

CCE Medicare Only Beta – 2021 Screenshots (if different)	CCE Medicare Only Beta Re-Release – 2025 Screenshots (if different)	Change
<div><div>Consolidated Claims Experience</div><div>John Doe</div><div>Claims Home</div><div><div>Indicates required information</div><div><div>Field Office Code</div><div></div></div><div><div>Social Security Number (SSN)</div><div></div></div></div><div><div>Next</div><div>Exit</div></div></div>	<div><div>Consolidated Claims Experience</div><div>Policy NetN20 MGMT GuideSign Out</div><div>Claims Home</div><div>Claims Home</div><div>A red asterisk (*) indicates a required field.</div><div><div>Office Code</div><div></div></div><div><div>Social Security Number (SSN)</div><div>- -</div></div><div><div>Next</div><div>Exit</div></div></div>	Changed label to Office Code
<div><div>T2/T18 Claims</div><div><div><div>Requested SSN has no claim file or Master Beneficiary Record.</div><div>To establish a new claim, select 'Establish New Medicare Claim'.</div></div><div><div>Establish New Medicare Claim</div></div></div></div>	<div><div>Consolidated Claims Experience</div><div>VAL - 6.8.20 (Group 2)Policy NetN20 MGMT GuideSign Out</div><div>Claims HomeClaims Summary</div><div>Claims Summary</div><div><div>Requested Social Security Number (SSN)</div><div></div><div>Name</div><div></div></div><div>T2/T18 Claims</div><div><div><div>Requested SSN has no claim file or Master Beneficiary Record.</div><div>To establish a new claim, select the appropriate button below.</div></div><div><div>Establish New Medicare Only Claim</div></div></div><div>T16 Claims</div><div><div><div>Requested SSN has no active claim file or Supplemental Security Record.</div><div>To establish a new claim, select "Establish New SSI Claim".</div></div><div><div>Establish New SSI Claim</div></div></div><div><div>Exit</div></div></div>	Changed button to Establish New Medicare Only Claim

Claims Summary

Requested Social Security Number (SSN)	Name
123-45-6789	Jordan Wrangler

T2/T18 Claims

Take action on existing claim								
To take action, select one of the following claims								
Select	Claim Social Security Number (SSN)	Claimant Social Security Number (SSN)	Claimant Name	Claimant Birth Date	Status	Claim Type	Event Type	
<input type="checkbox"/>	123-45-6789	123-45-6789	Jordan Wrangler	11/19/2019	Pending	Medicare	Initial Claim	

Next

Exit

Claims Summary

Requested Social Security Number (SSN)	Name

T2/T18 Claims

To take action, select one of the following claims.									
T2/T18 Claims List									
Select	Claim SSN	Claimant SSN	Claimant Name	Claimant Birth Date	Status	Claim Type	Event Type	Office	Unit
<input type="checkbox"/>					Pending	Retirement	Initial Claim		

T16 Claims

*i*

Requested SSN has no active claim file or Supplemental Security Record. To establish a new claim, select "Establish New SSI Claim".

Establish New SSI Claim

Next

Exit

Abbreviated Social Security Number to SSN and added Office and Unit

Person Status

Claim Social Security Number (SSN)   Claimant Name   Claimant Social Security Number (SSN)   Claim Type  
Medicare

Select Page or Select Next

Claim Status   ✔ Completed ✖ Incomplete ⚙ Optional 🔵 Unfinished  
☐ Show Incomplete and Unfinished status only

- ✔ T2/T18 Data
  - ✔ Applicant Information
  - ✔ Person Information
  - ✔ Filing Date
  - ✔ Contact Information
  - ✔ Earnings Information
  - ✔ Insured Status
  - ✔ Health Insurance
  - ✔ Pre-Adjudicative Results
- ✔ Development
  - ✔ Attestation and Printing
  - ✔ Development Worksheet
  - ✔ Development Notes
  - ⚙ Person Statement
  - ⚙ Report of Contact
- ✔ T2/T18 Determination
  - ✔ Determinations

Next Previous Exit

Person Status

Claim Social Security Number (SSN)   Claimant Name   Claimant Social Security Number (SSN)   Claim Type  
Medicare

