

# New Redetermination – Applicant Information

MAPS VALIDATION

Wednesday, May 31, 2017


• PolicyNet

Applicant Name	Applicant SSN	Applicant SNO: No Special Notice Option Selected
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**Subsidy Redetermination**

➔ Applicant Information

- Worksheet Screening & Stop Work Date
- No. of Relatives
- Savings & Accounts
- Burial & Real Estate
- Unearned Income
- Earned Income
- Application Summary
- Contact Information
- Third Party Info



### Applicant Information

This MAPS redetermination/SCE is being taken via:

**Applicant**

First  M.I.  Last  Suffix

Applicant's Social Security Number

Applicant's Date of Birth (MM/DD/YYYY)

Applicant's Medicare Claim Number

If your marital status has changed and you have not reported the change to us, what is your marital status? If your marital status has not changed, please leave the question marked "Not Applicable"

Married     Divorced/Widowed/Separated/Annulled     Not Applicable

**Spouse**

First  M.I.  Last  Suffix

Spouse's Social Security Number

Spouse's Date of Birth (MM/DD/YYYY)

# New Redetermination – Subsidy Changing Event

MAPS VALIDATION

Wednesday, May 31, 2017

[PolicyNet](#)

[CSR Query](#)

Applicant Name: [REDACTED]    Applicant SSN: [REDACTED]    Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED]    Languages: English(S)-English(W)

**Subsidy Redetermination**

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**Subsidy Change Event**

Event Type:

Date Of Report:

Event Date:

Who is reporting:

On Behalf of:

Description:

New Redetermination – Worksheet Screening and Stop Work Date

MAPS VALIDATION

Wednesday, May 31, 2017

[PolicyNet](#)

[CSR Query](#)

Applicant Name: [REDACTED]    Applicant SSN: [REDACTED]    Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED]    Languages: English(S)-English(W)

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**Worksheet Screening and Work Stop Date**

If you (and your spouse if married and living together) work and plan to stop working, enter month and year. Otherwise, click "Continue".

If YOU recently stopped working or plan to stop working, then enter the month and year that YOU stopped or plan to stop.

Month (MM):  Year (YYYY):

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.

Month (MM):  Year (YYYY):

Applicant Name: [Redacted]  
Phone Number: [Redacted]

Applicant SSN: [Redacted]

Applicant SNO: No Special Notice Option Selected

Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

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**No. of Relatives**

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.

Previously reported number: 7

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

If no, enter the value

Applicant Name: [REDACTED]  
Phone Number: [REDACTED]

Applicant SSN: [REDACTED]  
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

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### Savings and Accounts

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.

**Bank Accounts (checking, savings and certificates of deposit)**

Previously reported amount \$396

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

If no, enter the value \$

**Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments**

Previously reported amount \$1600

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

If no, enter the value \$

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

Previously reported amount \$0

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

If no, enter the value \$

Applicant Name: [Redacted]  
Phone Number: [Redacted]

Applicant SSN: [Redacted]

Applicant SNO: No Special Notice Option Selected

Languages: English(S)-English(W)

**Subsidy**

**Redetermination**

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**Burial and Real Estate**

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?

We need to know if you own any property other than the home and the property on which it is located.

Previously reported value of real estate \$0

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

If no, enter Real Estate Current Market Value \$

If no, enter Real Estate Amount Owed \$

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

Applicant Name: [Redacted]      Applicant SSN: [Redacted]      Applicant SNO: No Special Notice Option Selected  
 Phone Number: [Redacted]      Languages: English(S)-English(W)

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**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 \$**

**Spouse**       Yes    No    Not Yet Answered

**If yes, average monthly amount**      \$ [ ]

**Agency Reported Amount \$**

**Total Railroad Retirement**      \$ [ ]

**You**      Previously reported amount \$0

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** \$0

**Veterans Benefits Before Deductions**

**You**       Yes    No

**Agency Reported Amount \$**

**Spouse**       Yes    No

**Agency Reported Amount \$**

**Total Veterans**      \$ [ ]

**You**      Agency Reported Amount \$0

**Spouse**      Agency Reported Amount \$

1026 New Application – Unearned Income (Continued)

**Other Pensions or Annuities Before Deductions. Do Not include money from the accounts listed earlier.**

**You**     Yes    No    Not Yet Answered

**If yes, average monthly amount**                      \$

**Agency Reported Amount \$**

**Spouse**     Yes    No    Not Yet Answered

**If yes, average monthly amount**                      \$

**Agency Reported Amount \$**

**Total Pensions and Annuities**                      \$

**You**    Previously reported amount \$0

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 \$

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 \$0

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 Income \$

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

Yes  No  Not Yet Answered

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Applicant Name: [REDACTED] Applicant SSN: [REDACTED] Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED] Languages: English(S)-English(W)

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**Earned Income**

We need to know about annual earned income from work that you, your spouse (or if married and living together, both of you) have ?

