


MAPS Application Taking Screens (1020)

Applicant Information

MAPS VALIDATION		Sunday, September 17, 2017	PolicyNet	CSR Query
Applicant Name: John Doe		Applicant SSN: 555555555	Applicant SNO: No Special Notice Option Selected	
Phone Number: (555) 555-5555		Languages: English(S)-English(W)		
Subsidy Application ➔ Applicant Information <input checked="" type="checkbox"/> No. of Relatives <input checked="" type="checkbox"/> Savings & Accounts <input checked="" type="checkbox"/> Burial & Real Estate <input checked="" type="checkbox"/> Unearned Income <input checked="" type="checkbox"/> Application Summary <input checked="" type="checkbox"/> Medicare Savings Program <input checked="" type="checkbox"/> Contact Information <input checked="" type="checkbox"/> Third Party Info	Applicant Information			
	Marital Status			
	Single			
	Applicant's Name			
	John Doe			
	Applicant's Social Security Number/ID#			
	555555555			
Spouse's Name				
Spouse's Social Security Number/ID#				
Who is applying?				
<input checked="" type="radio"/> Only you are applying				
<input type="radio"/> Both you and your spouse are applying on this application				
<input type="radio"/> Not Yet Answered				
Have you (or spouse if married and living together) worked in the last two years?				
<input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered				
		<input type="button" value="Continue"/>	<input type="button" value="Save and Return"/>	


Number of Relatives

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Phone Number: (555) 555-5555		Languages: English(S)-English(W)		
Subsidy Application	No. of Relatives			
<input checked="" type="checkbox"/> Applicant Information	How many relatives live with you or your spouse and depend on you or your spouse for at least one-half of their financial support? A relative is someone related to you or your spouse by blood, adoption, or marriage. Do not include yourself or your spouse in the number you enter.			
<input checked="" type="checkbox"/> No. of Relatives	<input type="text" value="7"/>			
<input checked="" type="checkbox"/> Savings & Accounts	<input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/>			
<input checked="" type="checkbox"/> Burial & Real Estate				
<input checked="" type="checkbox"/> Unearned Income				
<input checked="" type="checkbox"/> Application Summary				
<input checked="" type="checkbox"/> Medicare Savings Program				
<input checked="" type="checkbox"/> Contact Information				
<input checked="" type="checkbox"/> Third Party Info				



Savings and Accounts

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Phone Number: (555) 555-5555		Languages: English(S)-English(W)		

Subsidy Application <ul style="list-style-type: none"><input checked="" type="checkbox"/> Applicant Information<input checked="" type="checkbox"/> No. of Relatives➔ Savings & Accounts<input checked="" type="checkbox"/> Burial & Real Estate<input checked="" type="checkbox"/> Unearned Income<input checked="" type="checkbox"/> Application Summary<input checked="" type="checkbox"/> Medicare Savings Program<input checked="" type="checkbox"/> Contact Information<input checked="" type="checkbox"/> Third Party Info 	<h3>Savings and Accounts</h3> <p>If not Married or you do not live with your spouse, If you are Married and living with your spouse, do you have Savings, Investments or Real Estate worth more than \$13,820?</p> <p><input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Sure</p> <p>Do you (and your spouse if married and living together) own any of the following items, including items that either of you own separately, jointly or with another person? Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.</p> <p>Bank Accounts (checking, savings and certificates of deposit)</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total \$ <input type="text"/></p> <p>Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total \$ <input type="text"/></p> <p>Any other cash at home or anywhere else</p> <p><input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>If Yes, enter the combined total \$ <input type="text"/></p> <p style="text-align: center;"><input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/></p>
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Burial and Real Estate

MAPS VALIDATION Sunday, September 17, 2017 • [PolicyNet](#) • [CSR Query](#)

Applicant Name: John Doe Applicant SSN: 55555555 Applicant SNO: No Special Notice Option Selected
Phone Number: (555) 555-5555 Languages: English(S)-English(W)

Subsidy Application

- Applicant Information
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate**
- Unearned Income
- Application Summary
- Medicare Savings Program
- Contact Information
- Third Party Info

Burial and Real Estate

Will some money from the sources listed in questions above be used to pay for funeral or burial expenses? If yes, skip to the next question. Otherwise, enter no.

You Yes No


Spouse Yes No

Other than your home and the property on which it is located, do you (and your spouse if married and living together) own any real estate? Examples of other Real Estate are Summer homes, rental properties, or undeveloped land you own.