Claim Status

☐ Show Incomplete and Unfinished status only

✔ Complete   ⚠ Incomplete   🔵 Unfinished   ⚙ Optional

- 🔵 T18 Data

  - ✔ Applicant Information
  - ✔ Protective Filing Date
  - ✔ Person Information
  - ✔ Earnings Information
  - 🔵 Insured Status
  - 🔵 Health Insurance
  - 🔵 Systems Generated Messages
  - 🔵 Pre-Adjudicative Results
- 🔵 T18 Development

  - 🔵 Printing and Signatures
  - 🔵 Development Worksheet
  - ⚙ Development Notes
  - ⚙ Person Statement
  - ⚙ Report of Contact
- 🔵 T18 Determination

  - 🔵 Determinations
  - 🔵 Systems Generated Messages
  - 🔵 Adjudicative Results
  - 🔵 Determination Confirmation

Next Previous Exit

Retitled to mark as T18 for Medicare Only displayed Systems Generated Messages and all determination pages



T2/T18 Data

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)	Claim Type
123-45-6789	Jordan Wrangler	123-45-6789	Medicare Only

T2/T18

✔ Person Information

✔ Application Information

✔ Protective Filing

✔ Contact Information

✔ Earnings Information

✔ Insured Status

✔ Lawful Presence

Health Insurance

Health Insurance

• Indicates required information

Hospital Insurance (HI) Status

No HI data located

Supplemental Medical Insurance (SMI) Status

No SMI data located

Enrollment Period Initial (IEP)

Receiving SSI

No

Enrollment Period End Date

01/2021

Attainment of Age 65

12/25/2020

Birth Date

12/26/1954

• Medicare Part B Talking Points

• Signing up for Medicare Part B when you are first eligible (such as when you turn 65) makes sure that you have coverage when you need it. You have until the end of IEP to enroll into Part B during your Initial Enrollment Period.

▼ Show more

• Part C, Part D, and Part D Extra Help Talking Points

• Medicare Advantage Plans, sometimes called "Part C" or "MA plans" are private plans approved by Medicare that include Part A, Part B and usually Part D and offers extra benefits, like vision, hearing, dental, and more.

▼ Show more

• SMI Enrollment Options

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Technician Use Only

These developmental questions are not part of the application.

• Outcome of Extra Help conversation

☐ Claimant is deemed eligible for Extra Help and no application necessary.

[🔗 Beneficiaries who are automatically eligible for Extra Help.](#)

☐ Extra Help application filed or appointment established.

☐ Extra Help application not filed and no appointment established.

Optional Questions

☐ Possible Misinformation, Error or inaction of Government Agent/Employee [? More Info](#)

☐ Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espionage, sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement [? More Info](#)

☐ Deemed Initial Enrollment Period Date of Birth [? More Info](#)

▼ Show Person Remarks (printed)

No remarks

▼ Show File Documentation Notes

No notes

Next

Previous

Save & Exit

Health Insurance

NOT TO BE DEVELOPED  
Last Update: 11/05/24  
Status: COMPLETE

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)	Claim Type
123-45-6789	JORDAN WRANGLER	123-45-6789	Medicare

A red asterisk (\*) indicates a required field.

Hospital Insurance (HI) Status	Supplementary Medical Insurance (SMI) Status	Enrollment Period Initial (IEP)	Receiving SSI
No HI data located	No SMI data located		Yes
Enrollment Period Dates	Attainment of Age 65	Birth Date	
01/2021 - 07/2021	12/2020	12/26/1955	

• Medicare Part B Talking Points

▼ Show More

• SMI Enrollment Options

--

• Part C, Part D, and Part D Extra Help Talking Points

▼ Show More

Technician Use Only  
This development is not part of the application.

• Outcome of Extra Help Conversation [Beneficiaries who are automatically eligible for Extra Help](#) 🔗

☐ Claimant is deemed eligible for Extra Help and no application necessary.

☐ Extra Help application filed or appointment established.

☐ Extra Help application not filed and no appointment established.

