voluntary. However, failure to provide the requested information could prevent an accurate and timely decision on your claim or could result in the loss of some benefits.

We generally use the information you supply to determine your share of the cost of a Medicare Prescription Drug plan. However, we may also disclose information to other Federal, State, or local government agencies in accordance with approved routine uses, which include but are not limited to:

1. To enable a third party or an agent to help you understand your rights to Medicare benefits and/or coverage;
2. To comply with Federal laws required to be reported to the Government Accountability Office and Department of Veterans' Affairs);
3. To make determinations for eligibility in similar health and income maintenance programs at the Federal, State, and local level; and
4. To facilitate statistical research, audit or investigative activities necessary to assure the integrity of Social Security programs.

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

Explanations about these and other reasons why information you provide us may be used or given out are available in Systems of Records Notice 60-0321 (Medicare Database File). The Notice, additional information about this form, and any other information regarding our systems and programs, are available on-line at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office. Our internet privacy policy is also available at [www.socialsecurity.gov/privacy.html](http://www.socialsecurity.gov/privacy.html)

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.


If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

**See revised Privacy Act Statement below (last page of document).**

## Internet Security Policy

### User Interface

Text Size ▾ | Accessibility Help



**Social Security**  
Official Website of the U.S. Social Security Administration

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## Extra Help With Medicare Prescription Drug Plan Costs

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### Internet Security Policy

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**Is it safe to apply for Social Security Benefits over the Internet?**

Social Security is taking all reasonable and proper measures, including encryption, to ensure that your personal information is disclosed only to you. However, the Internet is an open system and there is no absolute guarantee that others will not intercept the personal information you have entered or requested and decrypted. Although this possibility is remote, it does exist.

**What is encryption?**

Encryption means that all information relating to you and your account is scrambled and locked with a mathematical key during the electronic transfer. Most browsers have an icon such as a key or a lock to represent an encrypted mode or session. A broken key, open lock, or no lock indicates that the session or mode is not encrypted.

**Why is special software necessary to access the Internet application?**

So that your online request can remain confidential, Social Security uses a security protocol (method) called Secure Sockets Layer (SSL) for this application. You must use a Web browser that supports SSL. Netscape Navigator and Microsoft Internet Explorer are two browsers that support SSL. Using this security protocol, all information sent between your computer and our server is encrypted before being sent on the Internet.

**Why SSL?**

SSL provides a high level of security and is the security protocol supported by more browsers than any other. It is estimated that about 92% of Web browsers have an SSL browser available for their use.

We have found that a number of business, government, and educational networks do not have their firewalls configured to allow passage of secure Web traffic. Check with your systems administrator to determine if this is the case at your site. If this is the case you will not be able to access this application web site.

[Close](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

**Limit Number Of Restarts**

**User Interface**

The screenshot shows the Social Security Administration's website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below the header, the page title is "Extra Help With Medicare Prescription Drug Plan Costs". A yellow warning box contains the following text: "Limit On The Number Of New Applications Started. You have reached the limit on the number of requests you can make to start a new application. Please contact Social Security to make other arrangements to complete an application. Be sure to tell the representative that you tried the online application and received this message. To contact Social Security, call our toll-free number, 1-800-772-1213. 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. Select Exit to leave this application. You will be taken to the Social Security home page." To the right of the warning box, there is a separate box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the page, there is a blue "Exit" button.

**Limit Number Of Starts For A New Application**

**User Interface**

The screenshot shows the Social Security Administration website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text: "You Have Reached The Limit On The Number of Requests To Reenter The Application Already Started". It explains that the user has reached the limit on reentering the application and provides instructions on how to proceed, including contacting Social Security for assistance. To the right of the warning box, there is a separate box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom of the warning box, there are two buttons: "Start A New Application" and "Exit".

Text Size | Accessibility Help

**Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

**You Have Reached The Limit On The Number of Requests To Reenter The Application Already Started**

You have reached the limit on the number of tries to reenter the Internet Application For Help With Medicare Prescription Drug Plan Costs already started. You can start a new application or call us to help you complete this application.

To ensure privacy, the prior application is now locked. If you start a new application, you will have to reenter any information that was already entered.

To contact Social Security, call our toll-free number, **1-800-772-1213**. 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Start A New Application](#) [Exit](#)



## Limit On The Number Of Tries To Start An Application

### User Interface

The screenshot shows the Social Security Administration website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A yellow warning box contains the following text: "Limit On The Number Of Tries To Start The Application", "You have reached the limit on the number of tries to start this application.", "Please contact Social Security to make other arrangements to complete this application. To contact Social Security, call our toll-free number, 1-800-772-1213. 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.", and "Select Exit to leave this application. You will be taken to the Social Security home page." To the right of the warning box is a white box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the warning box area is a blue "Exit" button.

## Name Check Mismatch

### User Interface

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a section titled 'Extra Help With Medicare Prescription Drug Plan Costs'. A prominent yellow warning box contains the following text: 'Check The Information You Entered. The information you entered does not match our records. If you typed the wrong information, you will need to correct it before continuing. If the information is correct, please confirm it by reentering the same information. To do either of the above, select Previous. If you prefer, you can contact Social Security to make other arrangements to complete an application. Be sure to tell the representative that you tried completing the online application and received this message. To contact Social Security, call our toll-free number, 1-800-772-1213. 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.' To the right of this box is a smaller white box with contact information: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm'. At the bottom left of the main content area, there is a blue button labeled 'Previous'.

## Not Eligible For The Prescription Drug Plan

### User Interface

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text: "If You Are Not Eligible For Medicare. You must have Medicare or be eligible for Medicare in order to participate in the prescription drug plan. If you have a state-issued medical assistance card (Medicaid), you should contact your state agency. Select Exit to leave this application. You will be taken to the Social Security home page." To the right of this box is a smaller white box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left, there are two buttons: a blue "Exit" button and a white "Previous" button.