Yes No Not Yet Answered

Current Market Value \$

Amount Owed \$



Unearned Income

MAPS VALIDATION

Sunday, September 17, 2017

[PolicyNet](#)

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Applicant Name: John Doe
Phone Number: (555) 555-5555

Applicant SSN: 555555555
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

- Subsidy Application
- Applicant Information
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- ➔ Unearned Income**
- Application Summary
- Medicare Savings Program
- Contact Information
- Third Party Info



Unearned Income

Do you (and your spouse if married and living together) receive income from any of the following sources?

- If Yes, enter the TOTAL MONTHLY INCOME
- If the amount for you and your spouse is combined, enter the total amount in the field for you
- 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
- Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here.

Railroad Retirement Benefits Before Deductions

You Yes No Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$0

Spouse Yes No Not Yet Answered

If yes, average monthly amount \$

Agency Reported Amount \$

Total Railroad Retirement \$

You Previously reported amount \$

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, enter the monthly amount \$

Spouse Previously reported amount \$

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, enter the monthly amount \$

Total Railroad Retirement \$

Veterans Benefits Before Deductions

You Yes No

Agency Reported Amount \$0

Spouse Yes No

Agency Reported Amount \$

Total Veterans \$0

You Agency Reported Amount \$

Spouse Agency Reported Amount \$

Total Veterans \$

Unearned Income (continue)

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Applicant Name: John Doe		Applicant SSN: 55555555	Applicant SNO: No Special Notice Option Selected	
Phone Number: (555) 555-5555		Languages: English(S)-English(W)		
<p>Subsidy Application</p> <ul style="list-style-type: none"> <input checked="" type="checkbox"/> Applicant Information <input checked="" type="checkbox"/> No. of Relatives <input checked="" type="checkbox"/> Savings & Accounts <input checked="" type="checkbox"/> Burial & Real Estate <input checked="" type="checkbox"/> Unearned Income <input checked="" type="checkbox"/> Application Summary <input checked="" type="checkbox"/> Medicare Savings Program <input checked="" type="checkbox"/> Contact Information <input checked="" type="checkbox"/> Third Party Info 	<p>Other Pensions or Annuities Before Deductions. Do Not include money from the accounts listed earlier.</p> <p>You <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>If yes, average monthly amount \$ <input type="text"/></p> <p>Agency Reported Amount \$0</p> <p>Spouse <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>If yes, average monthly amount \$ <input type="text"/></p> <p>Agency Reported Amount \$</p> <p style="text-align: right;">Total Pensions and Annuities \$ <input type="text"/></p> <p>You Previously reported amount \$</p> <p> <input type="radio"/> Yes, this amount is correct <input type="radio"/> No, this amount has changed <input checked="" type="radio"/> Not Yet Answered</p> <p> If no, enter the monthly amount \$ <input type="text"/></p> <p>Spouse Previously reported amount \$</p> <p> <input type="radio"/> Yes, this amount is correct <input type="radio"/> No, this amount has changed <input checked="" type="radio"/> Not Yet Answered</p> <p> If no, enter the monthly amount \$ <input type="text"/></p> <p style="text-align: right;">Total Pensions and Annuities \$ <input type="text"/></p> <p>Other unearned income, including alimony, net rental income, worker's compensation, unemployment, private or state disability payments, etc.</p> <p>You <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>If Yes, specify type of income</p> <p><input type="text"/></p> <p>Enter average monthly amount \$ <input type="text"/></p> <p>Agency Reported Amount \$0</p> <p>Spouse <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>If Yes, specify type of income</p> <p><input type="text"/></p> <p>Enter average monthly amount \$ <input type="text"/></p> <p>Agency Reported Amount \$</p> <p style="text-align: right;">Total Other Income \$ <input type="text"/></p> <p>You Previously reported amount \$</p> <p> <input type="radio"/> Yes, this amount is correct <input type="radio"/> No, this amount has changed <input checked="" type="radio"/> Not Yet Answered</p> <p> If no, specify type of income</p> <p><input type="text"/></p> <p> If no, enter the monthly amount \$ <input type="text"/></p>			



Unearned Income (continue)

MAPS VALIDATION Sunday, September 17, 2017 [PolicyNet](#) [CSR Query](#)

Applicant Name: John Doe Applicant SSN: 555555555 Applicant SNO: No Special Notice Option Selected
Phone Number: (555) 555-5555 Languages: English(S)-English(W)

Subsidy Application

- Applicant Information
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income**
- Application Summary
- Medicare Savings Program
- Contact Information
- Third Party Info

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, enter the monthly amount \$

Spouse Previously reported amount \$

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, enter the monthly amount \$

Total Pensions and Annuities \$

Other unearned income, including alimony, net rental income, worker's compensation, unemployment, private or state disability payments, etc.