Optional Development

☐ Health Insurance claimant convicted of a crime against the U.S. referred to in section 202(u) of the Act (e.g., espionage, sabotage, treason, sedition, or subversive activities), prior to meeting the other requirements for entitlement [? More Info](#)

☐ Deemed Initial Enrollment Period Date of Birth [? More Info](#)

Removed  
Possible  
Misinformation, Error or  
inaction  
optional  
question

### Medicare Part B Talking Points

- Signing up for Medicare Part B when you are first eligible (such as when you turn 65) makes sure that you have coverage when you need it. You have until the end of IEP to enroll into Part B during your Initial Enrollment Period.
- Most people who do not sign up for Part B when first eligible can only enroll between January 1 and March 31 each year, with coverage starting on July 1. This may cause a gap in your coverage and you may have to pay a lifetime late enrollment penalty.
- The penalty is added to your monthly premium and it increases the longer you wait. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B, but did not sign up for it.
- If you or your spouse are currently working, you may have a chance to sign up for Medicare Part B without a penalty during a limited "Special Enrollment Period."
- If you have health insurance based on current employment, you may want to ask your personnel office or insurance company how signing up for Medicare will affect you.

[^ Show less](#)

Receiving SSI  
No

Birth Date  
09/08/1957

## Medicare Part B Talking Points

[Show less](#)

- Signing up for Medicare Part B when you are first eligible (such as when you turn 65) makes sure that you have coverage when you need it.
  - Most people who do not sign up for Part B when first eligible can only enroll in the General Enrollment Period (GEP) between January 1 and March 31 each year with coverage starting the month after you sign up. This may cause a gap in your coverage, and you may have to pay a lifetime late enrollment penalty.
- Most people who do not sign up for Part B when first eligible can only enroll in the General Enrollment Period (GEP) between January 1 and March 31 each year with coverage starting the month after you sign up. This may cause a gap in your coverage, and you may have to pay a lifetime late enrollment penalty.
- The penalty is added to your monthly premium, and it increases the longer you wait. Your monthly premium will go up 10 percent for each 12-month period you were eligible for Part B but did not sign up for it.
- If you or your spouse are currently working, you may have a chance to sign up for Medicare Part B without a penalty during a limited "Special Enrollment Period."
- You may be eligible to sign up for Part B outside the IEP and GEP if 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.
- Additionally, as of January 1, 2023, you may be eligible to enroll (or re-enroll) in Medicare Part B based on specific exceptional conditions such as an Emergency/Disaster, Group Health Plan or Employer Misrepresentation, Termination of Medicaid, Incarceration, or other exceptional condition.
- You can choose how you get your Medicare coverage - Original Medicare and Medicare Advantage. For more information, visit <https://www.ssa.gov/medicare> or call 1-800-MEDICARE.

[Add New Benefit](#)

A red asterisk (\*) indicates a required field.

**\*Type of Assistance for Buy-in Purposes**

--

**\*Welfare Case Number/SSN**

**\*State**

--

**\*Eligibility Start Month**

mm/yyyy

**\*Eligibility Ended**

☐ Yes ☐ No

**\*Verified for State Buy-in Eligibility**

Select 'Yes' when you receive proof for Welfare Case #, State, and Eligibility Dates.

☐ Yes ☐ No

**Save** Cancel

Adjusted sub-  
text for  
Verified for  
State Buy-in  
Eligibility

- \* Indicates required information
- \* **Type of Assistance for Buy-in Purposes**
- \* **Welfare Case Number/SSN**  
 If the Welfare Case number is not available, you may enter the SSN
- \* **State**
- \* **Eligibility Start Month**  
  
mm/yyyy
- \* **Eligibility Ended**  

<input type="radio"/> Yes	<input type="radio"/> No
---------------------------	--------------------------
- \* **Verified for State Buy-in Eligibility**  
 Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is received.  

