

## iClaim - Special Enrollment Period

### BNI006 – Special Enrollment Period (Initial View)

Text Size ▾ | Accessibility Help



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

Apply for Benefits

OMB No. 0938-1426  
[Paperwork Reduction Act](#)

✔ Identification

✔ General

Other Benefits

Remarks & Options

Review & Sign

### Special Enrollment Period Information for Joan Public

You could be eligible for a Special Enrollment Period (SEP) if you didn't sign up for Medicare Part B when you were first eligible.

Please review the descriptions in the More Info link to see if an SEP may apply to your situation. A technician will reach out to you for additional information if you indicate that a particular SEP may apply to you. [? More Info](#)

**Does one of the listed Special Enrollment Period types apply to you?**

☐ Yes ☐ No

In this section...

✔ [Health Insurance Information](#)

✔ [Medicaid Information](#)

✔ [Group Health Plan](#)

Special Enrollment Period

**Your privacy is important.**  
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

Next

Previous

Save & Exit

Note: When the user visit BNI006 for first time and have not answered anything, the dropdown is **not** presented on the page.

## iClaim - Special Enrollment Period

### BNI006 – Special Enrollment Period (More Info Link)

To see more detailed information the user is encouraged to click on the [More Info](#) link.

**Apply for Benefits**

**Other Special Enrollment Periods**  
Last reviewed or modified 09/23/2022

**Identification** **HLP-MED-OTHSEPS**

**Special Enrollment Period**

You could be eligible for a Special Enrollment Period (SEP). Based on the descriptions below, please select the SEP that you believe best fits your situation.

**Individuals Impacted by an Emergency or Natural Disaster**  
You (or the person who helps you with health care decisions) reside or resided in an area for which a Federal, state or local government entity declared a disaster or other emergency that caused you to miss a Medicare enrollment period. The date of declaration of the disaster must be on or after January 1, 2023.

**Misrepresentation by Group Health Plan (GHP) or Employer**  
You have documented evidence of misinformation that is directly from your employer.

**Does one of the listed SEP types apply to you?**  
☐ Yes ☐ No

**Next** **Previous** **Save & Exit**

**Important.** We encourage you to read our [Privacy Act Statement](#).

When the user clicks on the [More Info](#) link, they are presented with a pop-up window that shows detailed information about the SEP types.

## iClaim - Special Enrollment Period

Full view of [More Info](#) page:

### Other Special Enrollment Periods

Last reviewed or modified 09/23/2022



HLP-MED-OTHSEPS

You could be eligible for a Special Enrollment Period (SEP). Based on the descriptions below, please select the SEP that you believe best fits your situation.

#### **Individuals Impacted by an Emergency or Natural Disaster**

You (or the person who helps you with health care decisions) reside or resided in an area for which a Federal, state or local government entity declared a disaster or other emergency that caused you to miss a Medicare enrollment period. The date of declaration of the disaster must be on or after January 1, 2023.

#### **Misrepresentation by Group Health Plan (GHP) or Employer**

You have documented evidence of misinformation that is directly from your employer or GHP provided to you prior to the end of your Initial Enrollment Period (IEP) or another Special Enrollment Period (SEP). The documentation must show that the misinformation occurred on or after January 1, 2023.

#### **Formerly Incarcerated Individuals**

You were eligible for Medicare and did not enroll or reenroll in Medicare during another enrollment period because you were incarcerated. The release documentation must show that you were released on or after January 1, 2023.

#### **Termination of Medicaid Eligibility**

You lost Medicaid eligibility and you're eligible for Medicare. The notice of termination of Medicaid must show that you lost Medicaid on or after January 1, 2023.

#### **Other Exceptional Conditions**

You experienced conditions outside of your control that caused you to miss a Medicare enrollment period. The documentation must show that these conditions occurred on or after January 1, 2023.

#### **International Volunteers**

You were serving as a volunteer outside of the United States through a program that covers at least a 12-month period and is sponsored by a tax-exempt organization and had health insurance provided to you for the duration of the volunteer service.

To get more information, see Form CMS-10797 Application For Medicare Part A and Part B - Special Enrollment Period (Exceptional Conditions).

Close

## iClaim - Special Enrollment Period

### Full view of Other SEPs Privacy Act Statement:



Social Security

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### Privacy Act Statement

#### Collection and Use of Personal Information

Sections 226 and 1818 of the Social Security Act, as amended, allow SSA to collect this information. Furnishing this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on any claim filed for medical insurance and/or hospital insurance.