You Previously Reported Amount \$0

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

If no, please enter the total annual amount BEFORE TAXES and deductions \$

Spouse Previously Reported Amount \$

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

If no, please enter the total annual amount BEFORE TAXES and deductions \$

Total Wages Before Taxes and Deductions \$

If self-employed, do you (or your spouse if married and living together) expect NET earnings or a net loss this year?

You Previously reported amount \$0

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

If no, enter the total annual amount BEFORE taxes \$   Net Loss

Spouse Previously reported amount \$

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

If no, enter the total annual amount BEFORE taxes \$   Net Loss

Total Self-employment Net Earnings \$

Applicant Name: [REDACTED]  
Phone Number: [REDACTED]

Applicant SSN: [REDACTED]  
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

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**Work Expenses for Disability**

Do you, your spouse (if married and living together) or both have to pay for things that enable you to work (also known as disability or blind work expenses)? We will count only a part of your earnings toward 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 include:

- Cost of drugs and medical treatment for AIDS, cancer, depression or epilepsy
- Vehicle modifications, driver assistance or other special work-related transportation needs
- Wheelchair
- Personal attendant services
- Work-related assistive technology
- Guide dog expenses
- Sensory and Visual aids
- Braille translations

You:  Yes  No  Not Yet Answered

Spouse:  Yes  No  Not Yet Answered

IRWE/BWE Money Amount - You: \$

Calculate IRWE/BWE

IRWE/BWE Money Amount - Spouse: \$

Continue

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1026 New Application – Application Summary

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Wednesday, May 31, 2017

[PolicyNet](#)

[CSR Query](#)

Applicant Name: [Redacted]  
Phone Number: [Redacted]

Applicant SSN: [Redacted]  
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

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<b>Redetermination Information</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
<b>Marital Status</b>				
[Redacted]				
<b>Applicant's Name</b>				
[Redacted]				
<b>Applicant's SSN</b>				
[Redacted]				
<b>Spouse's Name</b>				
[Redacted]				
<b>Spouse's SSN</b>				
[Redacted]				
<b>Stop Work Date</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Stopped working or plan to stop working - No You			No	
Stopped working or plan to stop working - No Spouse			No	
<b>No. of Relatives</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Relatives who live with you and you provide at least one-half of their financial support		7	7	
<b>Savings and Accounts</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Bank Accounts		Yes 396	Yes 396	
Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments		Yes 1600	Yes 1600	
Other cash at home or anywhere else		Yes	No	
<b>Burial and Real Estate</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Money to be used for burial expenses - You		Yes	Yes	
Money to be used for burial expenses - Spouse			Yes	
Other real estate		No	No	
<b>Unearned Income</b>		<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Railroad Retirement Income - You		No	No	
Railroad Retirement Income - Spouse			Not Yet Answered	
Veterans Income - You		No	No	
Veterans Income - Spouse			Not Yet Answered	
Other Pension Income - You		No	No	

1026 New Application – Application Summary (Continued)

<b>Unearned Income</b>	<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Railroad Retirement Income - You	No	No	
Railroad Retirement Income - Spouse		Not Yet Answered	
Veterans Income - You	No	No	
Veterans Income - Spouse		Not Yet Answered	
Other Pension Income - You	No	No	
Other Pension Income - Spouse		Not Yet Answered	
Other Unearned Income - You	No	No	
Other Unearned Income - Spouse		Not Yet Answered	
<b>Earned Income</b>	<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Wages this year before taxes - You	No	No	
Wages this year before taxes - Spouse		Not Yet Answered	
Self-employment net earnings this year - You	No	No	
Self-employment net earnings this year - Spouse		Not Yet Answered	
<b>Work Expenses for Disability</b>	<a href="#">Prior Application Data</a>	<a href="#">Redetermination Data</a>	<a href="#">Edit Data</a>
Work Expenses For Disability - You	No	No	
Work Expenses For Disability - Spouse	No	No	

1026 New Application – Contact Information

MAPS VALIDATION

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Applicant Name: [REDACTED]    Applicant SSN: [REDACTED]    Applicant SNO: No Special Notice Option Selected  
Phone Number: [REDACTED]    Languages: English(S)-English(W)

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**Contact Information**

Your Phone Number

( [REDACTED] ) [REDACTED] - [REDACTED]

Address Source: Master Beneficiary Record

Your Mailing Address

Street Address [REDACTED]

Apartment No. [REDACTED]

Address Line 3 [REDACTED]

Address Line 4 [REDACTED]

City [REDACTED] State [REDACTED] Zip [REDACTED] - [REDACTED]

(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 [REDACTED] M.I. [REDACTED] Last [REDACTED] Suffix [REDACTED]

Contact Person's Phone Number ( [REDACTED] ) [REDACTED] - [REDACTED]

Applicant Name: [REDACTED]  
Phone Number: [REDACTED]

Applicant SSN: [REDACTED]  
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

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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  -

Applicant Name: [REDACTED]  
Phone Number: [REDACTED]

Applicant SSN: [REDACTED]  
Languages: English(S)-English(W)

Applicant SNO: No Special Notice Option Selected

**Subsidy**

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- Penalty of Perjury**



**Penalty of Perjury**

I We 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 form 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.

I We 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.

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