<input type="radio"/> Yes
<input type="radio"/> No

<p><b>*Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No     </div> <p><b>*Spouse receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>*Claimant wishes to have SMI premiums withheld from spouse's OPM annuity</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>*Civil Service Annuity Type</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <span style="background-color: #007bff; color: white; padding: 2px 5px;">Annuitant</span> </div> <p><b>*Civil Service Annuity Number</b> Civil Service Annuity number is required for claim processing when premium deduction is involved.</p> <div style="margin-bottom: 10px;"> <input style="width: 100px; height: 25px;" type="text"/> <input type="checkbox"/> Unknown     </div> <div style="margin-bottom: 10px;"> <input type="checkbox"/> Spouse enrolled in SMI     </div> <div> <input type="checkbox"/> Consent obtained from spouse <a href="#" style="color: #007bff;">More Info</a> </div>	<p><b>*Receiving an annuity under the Federal Civil Service Retirement Act (CSRA) or other law administered by the Office of Personnel Management (OPM)</b> <a href="#">? More Info</a></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input type="radio"/> Yes <input checked="" type="radio"/> No     </div> <p><b>*Spouse receiving an annuity under the Federal CSRA or other law administered by the OPM</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>*Claimant wishes to have SMI premiums withheld from spouse's OPM annuity</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>*Civil Service Annuity Type</b></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <span style="background-color: #f9f9f9; padding: 2px 5px;">Annuitant</span> </div> <p><b>*Spouse's Civil Service Annuity Number</b> CSA</p> <div style="margin-bottom: 10px;"> <input style="width: 100px; height: 25px;" type="text"/> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Unknown         </div> <div style="width: 45%;"> <input type="checkbox"/> Consent obtained from spouse         </div> </div>																												
<p><b>*Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65</b> <a href="#">Evidence of GHP or LGHP Coverage Based on Current Employment Status</a> <a href="#">CMS Form L-564</a></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>Group Health Plan Coverage</b></p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #f9f9f9;"> <thead> <tr> <th style="padding: 5px;">Plan Type</th> <th style="padding: 5px;">Coverage Start Date</th> <th style="padding: 5px;">Coverage Stop Date</th> <th style="padding: 5px;">Employment Start Date</th> <th style="padding: 5px;">Employment Stop Date</th> <th style="padding: 5px;">Verified</th> <th style="padding: 5px;">Actions</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 30px; text-align: center;">No information found</td> </tr> </tbody> </table> <div style="margin-top: 10px;"> <a href="#" style="color: #007bff; text-decoration: none;">Add New Coverage</a> </div> <p><b>Medicare Part B (SMI) start month</b></p> <div style="border: 1px solid #ccc; padding: 5px; width: 100px;"> --     </div>	Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date	Verified	Actions	No information found							<p><b>*Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65</b> <a href="#">HI 00805.295 Evidence of GHP or LGHP Coverage Based on Current Employment Status</a> <a href="#">Form CMS L-564</a></p> <div style="border: 1px solid #ccc; padding: 5px; margin-bottom: 10px;"> <input checked="" type="radio"/> Yes <input type="radio"/> No     </div> <p><b>Group Health Plan Coverage</b></p> <table border="1" style="width: 100%; border-collapse: collapse; background-color: #f9f9f9;"> <thead> <tr> <th style="padding: 5px;">Plan Type</th> <th style="padding: 5px;">Coverage Start Date</th> <th style="padding: 5px;">Coverage Stop Date</th> <th style="padding: 5px;">Employment Start Date</th> <th style="padding: 5px;">Employment Stop Date</th> <th style="padding: 5px;">Verified</th> <th style="padding: 5px;">Actions</th> </tr> </thead> <tbody> <tr> <td colspan="7" style="height: 30px; text-align: center;">No Information Found</td> </tr> </tbody> </table> <div style="margin-top: 10px; text-align: center;"> <a href="#" style="background-color: #007bff; color: white; padding: 5px 15px; text-decoration: none;">Add GHP</a> </div> <p><b>*Medicare Part B (SMI) start month</b></p> <div style="border: 1px solid #ccc; padding: 5px; width: 100px;"> --     </div>	Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date	Verified	Actions	No Information Found						
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No Information Found																													



