

Application for Enrollment in Medicare Medical Insurance (Part B) [GEP SEP IEP

1. RRB Claim Number

2a. Name and Address

2b. If this is a change of address, check box

2c. Daytime Telephone Number

(____) _____

3. Do you want to enroll for Medical Insurance (Part B) under Medicare?

Yes No – Go to item 5a

4a. **Complete this item only if you are filing in a Special Enrollment Period.**

I want my Part B coverage to begin on the first day of:

Month: _____ Year: _____

NOTE: If you enroll during the last 7 months of a Special Enrollment Period, your Part B coverage will be effective the first day of the month after the month in which you enroll.

4b. **Complete this section only if you are filing in a General Enrollment Period (GEP).**

I was covered under a Group Health Plan (GHP) based on active employment prior to filing for Medicare Part B. (Months covered by active GHP will not be counted towards any penalty rate that may be assessed.)

Yes – Attach proof of coverage (required for premium surcharge relief).

No

NOTE: If no proof of Group Health Plan coverage is provided, a penalty may be assessed.

5a. Signature (Do **not** print)

5b. Date Signed

| Month | | Day | | Year | | | |
|-------|--|-----|--|------|--|--|--|
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6. If this application is signed by mark ("X") in Item 5a, a witness who knows the person signing must complete 6a - 6d below:

6a. Signature of Witness

6b. Date Signed

| Month | | Day | | Year | | | |
|-------|--|-----|--|------|--|--|--|
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6c. Address (Number and Street, City, State, and ZIP Code)

6d. Daytime Telephone Number of Witness

(____) _____

7. Remarks

8. **For RRB Use Only**

Officially Filed

Field Office Number:

| Month | | Day | | Year | | | |
|-------|--|-----|--|------|--|--|--|
| | | | | | | | |

By:

ATTESTATION

I understand that anyone who, knowingly and willfully — (1) falsifies, conceals, or covers up by any trick, scheme, or device a material fact; or (2) makes any materially false, fictitious, or fraudulent statements or representations, or makes or uses any materially false writing or document knowing the same to contain any materially false, fictitious, or fraudulent statement or entry, in connection with the delivery of or payment for health care benefits, items, or services, shall be fined or imprisoned not more than 5 years, or both.

Signature (Do not print)

Date Signed

| Month | | Day | | Year | | | |
|-------|--|-----|--|------|--|--|--|
| | | | | | | | |

Message for Individuals Applying for Medical Insurance under Medicare

This form is your application for Medicare medical insurance (Part B). The application can be used to apply for Part B coverage during your initial enrollment period (IEP), during any general enrollment period (GEP), or during a special enrollment period (SEP).

Your IEP lasts 7 months. It begins 3 months before you reach age 65 (or 3 months before the 25th month you are entitled to railroad retirement benefits based on a total and permanent disability) and ends 3 months after you reach age 65 (or 3 months after the 25th month you are entitled to disability benefits). To have your Part B coverage begin the month you are age 65 (or the 25th month you are entitled to disability benefits), you must sign up in the first 3 months of your IEP. If you sign up in any of the remaining 4 months, your coverage will begin the 1st day of the month after you sign up for Part B.

If you do not file during your IEP or you terminate your Part B coverage, you may file during any GEP, which is the first 3 months of every year. If you sign up in a GEP, your Part B coverage will begin the 1st day of the month after you sign up for Part B. However, if you delay enrolling until a GEP, your premium may be subject to a penalty increase. For each 12-month period you could have had Part B coverage but did not, your monthly premium will be increased 10 percent.

If you are age 65 or older, or you are a disabled beneficiary eligible for Medicare, and currently working, or are the spouse of a person who is currently working, and you are covered under a group health plan (GHP), you may be eligible to enroll during a special enrollment period (SEP). If you are a disabled beneficiary eligible for Medicare and are covered under a large group health plan (LGHP) based on your own current employment or the current employment of any family member, you also may be eligible to enroll during a special enrollment period. If you are eligible, you can enroll while you have GHP or LGHP coverage based on the current employment, or if you do not enroll for Part B while you are covered under the GHP or LGHP, you can enroll during the special enrollment period that ends 8 months after employment is terminated or, if earlier, after your GHP or LGHP coverage ends. If you are eligible for a SEP, your Part B coverage can begin sooner than if you delay enrolling until the next GEP. Also, you may be eligible for a reduction in the premium surcharge or penalty that usually applies to people who delay their enrollment in Medicare medical insurance. If you are covered under a GHP or LGHP, or recently lost GHP or LGHP coverage based on current employment and think you are eligible for a SEP or a reduction in your monthly premium, contact any RRB field office.

