



# 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 \$29,520, if you are married and living with your spouse, or \$14,790 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.

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](#).

### What Do You Want To Do?

### Not Sure If You Should Use This?

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



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

### 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 \$29,520 if you are married and living with your spouse; or \$14,790 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?](#)



# Social Security

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## Extra Help With Medicare Prescription Drug Plan Costs

### Welcome Back!

Please enter the applicant's Social Security and Reentry Numbers to return to the Application For Extra Help With Medicare Prescription Drug Plan Costs already started. If you do not have the applicant's Reentry Number, you will not be able to continue with the application already begun. You may start a new online application up to three times. If you have a problem using this online application, call our toll-free number at 1-800-772-1213 (TTY 1-800-325-0778) and they will help you. However, Social Security cannot access the applicant's Reentry Number.

**Applicant's Social Security Number (SSN):**

**Reentry Number:**

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?](#)





# Social Security

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## Extra Help With Medicare Prescription Drug Plan Costs


### 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: \*\*\*-\*\*-1212

Reentry Number: 96351241

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

### To Come Back To This Application:

1. Go to this website: <http://www.socialsecurity.gov/i1020/>; 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 **November 22, 2014**; 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.



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## 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.

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

**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
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 [Need Help?](#)



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## 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](#)





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## 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:

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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?

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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.

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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 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:

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

[? Need Help?](#)

### About You

**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 2014 or 2015?** [? More Info](#)

No  Yes

### About Your Spouse

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

Enter your spouse's name as it appears on his or her most recent Social Security card.

First  M.I.  Last  Suffix

**Spouse's Social Security Number (SSN):** [? More Info](#)

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

--  
 Month  Day  Year

**Has your spouse worked in 2014 or 2015?** [? More Info](#)

No  Yes

## Contact Information

We have changed our 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

**If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?** [? More Info](#)

No Yes

**Do you have combined savings, investments and real estate worth more than \$27,250?** [? More Info](#)

Include the things you own by yourself, with your spouse, 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.**

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.

**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





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- 1 Find Out If You Qualify
- 2 Complete Application
- 3 Review
- 4 Submit
- 5 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 2020 or 2021?** [? More Info](#)

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

[? Need Help?](#)

### Contact Information

I have changed my address within the last three months.

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

Street Line 1:

Street Line 2:  [+ Add Line](#)

**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 \$14,790?** [?](#) [More Info](#)

Include the things you own by yourself 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.**

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 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.





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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 People You Are Helping

We need some basic information about how to contact you and the people 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:

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**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](#)

Family Member

**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:**

Maryland

### About The Person You Are Helping

**Primary Applicant's Name:**

John Doe

**Primary Applicant's Social Security Number (SSN):**

743382701

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

January 1, 1900

**Has the primary applicant worked in 2014 or 2015?** [? More Info](#)

**Note:** Changing your answer may delete information you have provided about this question or require you to provide additional information.

No Yes

**If the spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?** [? More Info](#)

No Yes

**Do the applicants have combined savings, investments and real estate worth more than \$27,250?** [? More Info](#)

Include the things owned by the primary applicant separately, jointly with his or her spouse, or with another person. **Do NOT count the home they live 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**, they are not eligible for the Extra Help. But, their State may be able to help them with their Medicare costs through their Medicare Savings Programs. To start their application process for Medicare Savings Programs, please see the information below.

**Information about Medicare Savings Programs:** The applicants may be able to get help from their State with their Medicare costs under the Medicare Savings Programs. To start their application process for the Medicare Savings Programs, Social Security will send information from this form unless they tell us not to. **If they want help from the Medicare Savings Programs, do not complete the question below. Just complete and submit the application and their State will contact them.**

If they are **not** interested in filing for the Medicare Savings Programs, please select below.

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

## About The Applicant's Spouse

**Spouse's Name:**

Jane Doe

**Spouse's Social Security Number (SSN):**

743382201

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

February 2, 1901

**Has the applicant's spouse worked in 2014 or 2015?** [? More Info](#)

**Note:** Changing your answer may delete information you have provided about this question or require you to provide additional information.

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:**

Maryland

**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





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- 1** Complete Application
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### 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.

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**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:**

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### 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 2014 or 2015? [?](#) [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 \$13,640?** [?](#) [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.**









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


### Print The Re-entry 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: **\*\*\*-\*\*-3456**

Re-entry Number: **65647326**

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

### To Come Back To This Application:

1. Go to this website: <http://www.socialsecurity.gov/i1020>; 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 14, 2021**; 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.