**Off Hours Message**

**User Interface**

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the message: "We Cannot Process Your Request". It instructs users to try again during business hours and lists the available service hours for Eastern Time: Monday through Friday (5:00 AM - 1:00 AM), Saturday (5:00 AM - 11:00 PM), Sunday (8:00 AM - 10:00 PM), and Holidays (5:00 AM - 11:00 PM). A blue "Exit" button is located below the warning box. To the right of the warning box, a separate box provides contact information for assistance: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm".

## Other Ways To Apply

### User Interface

The screenshot shows a web browser window with the Social Security Administration logo and navigation links. A modal window titled 'Other Ways To Apply' is displayed, providing information on alternative application methods and contact numbers. The modal includes a 'Close' button.

Text Size ▾ | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### 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 Help with Medicare Prescription Drug Costs.


If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
TTY **1-800-325-0778**,  
Monday-Friday 7am-7pm

Close

**Paperwork Reduction Act Statement**

**User Interface**

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### 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 45 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 2/28/2012

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Close](#)

**Date to be updated upon OMB approval.**

**Print/Save/View Guide**

**User Interface**

The screenshot shows the Social Security Administration's official website. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a section titled 'Extra Help With Medicare Prescription Drug Plan Costs'. A central box contains instructions on how to print, save, and view the application. To the right of this box is a separate box with contact information for Social Security. At the bottom left of the central box is a 'Close' button.

Text Size | Accessibility Help

**Social Security Administration**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### How To Print/Save/View This Application

**To print this application:**  
Choose the Print button on your browser button bar or choose Print from the File menu. Make sure the correct printer is selected and choose OK.

**To save this application:**  
Choose Save As from the File menu. We recommend that you save as an HTML file. Provide a file name and location, if needed, and choose OK.

**To view the saved page:**  
Open your browser. Choose Open from the File menu. Click Browse and locate the file name and location you used. (When you reopen this HTML file, none of the buttons or links on the page will work.)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

Close

**Processing Alert**

**User Interface**

The screenshot shows the Social Security Administration's official website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow alert box contains a warning icon and the text "We Are Processing This Request" followed by "Please wait a moment before selecting Next." To the right of this alert is a white box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the alert area, there is a blue "Next" button.

□



**Sign-In Problem**


**User Interface**

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text: "Sign-In Problem: We could not find a match for the Social Security number and Reentry Number you entered. Please check the numbers and sign in again. You can retry no more than three times. If you can not sign in after three tries, your application will be locked. You can start a new application or call us to apply. To ensure your privacy, we cannot access your Reentry Number. To contact Social Security, call our toll-free number, 1-800-772-1213. 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." To the right of this box is a smaller white box with contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom of the page, there are two buttons: "Reentry Sign In" and "Start A New Application".

## Special Instructions For Blind Users

### User Interface

[Text Size](#) | [Accessibility Help](#)



## Social Security

Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### Special Instructions For Users Who Are Blind

The following instructions are for users of screen readers such as JAWS and Window-Eyes and browser-based readers such as Home Page Reader. Filling out this application is best accomplished in a Forms or MSAA mode that allows you to tab to controls and fill in input boxes, radio buttons, check boxes and list boxes. Instructional text usually occurs at the beginning of these screens and can be accessed in non-MSAA or virtual-cursor mode. Tab indices have also been added to allow for tabbing through text. Additionally, consistent headers have been set up to access questions and examples/instructions more easily. The screen reader will indicate which questions have additional help or instructional text. You can then tab to the additional help or continue tabbing to the next question to bypass this help.

Unless you have turned JavaScript off in your browser, you will receive a warning after 25 minutes and you can extend your time on the page. After the third warning, you must move to another page, or your time will run out and your work on that page will be lost.

This application contains hotkeys to improve navigation and provide information. On many screens there is a continue button at the end of the screen to allow you to go to the next page or a previous button to return to the prior page. The hotkey ALT + C is associated with the Continue button and ALT + P for the Previous button. Press ALT + C or ALT + P to move forward or back in Internet Explorer. There is also a non-interactive progress indicator (ALT + G) which lets you know the step of the application in which you are currently working. However, the use of this hotkey forces you to leave your current position on the page as it moves focus to the top, where the progress indicator is located.

Other keyboard commands, hotkeys or access keys will vary based upon browser and the version of that browser that you are using. A list of these commands can be found in the Help section of your browser. The Help feature can be located on the Menu bar of your browser or by using the F1 function key on the keyboard. Any assistive devices that you may be using will also have a list of these shortcut keys in the Help section. Also see our [Keyboard Commands](#) web page.

When you attempt to advance through the application with erroneous data or missing information, the page will redisplay with a list of links at the top for each error. Selecting these error links will take you directly to the field in question, placing focus at the specific error control. The fixed error will not be deleted from the list of links or error messages at the field until the page is re-submitted. To navigate to the next error, invoke the screen reader or screen magnifier's links list or simply tab through the fields and listen to the screen reader to hear when there is an error message.

There are instances where link and button names are repeated in an application like the following:

- More Info
- Edit
- Details

These links usually have a title attribute that describes the link in more detail. In order for screen readers to speak this additional information, the screen reader must be set up to speak the title attribute instead of the screen text. Depending on the screen reader used, this can be a verbosity setting, configuration setting, set file, etc. Please refer to the documentation for specific screen readers or browser readers if this procedure is unknown.