**i** Part C, Part D, and Part D Extra Help Talking Points

- Medicare Advantage Plans, sometimes called “Part C” or “MA plans” are private plans approved by Medicare that include Part A, Part B and usually Part D and offers extra benefits, like vision, hearing, dental, and more.
- To enroll in a Medicare Advantage Plan you must have Parts A and B and reside in the plan’s service area.
- If you are outside the Initial or General Enrollment Periods, and are not eligible for a qualifying Special Enrollment Period, you can enroll during the Open Enrollment Period (October 15 – December 7) and your coverage will begin January 1.
- Medicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.
- To join a Medicare Prescription Drug Plan, you must have Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance).
- If you don’t join a Medicare drug plan when you’re first eligible for Medicare, you may have to pay a lifetime late enrollment penalty if you join later.
- As a Medicare beneficiary, you may be eligible to receive Extra Help with Medicare prescription drug coverage. If you have limited income and resources, you may qualify for the Low Income Subsidy.
- Extra Help provides assistance with Medicare Part C and Medicare Part D costs through subsidized premiums, deductibles, and co-payments.
- CMS sends notification of eligibility, notification of the Part D plan selected, and instructions for changing your plan or opting out of enrollment.
- Participation is voluntary and I can take your application today. If you decide to file later, you can apply for Extra Help (SSA-i1020) at [www.ssa.gov](http://www.ssa.gov), call Social Security to apply over the phone, request a paper application, or set up an appointment.

⬆ Show less

**i** Part C, Part D, and Part D Extra Help Talking Points

⬆ Show less

- Medicare Advantage Plans, sometimes called “Part C” or “MA plans” are private plans approved by Medicare that include Part A, Part B, and usually Part D, and offer extra benefits, such as some vision, hearing, and dental services, and more.
- To enroll in a Medicare Advantage Plan you must have Parts A and B, reside in the plan’s service area, and be a U.S. citizen or lawfully present in the U.S.
- If you are outside the Initial or General Enrollment Periods, and are not eligible for a qualifying Special Enrollment Period, you can enroll in a Medicare Advantage Plan during the Open Enrollment Period (October 15 – December 7) and your coverage will begin January 1 (as long as the plan gets your request by December 7).
- bMedicare Part D (Medicare prescription drug coverage) helps cover the cost of prescription drugs.
- To join a Medicare Prescription Drug Plan, you must have Medicare Part A (Hospital Insurance) or Medicare Part B (Medical Insurance).
- If you don’t join a Medicare Prescription Drug Plan when you’re first eligible for Medicare, you may have to pay a lifetime late enrollment penalty.
- As a Medicare beneficiary, you may be eligible to receive Extra Help with Medicare prescription drug coverage. If you have limited income and resources, you may qualify for the Low Income Subsidy.
- Extra Help provides assistance with Medicare Part D costs through subsidized premiums, deductibles, and co-payments.
- Individuals eligible for Extra Help have a “rolling” SEP and can enroll or disenroll at any time.
- Participation in the Medicare Part D Extra Help program is voluntary and I can take your application today. If you decide to file later, you can apply for Extra Help (SSA-i1020) at [www.ssa.gov](http://www.ssa.gov) , call Social Security to apply over the phone, request a paper application, or set up an appointment.
- If you file a Medicare Part D Extra Help application with SSA, we will send notification of eligibility (if eligible, the notice will include information about how to sign up for a Part D plan). The Part D plan you select will send notification of enrollment and instructions for changing your plan or opting out of enrollment.

Adjusted talking points per stakeholder changes

Consolidated Claims ExperienceJohn Doe

Go To

T2/T18 Data

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)	Claim Type
123-45-6789	Jordan Wrangler	123-45-6789	Medicare Only

T2/T18 Data

- Applicant Information
- Person Information
- Filing Date
- Contact Information
- Earnings Information
- Insured Status
- Lawful Presence
- Health Insurance

Edits and Alerts

Individual Edits and Alert Messages

Correct the following discrepancies. You must resolve all edits and review all alerts before you continue.

Edits

- Possible incompletes 1978 1986
- Possible gaps 1995 1996 2002 2003
- Check BIC T - Verify birthdate proof code

Alerts

- BIC T - SMI start based on selected SMI start on HIGP screen

Next

Previous

Exit

Systems Generated Messages

Claim Social Security Number (SSN)

Claimant Name

Claimant Social Security Number (SSN)

Claim Type

Review and Resolve

You must review and take appropriate action(s) on all systems generated messages

Systems Generated Messages

Alerts

- Payment Cycle 2
- Possible incompletes 1982 1985 2010
- NH has 30 YOCs for non-covered pension PIA

Next

Previous

Exit

Reformatted Edits/Alerts to show Systems Generated Messages (like for RIB)