# Social Security

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

## Extra Help With Medicare Prescription Drug Plan Costs

- 1  Find Out If You Qualify
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- 4  Submit
- 5  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

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### 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.

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### 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 2014 or 2015?** [? More Info](#)

No Yes

**Has your spouse worked in 2014 or 2015?** [? More Info](#)

No Yes

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

No Yes

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

No Yes

**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

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

No Yes

**Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?** [? More Info](#)

No Yes

**Has your spouse stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?**

[? More Info](#)

No Yes

**Does your spouse have to pay for things related to a disability or blindness that enable him or 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

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### 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 2014 or 2015? [? More Info](#)

No Yes

Has your spouse worked in 2014 or 2015? [? More Info](#)

No Yes

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

No Yes

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 2014 or 2015, or plan to stop working in 2015 or 2016? [? More Info](#)

No Yes

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

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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 Medicare prescription drug plan costs, we need to know your income, including wages and self-employment income.

**Have you worked in 2014 or 2015?** [?](#) [More Info](#)

No Yes

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

No Yes

**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 2014 or 2015, or plan to stop working in 2015 or 2016?** [?](#) [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 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 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

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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.

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Monday-Friday 7am-7pm

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

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

### 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

**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

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.

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

[? More Info](#)

No Yes

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

No Yes

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

No Yes

**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 you 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

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

**1-800-772-1213** or

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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.

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

No   Yes

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

No   Yes

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

No   Yes

**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

**Other than your home and the property on which it is located, do you 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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### 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.

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

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#### 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:**

\$







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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.

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#### 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:

\$





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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: \$500.00**

If you use the amounts you enter here, the new total will replace your previous answer.

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

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#### 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:**

\$





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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: \$500.00**

If you use the amounts you enter here, the new total will replace your previous answer.

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

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**Other Types of Income (including alimony, net rental income, workers compensation, unemployment, 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:**

\$





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- 1 Find Out If You Qualify
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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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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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### 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 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 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 your spouse 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

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

No Yes

**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

**Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?** [? More Info](#)

No Yes

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

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**Has your spouse stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?**

[? More Info](#)

No Yes





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

No Yes

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

No Yes

**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

**Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?** [? More Info](#)

No Yes

**Has your spouse stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?**

[? More Info](#)

No Yes

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

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

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

None Net EARNINGS Net LOSS

**Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?** [? More Info](#)

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

[? Need Help?](#)



# Social Security

The 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
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- 5** 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

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

None Net EARNINGS Net LOSS

**Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?** [More Info](#)

No Yes

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

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# Social Security

The 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: Part 2 Of 2

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:

**1-800-772-1213** or  
**TTY 1-800-325-0778**,  
Monday-Friday 7am-7pm

[? Need Help?](#)



# Social Security

The 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
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- 4** Submit
- 5** Print Receipt

### 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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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





# Social Security

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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 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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Monday-Friday 7am-7pm

[? Need Help?](#)



# Social Security

The 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 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.

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

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Monday-Friday 7am-7pm

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# Social Security

The 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 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](#),
3. You may select [Start Over](#) to reenter your information, or
4. 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 [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 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.










# Social Security

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

## Extra Help With Medicare Prescription Drug Plan Costs

 Find Out If You Qualify  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.

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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### About You

#### My Information

Name: **Joe Single**

Social Security Number: **\*\*\* - \*\* - 3456**

Date of Birth: **February 12, 1950**

#### About You

Work Status:

**I did not work in 2020 or 2021.**

**I do not have combined savings, investments, and real estate worth more than \$14,790.**

Medicare Savings Programs:

- You are not interested in the Medicare Savings Programs. If this is not correct, select Edit to go back and change your answer.

**I am not interested in the Medicare Savings Programs.**

#### Mailing Address / Phone

Address: **123 Fake Street, Fakeville, Maryland, 21042**

Phone: **(123) 456-7890**

**I have not changed my address within the last three months.**

Contact Person: **None given**

#### About Your Living Situation

Number of Dependents: **0**

#### Resources

Bank accounts, investments, cash:

**I have no bank accounts.**

**I have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs), or**

similar investments.