[Close](#)

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm


Page 82 of 174

## System Failure


### User Interface

The screenshot shows the Social Security Administration's official website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below the header, the page title is "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow error box contains the message: "We Cannot Process Your Request At This Time". Below this message, it states: "If you still wish to complete the application, you may:" followed by a bulleted list: "• Try again later," and "• Call our toll-free number, 1-800-772-1213. 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." Below the list, it says: "Select Exit to leave this application. You will be taken to the Social Security home page." To the right of the error box, a separate box provides contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the error box, there is a blue button labeled "Exit".

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

 **We Cannot Process Your Request At This Time**

If you still wish to complete the application, you may:

- Try again later,
- Call our toll-free number, **1-800-772-1213**. 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.

Select Exit to leave this application. You will be taken to the Social Security home page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Exit](#)

## There Is A Pending Application For This Social Security Number

### User Interface

The screenshot shows the Social Security Administration's website interface. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text:

**There Is A Pending Application For This Social Security Number**

Based on the Social Security number you entered, it appears that you have already started to complete this application. To continue with the application you already started, select [Reentry Sign In](#). If you have not already started an application, check the Social Security number you entered and reenter it by selecting [Previous](#).

If you have lost your Reentry Number, you can start over, but you will lose all of the information you already entered. To ensure your privacy, we cannot access your Reentry Number.

If you decide to start over, select [Start a New Application](#). Starting a new application does NOT extend the time you have to complete this application. You may lose benefits if we do not receive your application within 60 days from when you first started completing an online application.

To contact Social Security, call our toll-free number, **1-800-772-1213**. 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.

To the right of the warning box, a separate box provides contact information: "If you need help completing this application, call Social Security toll-free at: **1-800-772-1213** or **TTY 1-800-325-0778**, Monday-Friday 7am-7pm".

At the bottom of the page, there are three buttons: [Reentry Sign In](#) (highlighted in blue), [Start A New Application](#), and [Previous](#).

## Warning System Shutdown

### User Interface

The screenshot shows the Social Security Administration's official website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text: "Warning: System Will Shut Down. This application for Help With Medicare Prescription Drug Plan Costs is scheduled to shut down for the day within two hours. This application is available during the following hours (Eastern Time): Monday through Friday: 5:00 AM - 1:00 AM, Saturday: 5:00 AM - 11:00 PM, Sunday: 8:00 AM - 10:00 PM, Holidays: 5:00 AM - 11:00 PM. If you choose to start the application now and the system shuts down before you finish it, you will only lose the information on the page you are working on at the time of the shutdown. You may want to consider starting the application at another time to avoid losing any information. If you decide to start this application later, you should write down this web site so that you can return to it: http://www.socialsecurity.gov/prescriptionhelp. If you decide to leave this application, select Exit. You will be taken to the Social Security home page." To the right of the warning box, a separate box provides contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom of the page, there are two buttons: "Apply Now" and "Exit".

Text Size | Accessibility Help

Social Security  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

**Warning: System Will Shut Down**

This application for Help With Medicare Prescription Drug Plan Costs is scheduled to shut down for the day within two hours.

This application is available during the following hours (Eastern Time):

Monday through Friday: 5:00 AM - 1:00 AM  
Saturday: 5:00 AM - 11:00 PM  
Sunday: 8:00 AM - 10:00 PM  
Holidays: 5:00 AM - 11:00 PM

If you choose to start the application now and the system shuts down before you finish it, you will only lose the information on the page you are working on at the time of the shutdown.

You may want to consider starting the application at another time to avoid losing any information. If you decide to start this application later, you should write down this web site so that you can return to it: <http://www.socialsecurity.gov/prescriptionhelp>

If you decide to leave this application, select Exit. You will be taken to the Social Security home page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

**Apply Now**

## We Cannot Process Your Request

### User Interface

The screenshot shows the Social Security Administration website interface. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below the header, the page title is 'Extra Help With Medicare Prescription Drug Plan Costs'. A prominent yellow error box contains the following text:

**We Cannot Process Your Request**

We have not been able to match the information you entered with our records. If the information you provided is correct, then it may be necessary to correct your information with Social Security.

To resolve this problem, call our toll-free number, **1-800-772-1213**. 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.

Select Exit to leave this application. You will be taken to the Social Security home page.

Below the error box is a blue 'Exit' button. To the right of the error box, a separate box provides contact information for assistance:

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

## What You Will Need

### User Interface

The screenshot shows the Social Security Administration's website. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a section titled 'Extra Help With Medicare Prescription Drug Plan Costs'. A prominent box titled 'What You Will Need' contains the following text: '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:'. A bulleted list follows: '• 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.' A footnote explains that book entry securities are counted as resources. A final paragraph states that users should provide their best estimate if they lack documents. To the right of the main box, a separate box provides contact information: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm'. A 'Close' button is located at the bottom left of the main content area.

Text Size | Accessibility Help

**Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

#### 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

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

*You Do Not Live In One Of The 50 States Or DC*

User Interface

The screenshot shows the Social Security Administration's official website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a section titled "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the following text: "You Do Not Live In One Of The 50 States Or DC", "People who live outside of the 50 states and the District of Columbia are not eligible for this help. For more information, visit [www.medicare.gov](\"http://www.medicare.gov\").", "To contact Social Security, visit our [Service Around the World](\"http://www.sawebpage.com\") web page.", and "Select Exit to leave this application. You will be taken to the Social Security home page." To the right of the warning box, a white box provides contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the page, there is a blue "Exit" button.