You Yes No Not Yet Answered

If Yes, specify type of income

Enter average monthly amount \$

Agency Reported Amount \$0

Spouse Yes No Not Yet Answered

If Yes, specify type of income

Enter average monthly amount \$

Agency Reported Amount \$

Total Other Income \$

You Previously reported amount \$

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, specify type of income

If no, enter the monthly amount \$

Spouse Previously reported amount \$

Yes, this amount is correct No, this amount has changed Not Yet Answered

If no, specify type of income

If no, enter the monthly amount \$

Total Other Incomes \$

Have any of these amounts decreased during the last two years?

Yes No Not Yet Answered

Earned Income

MAPS VALIDATION Sunday, September 17, 2017 [MAPS Help](#) • [PolicyNet](#) • [CSR Query](#) **ATEI**

Applicant Name: John Doe Applicant SSN: 555555555 Applicant SNO: No Special Notice Option Selected
Phone Number: (555) 555-5555 Languages: English(S)-English(W)

Subsidy Application

- Applicant Information
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income
- Earned Income**
- Work Expenses for Disability & Work Stop Date
- Application Summary
- Medicare Savings Program
- Contact Information
- Third Party Info

Earned Income

Do you expect to earn wages this calendar year?

Yes No Not Yet Answered

If yes, total amount BEFORE TAXES and DEDUCTIONS \$ [REDACTED]
Agency Reported Amount \$0


If self-employed, do you expect NET earnings or a net loss this calendar year?

Yes No Not Yet Answered

If yes, expected NET earnings or loss this year \$ [REDACTED] Net Loss
Agency Reported Amount \$0


Have your wages before taxes or net earnings from self-employment decreased in the last two years?

Yes No Not Yet Answered



Work Expenses for Disability and Work Stop Date

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Subsidy Application <ul style="list-style-type: none"><input checked="" type="checkbox"/> Applicant Information<input checked="" type="checkbox"/> No. of Relatives<input checked="" type="checkbox"/> Savings & Accounts<input checked="" type="checkbox"/> Burial & Real Estate<input checked="" type="checkbox"/> Unearned Income<input checked="" type="checkbox"/> Earned Income➔ Work Expenses for Disability & Work Stop Date<input checked="" type="checkbox"/> Application Summary<input checked="" type="checkbox"/> Medicare Savings Program<input checked="" type="checkbox"/> Contact Information<input checked="" type="checkbox"/> Third Party Info 	<h3>Work Expenses for Disability and Work Stop Date</h3> <p>If YOU recently stopped working or plan to stop working then enter the month and year that YOU stopped or plan to stop.</p> <p>Month (MM): <input type="text"/> Year (YYYY): <input type="text"/></p> <p>If YOUR SPOUSE (if married and living together) recently stopped working or plans to stop working then enter the month and year that YOUR SPOUSE stopped or plans to stop.</p> <p>Month (MM): <input type="text"/> Year (YYYY): <input type="text"/></p> <p>Do you (or your spouse if married and living together) have to pay for things related to a disability or blindness (as defined under the rules set by Social Security for blindness and disability) that enable you to work? Examples of such expenses include:</p> <ul style="list-style-type: none">• Cost of drugs and medical treatment for AIDS, cancer, depression or epilepsy• Vehicle modifications, driver assistance or other work-related transportation needs• Wheelchair• Personal attendant services• Work-related assistive technology• Guide dog expenses• Sensory and Visual aids• Braille translations <p>You: <input type="radio"/> Yes <input type="radio"/> No <input checked="" type="radio"/> Not Yet Answered</p> <p>Spouse: <input type="radio"/> Yes <input checked="" type="radio"/> No <input type="radio"/> Not Yet Answered</p> <p>IRWE/BWE Money Amount - You: \$ <input type="text"/></p> <p>IRWE/BWE Money Amount - Spouse: \$ <input type="text"/></p> <p style="text-align: right;"><input type="button" value="Calculate IRWE/BWE"/></p> <p style="text-align: center;"><input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/></p>
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Application Summary