**I 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.**

Real estate:

**I do not own any real estate other than my home and the property on which it is located.**

**Income Other Than Wages And Earnings**

Income from pensions, annuities, and other sources:

**I do not receive Social Security benefits.**

**I do not receive Railroad Retirement benefits.**

**I do not receive Veterans benefits.**

**I do not receive other pensions or annuities.**

**I do not receive other income.**

Decrease in income other than wages and earnings:

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





# Social Security

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

## Extra Help With Medicare Prescription Drug Plan Costs

- Find Out If You Qualify
- Complete Application
- Review
- Submit**
- 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.

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?](#)

### 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, **Joe Single**, 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, Joe Single, agree with the terms of agreement above.**










# Social Security

The 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

 **The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on January 13, 2021, 3:22:55 PM.**

We highly recommend that you print or save a copy of the receipt for your records. For instructions on how to save or view the saved file, please refer to the [Save/View Guide](#).

[View & Print Your Receipt](#)

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?](#)

### Successful Submission

#### About You

##### You

Name: **Joe Single**

Social Security Number: **\*\*\* - \*\* - 3456**

Date of Birth: **February 12, 1950**

#### About You

##### You

Have you worked in 2020 or 2021? **No**

Mailing Address: **123 Fake Street, Fakeville, Maryland, 21042**

**I have not changed my address within the last three months**

Telephone Number: **(123) 456-7890**

Do you have combined savings, investments, and real estate worth more than \$14,790? **No or Not Sure**

Medicare Savings Programs: **Not Interested**

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and daytime phone number: **None Provided**

#### 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? **0**

#### Resources

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

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

Do you 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**

Other than your home and the property on which it is located, do you own any real estate? **No**

## Income Other Than Wages And Earnings

Do you receive income from Social Security benefits? **No**

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

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

Do you receive income from other pensions and annuities? **No**

Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, private or State disability payments, etc.? **No**

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





# Social Security

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

## 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

 [Need Help?](#)



 **The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on February 5, 2018, 3:54:46 PM.**

## Successful Submission

### About You and Your Spouse

#### You

Name: **John Doe**

Social Security Number: **743382601**

Date of Birth: **January 1, 1900**

Have you worked in 2011 or 2012? **Yes**

#### Spouse

Name: **Jane Doe**

Social Security Number: **743382201**

Date of Birth: **February 2, 1901**

Has your spouse worked in 2011 or 2012? **No**

Mailing Address: **123 Main Street, Anywhere, Maryland 34567**

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

Telephone Number: **5405559876**

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 \$26,120? **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 daytime phone number: **None Provided**

### 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? **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 pensions and annuities? **Yes, \$500.00 per month**

Does your spouse receive income from other pensions or annuities? **No**

Do you receive income from other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, unemployment, 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, \$2,500.00 before taxes and deductions**

Does your spouse expect to earn wages this calendar year? **Yes, \$5,000.00 before taxes and deductions**

What do you expect your net earnings from self-employment to be this calendar year? **Net earnings of \$2,500.00 this year**

What does your spouse expect their net earnings from self-employment to be this calendar year? **Net earnings of \$2,500.00 this year**

Have these wages or self-employment earnings decreased in the last two years? **No**


Have you stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?

**Yes, stopped/plan to stop October, 2015**

Has your spouse stopped working in 2014 or 2015, or plan to stop working in 2015 or 2016?

**Yes, stopped/plan to stop November, 2015**



 **The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on February 5, 2018, 3:54:46 PM.**

## Successful Submission

### About You

#### You

Name: **John Doe**

Social Security Number: **743382201**

Date of Birth: **January 1, 1900**

Have you worked in 2011 or 2012? **Yes**

Mailing Address: **123 Main Street, Anywhere, Maryland 34567**

**I have not changed my address within the last three months**

Telephone Number: **5405559876**

Do you have combined savings, investments, and real estate worth more than \$13,070? **No or Not Sure**

Medicare Savings Programs: **Not Interested**

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and daytime phone number: **None Provided**

### 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? **0**

### Resources

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

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

Do you 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**

Other than your home and the property on which it is located, do you own any real estate? **No**

### Income Other Than Wages And Earnings

Do you receive income from Social Security benefits? **No**

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

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

Do you receive income from other pensions and annuities? **No**

Do you receive income from other income not listed above, including alimony, net rental income, workers' compensation, unemployment, 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, \$1,500.00 before taxes and deductions**

What do you expect your net earnings from self-employment to be this calendar year? **None**

Have these wages or self-employment earnings decreased in the last two years? **No**

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

**Yes, stopped/plan to stop September, 2012**