## You Have Already Sent Us An Application


### User Interface

The screenshot shows the Social Security Administration's official website. At the top right, there are links for "Text Size" and "Accessibility Help". The main header features the Social Security Administration logo and the text "Social Security Official Website of the U.S. Social Security Administration". Below this is a sub-header "Extra Help With Medicare Prescription Drug Plan Costs". A prominent yellow warning box contains the message: "You Have Already Sent Us An Application". The text inside the box explains that an application has already been submitted and provides a list of details that can be updated: Address or phone number, Marital status, Income, and Money, investments, or real estate. It also provides contact information for Social Security, including toll-free numbers and hours of operation. To the right of the warning box, a separate box provides additional contact information: "If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm". At the bottom left of the page, there is a blue "Exit" button.

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

### Extra Help With Medicare Prescription Drug Plan Costs

 **You Have Already Sent Us An Application**

An Application for Help With Medicare Prescription Drug Plan Costs has already been electronically submitted to Social Security for this applicant. If you have new information, you must contact us. We cannot accept additional information over the Internet. Please contact Social Security if the information you submitted is wrong or you want to report a change in:

- Address or phone number
- Marital status
- Income
- Money, investments, or real estate

To contact Social Security, call our toll-free number, **1-800-772-1213**. 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.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Exit](#)

**Your Session Has Expired**


**User Interface**

The screenshot shows the Social Security Administration's official website. At the top right, there are links for 'Text Size' and 'Accessibility Help'. The main header features the Social Security Administration logo and the text 'Social Security Official Website of the U.S. Social Security Administration'. Below this is a sub-header for 'Extra Help With Medicare Prescription Drug Plan Costs'. A prominent yellow warning box contains the message: 'Your Session Has Expired'. It provides instructions on how to continue the application or exit. To the right of this box, a white box provides contact information for Social Security assistance. At the bottom of the warning box, there are two buttons: 'Return To Application' and 'Exit'.

Text Size | Accessibility Help

 **Social Security**  
Official Website of the U.S. Social Security Administration

Extra Help With Medicare Prescription Drug Plan Costs

 **Your Session Has Expired**

If you would like to continue completing the application, you may try again by selecting Return To Application below.

Select Exit to leave this application. You will be taken to the Social Security home page.

If you need help completing this application, call Social Security toll-free at:  
**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[Return To Application](#) [Exit](#)

***Help Pages***

Main Help Pages

User Interface

The screenshot shows a web browser window displaying the Social Security Administration's website. The page title is "Extra Help With Medicare Prescription Drug Plan Costs". The content is organized into several sections, each with a heading and a list of links. The sections include:

- Application Help**: A brief overview of the Medicare Prescription Drug program and a list of links for application assistance.
- What is the Application?**: A detailed explanation of the Extra Help program, including eligibility criteria and the application process.
- How Can You Use the Extra Help?**: Information on how to use the Extra Help benefit, including how to pay for prescriptions and how to use the benefit for other Medicare services.
- Who Should Complete This Application For Extra Help With Medicare Prescription Drug Plan Costs?**: A list of individuals who should complete the application, including the applicant, a family member, or a representative.
- What Information Will You Need?**: A list of documents and information required to complete the application, such as Social Security numbers, Medicare numbers, and income tax returns.
- What If You Need To Stop And Come Back Later?**: Information on how to stop the application and how to come back later.
- Can You Edit Your Information?**: Information on how to edit the application if there are errors.

The page also includes a "Check Your Eligibility" button and a "Print" button. The footer contains the Social Security Administration logo and contact information.

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

**User Interface**

**Help: 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.

Close

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

**User Interface**

**Help: 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.

Close

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

**User Interface**

Help: 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 new prescription drug program.

Close

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

User Interface

Help: 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**.

Close



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

**User Interface**

**Help: 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**.

Close

□

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

**User Interface**

Help: In which state do you (and 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.

Close

*Help: What is your marital status?*

User Interface

### Help: 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.

Close

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

**User Interface**

Help: Do you have combined savings, investments, and real estate worth more than: \$25,260 if you are married and living with your spouse; or \$12,640 if you are not married or not living with your spouse?

To be eligible for extra 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 (IRAs), 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 \$25,260 (married) or \$12,640 (single), select Yes. The actual limits for eligibility are \$22,260 (married) or \$11,140 (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 \$25,260 (married) or \$12,640 (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.

Close

*Help: Have you worked in 2011 or 2012?*

User Interface

## Help: Have you worked in 2011 or 2012?

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 (and your spouse, if married and living together) receive.

If you worked in 2011 or 2012, 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 2011 or 2012, select Yes.

Close

*Help: Has your spouse worked in 2011 or 2012?*

**User Interface**

**Help: Has your spouse worked in 2011 or 2012?**

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

If your spouse worked in 2011 or 2012, we will ask about your spouse's wages and self-employment earnings on the application for this help.

If your spouse has not worked in these years, we will not ask about your spouse's wages and self-employment earnings when you complete this application for this help.

If your spouse worked in 2011 or 2012, select Yes.

Close

*Help: Have you worked this calendar year?*

**User Interface**

**Help: 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.

Close

*Help: Has your spouse worked this calendar year?*

**User Interface**

**Help: Has your spouse worked in this calendar year?**

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

Close



*Help: Are you UNDER age 65?*

User Interface

**Help: Are you UNDER age 65?**

If you are under age 65, blind or disabled, **and** working, we may be able to exclude some of your earnings when we determine your eligibility for extra 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.

Close

*Help: Is your spouse UNDER age 65?*

User Interface

### Help: Is your spouse UNDER age 65?

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 extra 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.

Close

*Help: Not counting your spouse, how many other relatives live in your household?*

User Interface

**Help:** For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for at least one-half of their financial support? *Please 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.

***Help: How many relatives live in your household and receive at least one-half of their financial support from you?***

**User Interface**

**Help: For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? *Please 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.

