Revisions to Form CMS R-285 (OMB 0938-0769) Request for Retirement Benefit Information

This form was updated to add "Medicare" to the title of the form. An introduction page has been added to explain who should use this form, how to submit it, how to get help with completing the form, and how to get information in another format. Section headings A and B have been added to clearly specify which questions should be completed by the applicant (the top of the form) and which should be completed by the employer (questions 1-5 and the signature).

Changes

Updated Form	Original Form	Reason for Change	Burden Effect
Page 1:	Page 1:	Per Office of Communications' (OC) plain language suggestion,	N/A
Form title: <i>Medicare</i> Request for Retirement Benefit Information	Form title: Request for Retirement Information No Introduction Page	the title is being updated to specify that this request for retirement benefit information is a Medicare request.	
Added Introduction page: has been added to explain who should use this form, how to submit it, how to get help with completing the form, and how to get information in another format.	The is a section for the employee to complete their name, SSN, employer name and address, and claimant name and SSN if different from the employee's name. There is a section for	This form format is being updated to mirror the format of other recently updated Medicare Part A and B enrollment forms. The applicant should be informed on who should use the form, how to submit it, how to get help with completing the form, and how to get the form in another format.	
PRA Disclosure Statement is on the introduction page.	the employer to complete that includes 5 questions. There are no section headings to clearly identify which section should be		

	completed by the employee and which should be completed by the employer.		
	PRA Disclousre Statement is on the page with the applicant/employer questions.		
Page 2:	Page 2:	Page 2: Section headings added to clearly	N/A
Added section headings to identify which section should be completed by the employee and which should be completed by the employer.	N/A	identify which section should be completed by the employee and which should be completed by the employer, similar to the CMS-L564.	