If you missed enrolling in Part B because of a natural disaster, other exceptional circumstances, incarceration, or loss of Medicaid coverage you may also be eligible for a SEP. For more information, visit www.medicare.gov or call 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

Important Notices

Paperwork Reduction Act and Privacy Act Notices

This notice is given under the Paperwork Reduction Act of 1995 and the Privacy Act of 1974. The Privacy Act requires that the Railroad Retirement Board (RRB) tell you the following whenever we ask you for information.

- 1) The law which allows us to ask for the information;
- 2) whether that law requires you to give us that information and what, if anything, might happen to you if you do not give it to us;
- 3) the reason why the information is requested; and
- 4) the persons, organizations, and agencies to which we may release the information without your permission.

The RRB is authorized to collect the information on this form under sections 7(b) and 7(d) of the Railroad Retirement Act and sections 226, 1836 and 1840 of the Social Security Act, as amended. The information on this form is needed to enable the RRB to determine your eligibility to monthly benefits and entitlement to hospital and/or medical insurance coverage. While you do not have to furnish the information requested on this form, no hospital or medical insurance can be provided until an application has been received. Failure to provide all or part of the information requested could prevent an accurate and timely decision on your claim and could result in the loss of hospital or medical insurance.

Although the information you furnish on this form is almost never used for any other purpose than stated above, there is a possibility that for the administration of the Railroad Retirement, Social Security, and the Centers for Medicare & Medicaid Services programs, information may be disclosed to another person or to another government agency as follows:

- 1) Beneficiary identification, enrollment status and premium deductions information may be released to the Social Security Administration and the Centers for Medicare & Medicaid Services to correlate action with the administration of Title II and Title XVIII (MEDICARE) of the Social Security Act.
- 2) Beneficiary identification may be disclosed to third party contacts to determine if incapacity of the beneficiary or potential beneficiary to understand or use benefits exists, and to determine the suitability of a proposed representative payee.
- 3) Jurisdictional clearance, premium rate, coverage election, paid-thru date, and amounts of payments in arrears may be released to the Social Security Administration and the Centers for Medicare & Medicaid Services to assist in administering Title XVIII of the Social Security Act.

4) The last address information may be disclosed to the Department of Health and Human Services in conjunction with the Parent Locator Service.

5) Beneficiary identification, entitlement data and rate information may be referred to the Department of State and embassy officials to aid in the development of applications, supporting evidence and the continued eligibility of beneficiaries and potential beneficiaries living abroad.

6) Records may be released to the Government Accountability Office for auditing purposes and for collection of debts arising from overpayments under Title XVIII of the Social Security Act, as amended.

7) Disclosure may be made to a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

8) Pursuant to a request from an employer covered by the Railroad Retirement Act or the Railroad Unemployment Insurance Act, information regarding the RRB's determination of Medicare entitlement, entitlement data and present address may be released to the requesting employer for the purposes of determining entitlement to and rates of supplemental benefits payable under private employer welfare benefit plans.

We estimate this form takes an average of 5 minutes per response to complete, including the time for reviewing the instructions, getting the needed data, and reviewing the completed form. Federal agencies may not conduct or sponsor, and respondents are not required to respond to, a collection of information unless it displays a valid OMB number. If you wish, send comments regarding the accuracy of our estimate or any other aspect of this form, including suggestions for reducing completion time, to ATTN: Information Collections Officer in Bureau of Information Services, Railroad Retirement Board, 844 North Rush Street, Chicago, Illinois 60611-1275.

Computer Matching and Privacy Protection Act Notice

The Computer Matching and Privacy Protection Act of 1988 requires the Railroad Retirement Board (RRB) to advise you that information you have provided may be used, without your consent, in automated matching programs. These matching programs are a computer comparison of RRB records with records kept by other Federal, state, or local governmental agencies. Information from these matching programs can be used to establish or verify a person's eligibility for Federally funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.