*Help: Do you have to pay for things related to a disability or blindness that enable you to work?*

**User Interface**

**Help: Do you have to pay for things related to a disability or blindness that enable you to work?**

We will only count part of your earnings toward the income limit if you:

- work;
- receive Social Security benefits based on a disability or blindness; and
- have work-related expenses for which you are not reimbursed.

If you receive Social Security benefits based on a disability or blindness and have work-related expenses, select Yes. You will not need to tell us the amount of those expenses. We will not count a percentage of your earnings. When we send you a letter that says whether you are eligible for the extra help or not, we will also tell you how much of your earnings we did not count. If you think the amount of work-related expenses we used was less than your actual work-related expenses, you may contact us to tell us the actual amount of your expenses.

Close

□

**Help: Does your spouse have to pay for things that enable him or her to work?**

**User Interface**

**Help: Does your spouse have to pay for things related to a disability or blindness that enable him or her to work?**

We will only count part of your spouse's earnings toward the income limit if your spouse:

- works;
- receives Social Security benefits based on a disability or blindness; and
- has work-related expenses for which he or she is not reimbursed.

If your spouse receives Social Security benefits based on a disability or blindness and has work-related expenses, select Yes. You will not need to tell us the amount of those expenses. We will not count a percentage of your spouse's earnings. When we send you a letter that says whether you are eligible for the extra help or not, we will also tell you how much of your spouse's earnings we did not count. If you think the amount of work-related expenses we used was less than your spouse's actual work-related expenses, you may contact us to tell us the actual amount of your spouse's expenses.

Close

□

*Help: Do you expect to earn wages this calendar year?*

**User Interface**

**Help: Do you expect to earn wages this calendar year?**

If you expect to earn money for any labor or services you provide on an hourly, daily, or piecework basis during this calendar year, select Yes and then enter the amount BEFORE taxes and deductions you think you will earn in the field provided. If you did not, and do not expect to earn wages, select No. **Do NOT** include earned income tax credit payments you may have received.

Close

*Help: Does your spouse expect to earn wages this calendar year?*

User Interface

**Help: Does your spouse expect to earn wages this calendar year?**

If your spouse expects to earn money for any labor or services he or she provides on an hourly, daily, or piecework basis during this calendar year, select Yes and then enter the amount BEFORE taxes and deductions your spouse thinks he or she will earn in the field provided. If your spouse did not, and does not expect to earn wages, select No. **Do NOT** include earned income tax credit payments your spouse may have received.

Close

□



*Help: What do you expect your net earnings from self-employment to be this calendar year?*

User Interface

Help: What do you expect your net earnings from self-employment to be this calendar year?

If you expect to have net earnings or a net loss from self-employment this year, select the appropriate response and then enter the NET amount you think it will be in the field provided. **Do NOT** include earned income tax credit payments you may have received. If you were not, and do not expect to be self-employed, select None.

Close

□

**Help: What does your spouse expect the net earnings from self-employment to be this calendar year?**

**User Interface**

Help: What does your spouse expect the net earnings from self-employment to be this calendar year?

If your spouse expects to have net earnings or a net loss from self-employment this year, select the appropriate response and then enter the NET amount your spouse thinks it will be in the field provided. **Do NOT** include earned income tax credit payments your spouse may have received. If your spouse was not, and does not expect to be self-employed, select None.

Close

□

*Help: Have you stopped working in 2011 or 2012, or plan to stop working in 2012 or 2013?*

User Interface

## Help: Have you stopped working in 2011 or 2012, or plan to stop working in 2012 or 2013?

If you have stopped working this year or last year, or plan to stop this year or next year, select Yes and enter the month and year in the fields provided.

Close

***Help: Has your spouse stopped working in 2011 or 2012, or plan to stop working in 2012 or 2013?***

**User Interface**

**Help: Has your spouse stopped working in 2011 or 2012, or plans to stop working in 2012 or 2013?**

If your spouse has stopped working this year or last year, or plans to stop this year or next year, select Yes and enter the month and year in the fields provided.

Close

**Help: Do you receive Social Security benefits?**

**User Interface**

**Help: Do you receive Social Security benefits?**

If you currently receive benefits from Social Security, select Yes and then enter the total amount received each month in the field provided. 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, garnishments, etc. (This is NOT an all-inclusive list.)

### Your New Benefit Amount

000001

<b>BENEFICIARY'S NAME:</b> JOHN Q. PUBLIC	<b>SOCIAL SECURITY CLAIM NUMBER</b> <small>(only the last 4 digits are shown to help prevent identity theft): xxx-xx-1111</small>
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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	\$515.00
• 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.)	\$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.)	\$0.00
• After taking any other deductions, we will deposit into your bank account on Jan. 3, 2005.	\$515.00

If you disagree with any of these amounts, you should write to us within 60 days from the date you receive this letter.

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

Close



**Help: Does your spouse receive Social Security benefits?**

**User Interface**

**Help: Does your spouse receive Social Security benefits?**

If your spouse currently receives benefits from Social Security, select Yes and then enter the total amount received each month in the field provided. To find out what amount to enter, use the amount on your spouse's annual cost-of-living adjustment letter your spouse receives 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, garnishments, etc. (This is **NOT** an all-inclusive list.)

**Your New Benefit Amount**

000801

**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	

Close

***Help: Do you receive Railroad Retirement benefits?***

**User Interface**

**Help: Do you receive Railroad Retirement benefits?**

If you currently receive benefits from the Railroad Retirement Board, select Yes and then enter the total amount received each month in the field provided. 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, garnishments, etc. (This is **NOT** an all-inclusive list.)