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Applicant Name: John Doe		Applicant SSN: 55555555	Applicant SNO: No Special Notice Option Selected	
Phone Number: (555) 555-5555		Languages: English(S)-English(W)		
Subsidy Application <input checked="" type="checkbox"/> Applicant Information <input checked="" type="checkbox"/> No. of Relatives <input checked="" type="checkbox"/> Savings & Accounts <input checked="" type="checkbox"/> Burial & Real Estate <input checked="" type="checkbox"/> Unearned Income <input checked="" type="checkbox"/> Application Summary <input checked="" type="checkbox"/> Medicare Savings Program <input checked="" type="checkbox"/> Contact Information <input checked="" type="checkbox"/> Third Party Info	Application Information Edit Data			
	Marital Status	Single		
	Applicant's Name	John Doe		
	Applicant's SSN	555555555		
	Spouse's Name			
	Spouse's SSN			
	No. of Relatives Edit Data			
	Relatives who live with you and you provide at least one-half of their financial support	7		
	Savings and Accounts Edit Data			
	Savings, investments and real estate worth more than \$13,820	No		
	Bank Accounts	No		
	Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments	No		
	Other cash at home or anywhere else	No		
	Burial and Real Estate Edit Data			
	Money to be used for burial expenses - You	Yes		
	Money to be used for burial expenses - Spouse	Yes		
	Other real estate	No		
	Unearned Income Edit Data			
	Railroad Retirement Income - You	No		
	Railroad Retirement Income - Spouse	Not Yet Answered		
Veterans Income - You	No			
Veterans Income - Spouse	Not Yet Answered			
Other Pension Income - You	No			
Other Pension Income - Spouse	Not Yet Answered			
Other Unearned Income - You	No			
Other Unearned Income - Spouse	Not Yet Answered			
Have any of these amounts decreased during the last two years?	No			
<input type="button" value="Continue"/> <input type="button" value="Previous"/> <input type="button" value="Save and Return"/>				



Medicare Savings Program

MAPS VALIDATION

Sunday, September 17, 2017

[PolicyNet](#)

[CSR Query](#)

Applicant Name: John Doe

Applicant SSN: 555555555

Applicant SNO: No Special Notice Option Selected

Phone Number: (555) 555-5555

Languages: English(S)-English(W)

Subsidy Application

Applicant Information

No. of Relatives

Savings & Accounts

Burial & Real Estate

Unearned Income

Application Summary

Medicare Savings Program

Contact Information

Third Party Info

Medicare Savings Program

You may be able to get help from your state with your Medicare cost under the Medicare Savings Programs. To start your application process for the Medicare Savings Program, Social Security will send information from this form to your state unless you tell us not to.

If you are NOT interested in filing for the Medicare Savings Programs then select the "Don't Send" radio button.

Send

Don't Send

[Continue](#)

[Previous](#)

[Save and Return](#)



Contact Info

MAPS VALIDATION

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[CSR Query](#)

Applicant Name: John Doe

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Contact Information

Your Phone Number
() -

Address Source: Master Beneficiary Record

Your Mailing Address

Street Address

Apartment No.

Address Line 3

Address Line 4

City State Zip -

(To change the address/phone number on the MBR, POS must be used)

If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.

Contact Person's Name

First M.I. Last Suffix

Contact Person's Phone Number () -

Third Party Info

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Languages: English(S)-English(W)

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Third Party Information

If you are assisting someone else, select the box that describes who you are and provide your daytime number and address.

- Not Applicable
- Family Member
- Friend
- Attorney
- Agency
- Advocate
- Social Worker
- Other

Specify

Assisting Person Name

First M.I. Last Suffix

Phone Number () -

Assisting Person's Address

Street Address

Apartment No.

Address Line 3

Address Line 4


City State Zip -

Penalty of Perjury

MAPS VALIDATION	Sunday, September 17, 2017	PolicyNet	CSR Query
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Phone Number: (555) 555-5555		Applicant SNO: No Special Notice Option Selected	
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- ➔ Penalty of Perjury**



Penalty of Perjury

IWe understand that the Social Security Administration (SSA) will check myour 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 amwe are authorizing SSA to obtain and disclose information related to myour income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about myour wages, account balances, investments, benefits and pensions.

Unless you told us not to, I amwe are authorizing SSA to disclose the financial information listed above and other individual identifiable information from myour file, such as myour names, date of birth, gender and social security numbers to the state to start the application process for Medicare Savings Programs.

IWe declare under penalty of perjury that lwe have examined all the information on this form and it is true and correct to the best of myour knowledge.

You

- Applicant attests that all information provided on this application is correct.
- Applicant declines Attestation
- Not Yet Answered

Spouse

- Spouse attests that all information provided on this application is correct.
- Spouse declines Attestation
- Not Yet Answered

Print

Print Receipt When Finished.