

Revisions to Form CMS 40B (OMB 0938-1230) Application for Enrollment in Medicare Part B (Medical Insurance)

The form was updated to add questions related to a respondents Special Enrollment Period (SEP). There were no statutory or regulatory changes. The form changes affected the burden as outlined in the Supporting Statement A.

Changes

Question	Updated Form	Original Form	Reason for Change	Burden Effect
Page 2- Application	Q1. Your Medicare Number	Q1. Your Medicare Number	N/A	N/A
	Q2. Your Name	Q2. Do you wish to enroll in Part B?	Moved to question 6.	N/A
	Q3-5 Mailing address and phone number	Q3. Your Name	Moved to question 2.	N/A
	Q6 Do you wish to enroll in Part B?	Q4-6. Mailing Address and phone number	Moved to questions 3-5.	N/A
	Q7a. Do you currently have (or did you have) coverage through an employer or union group health plan? (If yes, complete 7c.) Q7b. Are you currently (or were you) an international volunteer for a non-profit organization and have or had health coverage	Q7 Written Signature	Moved to Q10.	Burden increased from 5 minutes to 10 minutes to account for the addition of new questions. The new questions were developed

	<p>provided to you? (If yes, complete 7c.)</p> <p>Q7c. Enter dates of employment (or volunteer work) and health coverage below. (Enter all dates as MM/YYYY)</p>			to assist technicians in processing enrollments efficiently.
	<p>Q8. Do you currently have (or did you have) an employer or entity that has requested (or requires) you to enroll into Part B? (If yes, indicate it in the remarks section and send the documentation with this form.)</p>	Q8. Date	Moved to Q11.	<p>Burden increased from 5 minutes to 10 minutes to account for the addition of new questions. The new questions were developed to assist technicians in processing enrollments efficiently.</p>
	Q9. Remarks	Q9-11. Signature, date, and address of witness	Moved to Q12-14.	N/A
	Q10-11. Signature and date of applicant.		N/A	N/A

	Q12-14 Signature, date, and address of witness	Q12. Remarks	Moved to Q9.	N/A
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