Close

□

***Help: Does your spouse receive Railroad Retirement benefits?***

**User Interface**

**Help: Does your spouse receive Railroad Retirement benefits?**

If your spouse currently receives benefits from the Railroad Retirement Board, select Yes and then enter the total amount received each month in the field provided. To find out what amount to enter, use the amount on your spouse's annual cost-of-living adjustment letter your spouse receives 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, garnishments, etc. (This is **NOT** an all-inclusive list.)

Close

□



*Help: Do you receive Veterans benefits?*

User Interface

**Help: Do you receive Veterans benefits?**

If you currently receive benefits from the Department of Veterans Affairs, select Yes and then enter the total amount received each month in the field provided. 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, garnishments, etc. (This is **NOT** an all-inclusive list.)

Close

*Help: Does your spouse receive Veterans benefits?*

**User Interface**

### Help: Do your spouse receive Veterans benefits?

If your spouse currently receives benefits from the Department of Veterans Affairs, select Yes and then enter the total amount received each month in the field provided. To find out what amount to enter, use the amount on your spouse's annual cost-of-living adjustment letter your spouse receives 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, garnishments, etc. (This is **NOT** an all-inclusive list.)

Close

□

**Help: Do you receive income from other pensions or annuities?**

**User Interface**

**Help: Do you receive income from other pensions or annuities?**

If you currently receive income from a pension, select Yes and then enter the total amount received each month in the field provided. 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, garnishments, 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, Individual Retirement Accounts (IRAs) or any other investments. ▣

Close

□

***Help: Does your spouse receive income from other pensions or annuities?***

**User Interface**

**Help: Does your spouse receive income from other pensions or annuities?**

If your spouse currently receives income from a pension, select Yes and then enter the total amount received each month in the field provided. If your spouse receives 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, garnishments, 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, Individual Retirement Accounts (IRAs) or any other investments.

Close

□

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

## User Interface

**Help: 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, Individual Retirement Accounts (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.

Close

***Help: Does your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?***

## User Interface

**Help: Does your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?**

Indicate whether your spouse receives income from any other source. If the amount changes from month to month or your spouse does not receive it every month, enter the average monthly income for the past year.

(Do **NOT** include help with rent or utilities, money your spouse has in bank accounts, stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (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.

Close

*Your Name*

User Interface

### Help: 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.

Close

*Help: Your Social Security Number*

**User Interface**

### Help: 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.

Close



*Help: What is your date of birth?*

User Interface

### Help: 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.

Close

***Help: Spouse's Name***

**User Interface**

**Help: 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.

Close

*Help: Spouse's Social Security Number*

**User Interface**

### Help: 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.

Close

*Help: What is your spouse's date of birth?*

User Interface

### Help: 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.

Close

*Help: Your Mailing Address*

User Interface

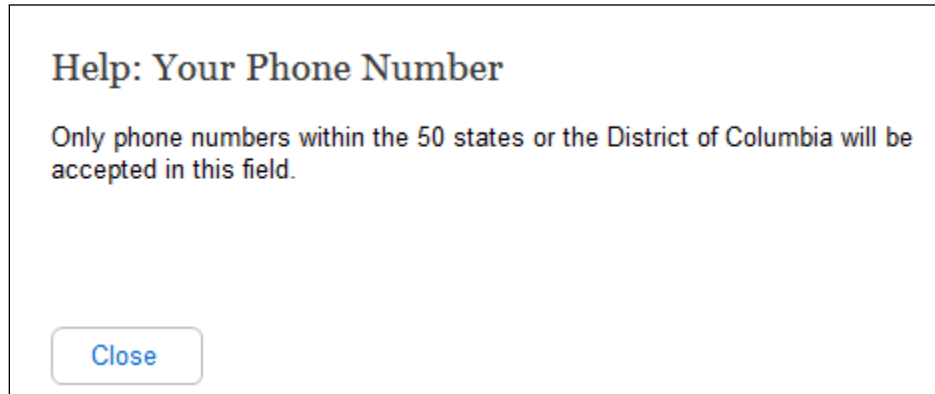
### Help: Your Mailing Address

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.

Close

*Help: Your Phone Number*

User Interface



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

**User Interface**

**Help: 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.

Close

**Help: Do you have combined savings, investments, and real estate worth more than \$25,260?**

**User Interface**

Help: Do you have combined savings, investments, and real estate worth more than \$25,260?

To be eligible for extra 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 (IRAs), 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 \$25,260, select Yes. The actual limit for eligibility is \$22,260. 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 \$25,260.

\* **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.

Close



**Help: OPTIONAL: (contact person)**

**User Interface**

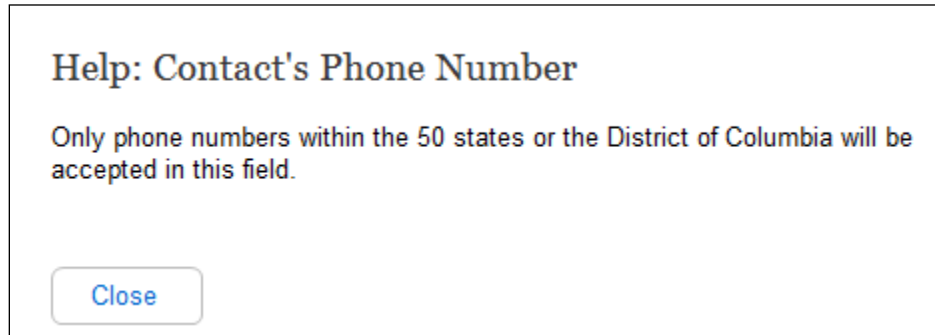
**Help: OPTIONAL: (contact person)**

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.

Close

***Help: Contact's Phone Number***

**User Interface**



**Help: Do you have combined savings, investments, and real estate worth more than \$12,640?**

**User Interface**

Help: Do you have combined savings, investments, and real estate worth more than \$12,640?