We will use the information you provide to determine your eligibility for benefits. We may also share the information for the following purposes, called routine uses:

- To Federal, State, or local agencies (or agents on their behalf) for administering income maintenance or health maintenance programs (including programs under the Social Security Act). Such disclosure include, but are not limited to, release of information to:
  - (a) Railroad Retirement Board for administering provision of the Railroad Retirement Act relating to railroad employment; for administering the Railroad Unemployment Insurance Act and for administering provisions of the Social Security Act relating to railroad employment;
  - (b) Department of Veterans Affairs for administering 38 U.S.C. 1312, and upon request, for determining eligibility for, or amount of, veterans benefits or verifying other information with respect thereto pursuant to 38 U.S.C. 5106;
  - (c) State welfare departments for administering sections 205(c)(2)(B)(i)(II) and 402(a)(25) of the Social Security Act requiring information about assigned Social Security numbers for Temporary Assistance for Needy Families (TANF) program purposes and for determining a recipient's eligibility under the TANF program; and
  - (d) State agencies for administering the Medicaid program.
- To contractors and other Federal agencies, as necessary, for the purpose of assisting the Social Security Administration (SSA) in the efficient administration of its programs. We will disclose information under the routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0090, entitled Master Beneficiary Record, as published in the Federal Register (FR) on January 11, 2006, at 71 FR 1826. Additional information, and a full listing of all of our SORNs, is available on our website at [www.ssa.gov/privacy](http://www.ssa.gov/privacy).

Close

## iClaim - Special Enrollment Period

### Full view of SEP Paperwork Reduction Act:

#### Paperwork Reduction Act

Last reviewed or modified 08/25/2022



PRA-OTHSEPS

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1426. The time required to complete this information is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

Close




## iClaim - Special Enrollment Period

### BNI006 – Special Enrollment Period - Dropdown View

If the user answers **Yes** to “Does one of the listed Special Enrollment types apply to you?” the dropdown will appear. When user expands the dropdown, it will show the list of SEP types they can select from within iClaim.

Text Size ▾ | Accessibility Help



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✔ Identification✔ GeneralOther BenefitsRemarks & OptionsReview & Sign

### Special Enrollment Period Information for Joan Public

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Please review the descriptions in the More Info link to see if an SEP may apply to your situation. A technician will reach out to you for additional information if you indicate that a particular SEP may apply to you. [? More Info](#)

**Does one of the listed Special Enrollment Period types apply to you?**

☒ Yes ☐ No

**Please select the Special Enrollment Period that you believe applies to you.**

-- ▾

Formerly Incarcerated Individuals

Individuals Impacted by an Emergency or Natural Disaster

International Volunteers

Misrepresentation by Group Health Plan (GHP) or Employer

Other Exceptional Conditions

Termination of Medicaid

**In this section...**

✔ [Health Insurance Information](#)

✔ [Medicaid Information](#)

✔ [Group Health Plan](#)

**Special Enrollment Period**

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## iClaim - Special Enrollment Period

### OVS001 - Overall Summary – Special Enrollment Period Information

#### Other Benefits

[Edit](#)

#### ✔ Benefit Information

Intend to apply for Supplemental Security Income benefits: **Yes**

Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **No**

[Edit](#)

#### ✔ Health Insurance

Already enrolled in Medicare Part B: **No**

Want to enroll in Medicare Part B: **Yes**

Receiving Medicaid (state health insurance): **No**

[Edit](#)

#### ✔ Group Health Plan Information

Covered under a Group Health Plan: **No**

Other Special Enrollment Periods - OMB # 0938-1426

[Edit](#)

#### ✔ Special Enrollment Period Information

**You are completing this form to request a Special Enrollment Period based on the selections you provided below. This information is not part of the Social Security benefit application nor affects eligibility for monthly Social Security benefits.**

Listed Special Enrollment Period type applies: **Yes**

Special Enrollment Period type: **Formerly Incarcerated Individual**

Remarks

## Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for retirement benefits.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I agree to notify the Social Security Administration promptly if I (or any person for whom I receive benefits) become employed or self-employed while outside the United States, change citizenship, or go (for 30 days or more) to any country other than the residence address I have entered in this application.

I agree to return any payments which are not due.

I understand and agree that by selecting the check box and clicking "Submit Now" below, I am electronically signing my application and the additional forms included in this online submission. I also understand that my electronic signature means that I intend to apply for benefits and have provided the Social Security Administration with accurate information.

I declare under penalty of perjury that I have examined all the information on this online submission and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

☐ I agree with the Electronic Signature Agreement above.



## iClaim - Special Enrollment Period

### REC001 - Receipt – Special Enrollment Period Information

#### Other Benefits

#### Benefit Information

Intend to apply for Supplemental Security Income benefits: **Yes**

Any previous application(s) for Medicare, Social Security, or Supplemental Security Income benefits: **No**

#### Health Insurance

Already enrolled in Medicare Part B: **No**

Want to enroll in Medicare Part B: **Yes**

Receiving Medicaid (state health insurance): **No**

#### Group Health Plan Information

Covered under a Group Health Plan: **No**

Other Special Enrollment Periods - OMB # 0938-1426

#### Special Enrollment Period Information

**You are completing this form to request a Special Enrollment Period based on the selections you provided below. This information is not part of the Social Security benefit application nor affects eligibility for monthly Social Security benefits.**

Listed Special Enrollment Period type applies: **Yes**

Special Enrollment Period type: **Formerly Incarcerated Individual**

#### Remarks