

Revisions to Form CMS 18-F-5 Application for Hospital Insurance

The form was updated to include instructions and to provide clarity. There were no statutory or regulatory changes. The form changes did not affect the burden.

Changes

Question	Updated Form	Original Form	Reason for Change	Burden Effect
Instructions Page • Who can use this application? • When do you use this application? • What information do you need to complete this application? • What's next? • How do I get help with this application? • HSA • Part A reminder	Page 1	N/A	An instructions page was created to provide applicants with additional information about the forms intended audience, when the form should be used, what information is needed to complete the form, and what the next steps are.	N/A
Additional Information Premium Part A and Part B	Page 2	N/A	The additional information page was created to provide applicants with key information about enrollment periods and potential enrollment penalties.	N/A
Applicant Personal Information	Page 3, Question 1 Tell Us About Yourself	Page 1 1 a. Name 1b. Name at Birth	This section was updated to remove questions related to public or religious birth records before	N/A

	1a. Social Security Number 1b. Your Name 1c. Name at Birth 1d. Sex 1e. Date of Birth 1f. State or Country of Birth 1g. Mailing Address 1h. Address of permanent residence 1i. Phone Number	1c. Sex 2. Social Security Number 3a. Date of Birth 3b. State or foreign country of birth 3c. Was a public record of your birth made before you were age 5? 3d. Was a religious record of your birth made before you were 5? 4 a. Have you (or someone on your behalf) ever filed an application for social security benefits, a period of disability under social security supplemental security income, or hospital insurance under Medicare? 4b. Enter the name of person on whose social security record you filed other application? 4c. Enter social security number of person named in (b)	age 5 (questions 3c and 3d). Removed questions related to previous application filings (questions 4a-c).	
Work History	Page 3, Question 2	Pages 1-2 Questions 5-8	Removed questions about military status (questions 5a-c), and work	N/A

	2a. How much were your total earnings last year? 2b. How much do you expect your total earnings to be this year? 2c. Did you work in the railroad industry after January 1, 1937?	5a. Were you active in the military or National Guard active duty or active duty training after September 7, 1939? 5b. Enter dates of service. 5c. Have you ever been (or will you be) eligible for monthly benefit from a military civilian federal agency? 6. Did you work in the railroad industry any time on or after January 1, 1937? 7a. Have you ever engaged in work that was covered under the social security system of a country other than the United States? 7b. List countries 8a. How much were your total earnings last year? 8b. How much do you expect your total earnings to be this year?	outside of the U.S. (questions 7a-b).	
Citizenship	Page 3, Question 3 3a. Are you a United States Citizen?	Page 2 Questions 9-10 9. Are you a resident of the United States?	Added questions about permanent residence in the U.S. Also rephrased questions about citizenship and lawful presence.	

	3b. Are you lawfully present in the U.S.? 3c. When did you become lawfully present in the U.S.? 3d. Are you currently a resident of the U.S.? 3e. When did you become a resident of the U.S.? 3f. Have you reside in the U.S. without a break for the past 5 years? 3g. Enter where you lived for the last 5 years and the dates you lived there. 3h. Have you been outside the U.S. in the last 5 years?	10a. Are you a citizen of the United States? 10b. Are you lawfully admitted for permanent residence in the United States? C. Enter information requested about place of residence in the last 5 years.	Removed requirement to provide addresses to show 5 years of residency.	
Marital Status	Page 3 Question 4 4a. Are you currently married? 4b. Spouse's Name 4c. Spouses Date of Birth 4d. Spouses Social Security Number 4e. Date of Marriage 4f. If not married now, did you have a former marriage that lasted 10 or more years OR ended in death? 4g. Name of former spouse?	Page 2, Questions 11-13 11. Are you currently married? To who married? When? Spouse's date of birth (or age)? Spouses Social Security Number? 12. If you had a previous marriage and your spouse died, OR if you had a previous marriage which lasted 10 or more years, give the following information. To who married? When?	Changed the format of the questions to fit the scope of the new form. Deleted the question about spouse's railroad work (question 13). Relocated the questions related to civilian government employment (questions 14 a-d).	N/A

	4h. Former spouse's date of birth? 4i. Former spouse's social security number? 4j. Date of former marriage? 4k. Date former marriage ended? 4l. Date of former spouse's death, if deceased? 4m. Do you have another marriage that lasted 10 years or ended in death?	Spouse's date of birth (or age)? Spouses Social Security Number? If spouse deceased, give date of death. 13. Is or was your spouse a railroad worker, railroad retirement pensioner, or a railroad retirement annuitant? 14a. Were you or your spouse a civilian employee of the Federal Government after June 1960? 14b. Are you or your spouse now covered under a medical insurance plan provided by the Federal Employees Health Benefits Act of 1959? 14c. Are you and your spouse barred from coverage under the above Act because your Federal employment, or your spouse's was not long enough? 14d. Were either you or your spouse an employee of the Federal		
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		Government after February 15, 1965?		
Enrollment in premium Part A and Part B Prior healthcare coverage	Page 4 Items 5-6 5a. If you have to pay a premium for Part A, do you still want to get Part A? 5b. Do you want to sign up for Part B? 6a. Do you have Medicaid? 6b. Do you currently have (or did you have) coverage through an employer or union group health plan? 6c. Are you currently (or were you) an international volunteer for a non-profit organization and have or had health coverage provided to you? 6d. Enter dates of employment (or volunteer work) and health coverage 6e. Are you or your spouse currently getting retirement benefits from the Office of Personnel Management (OPM)	Page 3 question 15, Page 4 questions 16-17 15. If you are found to be otherwise ineligible for hospital insurance under Medicare, do you wish to enroll for hospital insurance on a monthly premium basis (in addition to the monthly premium for supplementary medical insurance)? 16. Do you wish to enroll for Supplemental Medical Insurance? 17. Are you or your spouse receiving an annuity under the Federal Civil Service Act or other law administered by the Office of Personnel Management? Enter your number. Enter your spouse's number. If you entered your spouse's number, is he (she) enrolled for supplementary medical	Changed the format of the questions to fit the scope of the new form. Added questions in reference to international volunteer health coverage.	N/A

	6f. Your OPM retirement claim number 6g. Your spouse's OPM retirement claim number 6h. Do you want to have your Part B premiums deducted from your spouse's retirement benefits?	insurance under social security?		
Step by step instructions	Pages 6-7	N/A		