To be eligible for extra 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 (IRAs), 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 \$12,640, select Yes. The actual limit for eligibility is \$11,140. 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 \$12,640.

\* **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.

Close

***Help: Relationship to Applicant***

**User Interface**

### Help: 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. If you choose Other, please specify which agency you represent from the following list:

AARP - Volunteer/employee of AARP, not representing AARP drug company

PHARM - Employee of a pharmacy

DPAP - Employee of a pharmacy assistance program sponsored by a drug company

SHIP - Employee of a State Health Insurance Assistance Program

NCOA - Employee or volunteer with the National Council on Aging

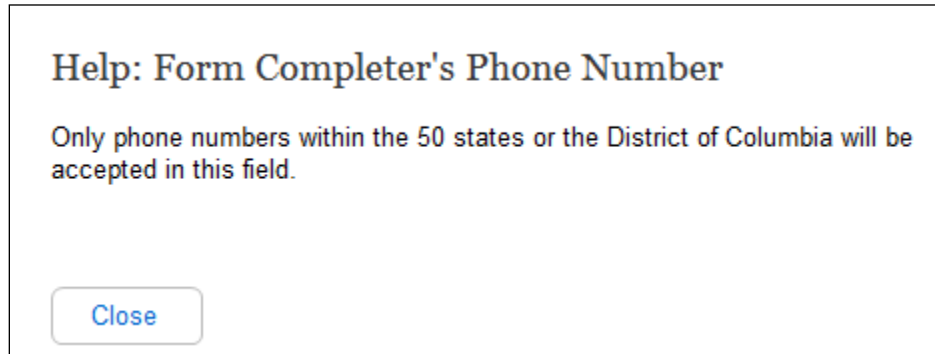
SPAP - Employee representing a State pharmaceutical assistance program

PDO - Employee of a prescription drug plan sponsor

Close

*Help: Form Completer's Phone Number*

**User Interface**



***Help: Form Completer's Address***

**User Interface**

**Help: 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.

[Close](#)

***Help: Primary Applicant's Name***

**User Interface**

**Help: 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.

Close

***Help: Primary Applicant's Social Security Number***

**User Interface**

**Help: 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.

Close



*Help: What is the primary applicant's date of birth?*

**User Interface**

**Help: 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.

Close

*Help: Has the primary applicant worked in 2010 or 2011?*

User Interface

## Help: Has the primary applicant worked in 2011 or 2012?

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 worked in 2011 or 2012, we will ask about wages and self-employment earnings on this application.

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

If the primary applicant worked in 2011 or 2012, select Yes.

Close

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

**User Interface**

**Help: 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.

Close

**Help: Do the applicants have combined savings, investments, and real estate worth more than \$25,260?**

**User Interface**

Help: Do the applicants have combined savings, investments, and real estate worth more than \$25,260?

To be eligible for extra 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 (IRAs), 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 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 \$25,260, select Yes. The actual limit for eligibility is \$22,260. 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 \$25,260.

\* **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 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.

Close

*Help: Spouse's Name*

User Interface

### Help: 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.

Close

***Help: Spouse's Security Number***

**User Interface**

**Help: Spouse's 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.

Close

*Help: What is the spouse's date of birth?*

User Interface

### Help: 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.

Close

*Help: Has the applicant's spouse worked in 2010 or 2011?*

User Interface

## Help: Has the applicant's spouse worked in 2011 or 2012?

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.

If the primary applicant's spouse worked in 2011 or 2012, we will ask about wages and self-employment earnings on this application.

If the primary applicant's spouse did not work in these years, we will not ask about wages and self-employment earnings on this application.

Close



***Help: Mailing Address***

**User Interface**

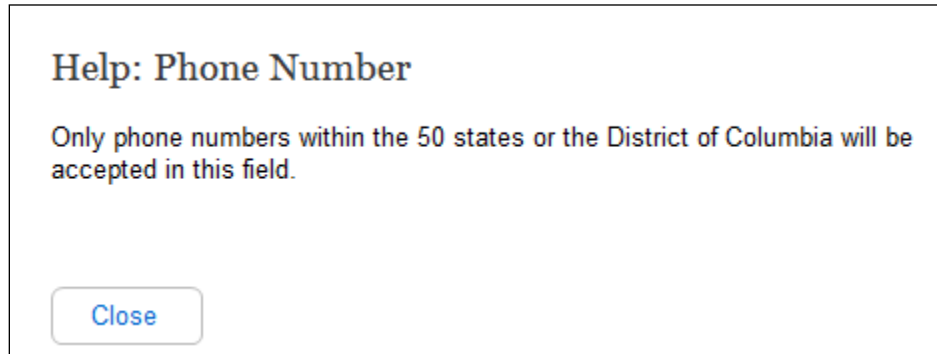
### Help: Mailing Address

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.

Close

*Help: Phone Number*

User Interface



*Help: Applicant's Name*

User Interface

### Help: 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.

Close

***Help: Applicant's Social Security Number***

**User Interface**

**Help: 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.

Close

*Help: What is the applicant's date of birth?*

**User Interface**

### Help: 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.

Close

*Help: Has the applicant worked in 2010 or 2011?*

#### User Interface

## **Help: Has the applicant's spouse worked in 2011 or 2012?**

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.

If the primary applicant's spouse worked in 2011 or 2012, we will ask about wages and self-employment earnings on this application.

If the primary applicant's spouse did not work in these years, we will not ask about wages and self-employment earnings on this application.

**Help: Does the applicant have combined savings, investments, and real estate worth more than \$12,640?**

**User Interface**

Help: Does the applicant have combined savings, investments, and real estate worth more than \$12,640?

To be eligible for extra 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 (IRAs), 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 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 \$12,640, select Yes. The actual limit for eligibility is \$11,140. 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 \$12,640.

\* **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 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.

Close

*Help: Have these wages or self-employment earnings decreased in the last two years?*

User Interface

**Help: Have these wages or self-employment earnings 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 wages or self-employment income you listed in the questions above has decreased in the last two calendar years, select Yes.

Close



*Help: Have these wages or self-employment earnings decreased in the last two years?*

User Interface

**Help: Have these wages or self-employment earnings 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 wages or self-employment income you listed in the questions above has decreased in the last two calendar years, select Yes.

Close

*Help: Has any of the income from these sources decreased in the last two years?*

**User Interface**

**Help: 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.

Close

*Help: Has any of the income from these sources decreased in the last two years?*

**User Interface**

**Help: 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.

Close

**Help: Do you or your spouse have bank accounts (checkings, savings and certificates of deposit)?**

**User Interface**

**Help: Do you or your spouse have bank accounts (checkings, savings and certificates of deposit)?**

To be eligible for extra help with prescription drug plan costs, you 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 (IRAs), 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.

Close

**Help: Do you or your spouse have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments?**

**User Interface**

Help: Do you or your spouse have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments?

To be eligible for extra help with prescription drug plan costs, you 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 (IRAs), and any other cash at home or anywhere else.

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- Compensation you receive as a crime victim;
- Relocation assistance from a state or local government; and
- Scholarships and education grants.

Close

**Help: Do you or your spouse have any other cash at home or anywhere else?**

**User Interface**

Help: Do you or your spouse have any other cash at home or anywhere else?

To be eligible for extra help with prescription drug plan costs, you 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 (IRAs), 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).

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- 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
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- 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.

Close

**Help: Do you have bank accounts (checkings, savings and certificates of deposit)?**

**User Interface**

Help: Do you have bank accounts (checkings, savings and certificates of deposit)?

To be eligible for extra 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 (IRAs), 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).

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**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;
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**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.

[Close](#)

**Help: Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments?**

**User Interface**

Help: Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments?

To be eligible for extra 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 (IRAs), 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).

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- 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;
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- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
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- 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.

Close





**Help: Do you have any other cash at home or anywhere else?**

**User Interface**

**Help: Do you have any other cash at home or anywhere else?**

To be eligible for extra 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 (IRAs), 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.

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**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.

Close

□

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

**User Interface**

Help: Will some money from any of the sources listed above be used to pay for your 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).

Close

**A. Help: Will some money from any of the sources listed above be used to pay for your spouse's funeral or burial expenses?**

**User Interface**

Help: Will some money from any of the sources listed above be used to pay for your spouse's 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 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).

Close

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

**User Interface**

Help: 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.

Close

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

User Interface

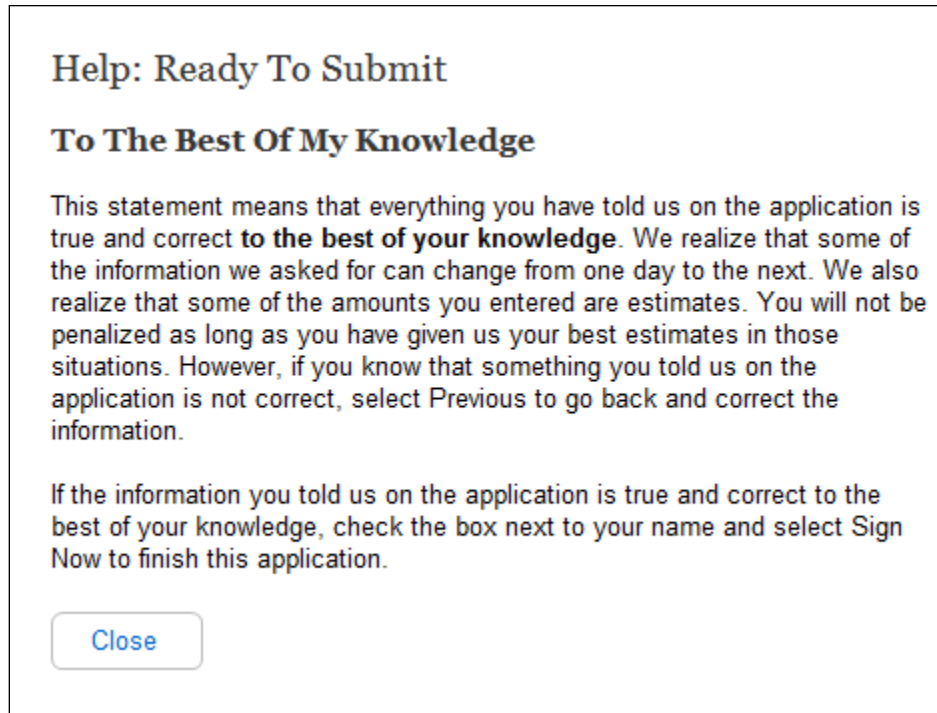
Help: Other than your home and the property on which it is located, do you own any real estate?

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.

Close

A. *Help: Ready to submit*

User Interface



**Privacy Act Statement  
Collection and Use of Personal Information**

**Application for Extra Help with Medicare Prescription Drug Plan Costs**

Section 1860 D-14 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine if you are eligible for help paying your share of the cost of a Medicare prescription drug plan.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your application.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices 60-0090, entitled Master Beneficiary Record, and 60-0321, entitled Medicare Part D and Part D Subsidy File. Additional information about these and other system of records notices and our programs are available from our Internet website at [www.socialsecurity.gov](http://www.socialsecurity.gov) or at your local Social Security office.