Pre-adjudicative Results

<b>Beneficiary Identification Code (BIC)</b> Insured Medicare Only Claim (T)	<b>Ledger Account File (LAF)</b> Active Insured Status (U)	<b>Enrollment Period</b> Initial (IEP)	<b>Filing Date</b> 04/04/2020
<b>Servicing Office Code</b> 100	<b>Program Service Center (PSC)</b> 1	<b>Full Retirement Age (FRA)</b> 03/08/2021	

Person Information

Category	Value
Name	Jordan Wrangler
Gender	Male
Birth Date	01/08/1955
Birth Date Proof Type	Hospital Birth Record
Death Date	--
Mailing Address	123 Sesame Street, Baltimore, Maryland, 21208
Residence Address	123 Sesame Street, Baltimore, Maryland, 21208
State and County Code	XXX
Phone Number	(410) 111-2000

Pre-Adjudicative Results

<b>Claim Social Security Number (SSN)</b> <div></div>	<b>Claimant Name</b> <div></div>	<b>Claimant Social Security Number (SSN)</b> <div></div>	<b>Claim Type</b> Retirement
--	-------------------------------------	---	---------------------------------

<b>Beneficiary Identification Code (BIC)</b> PRIMARY CLAIMANT (A)	<b>Ledger Account File (LAF)</b> CURRENT PAYMENT STATUS. (C)	<b>Filing Date</b> 04/16/2024	<b>Current Operating Month (COM)</b> 08/2024
<b>Full Retirement Age (FRA)</b> 07/2027	<b>Computation Type</b> NS 78	<b>Entitlement Date</b> 08/2024	<b>Date Last Insured</b> --
<b>Primary Insurance Amount (PIA)</b> \$2,227.30	<b>Family Maximum</b> \$4,118.80	<b>Next Payment</b> \$1,794.00	<b>Ongoing Payment</b> \$1,794.00

- Insured Status

Earnings

PIA

Eligibility

Payment

Insured Status

Periods of Insured Status		
Type	Date First Insured	Date Last Insured
Retirement	07/2022	--

Insured Status					
Insured Status	Insured	Total QCs Required	Total QCs Earned	Additional QCs Needed	MQGE QCs Used
Fully Insured Non-Exclusion	Yes	40	40	0	0
Fully Insured Exclusion	No	40	40	0	0

Total Quarters of Coverage	
Type	Total Number of QCs
Maximum QCs	0
Simplified QCs	0
Wage After 1946	166
Wage After 1950	166
Self Employed	0
Agricultural	0

Totalization	
Category	Value
Totalization Involved	--
Total Quarters of Coverage Earned	--
Periods for Which Coverage Exist Based on	--

Multiple SSN File
Multiple SSN
No Information Found

Next Tab

- Next
- Previous
- Exit

Reformatted  
Pre-  
Adjudicative  
Results and  
Adjudicative  
Results

Entitlement Dates

Insurance	Start Date	Termination/ Stop Date	Basis	Non-Covered Reason	Delay Reason
Hospital Insurance (HI)	01/01/2020	--	Age 65	--	--
Supplemental Medical Insurance (SMI)	07/01/2021	--	Age 65	--	--
Third Party		--		--	--

Group Health Plan

Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date
Group Health Plan	09/2019	Continuing	09/2019	Continuing

Premium Information

Insurance	Premium Amount	Surcharge Percentage	Surcharge Amount	Payment Method
HI	Free	0	0	--
SMI	\$100	0	0	Direct Remittance

Medicare Eligibility

Category	Results
Determination Status	Disallowance (Reason/Code)
Attainment Age	01/07/2020
Civil Service Annuitant	No
Medicaid Eligibility	No
Criminal/Non-Criminal	No

Insured Status

Earnings

Eligibility

Medicare

Medicare

Entitlement Date					
Insurance	Start Date	Termination/ Stop Date	Basis	Non-Covered Reason	Delayed Reason
Hospital Insurance (HI)	07/2024	--	Age	--	Late Filing
Supplemental Medical Insurance (SMI)	01/2025	--	Age	--	Client Request/Choice
Third Party	--	--	--	--	--

Group Health Plan

Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date
Group Health Plan	01/2000	Continuing	12/1999	Continuing

Premium Information

Insurance	Premium Amount (\$)	Surcharge Percentage	Surcharge Amount (\$)	Payment Method
HI	Free	0	0.00	--
SMI	185.00	0	0.00	Direct Remittance

Medicare Enrollment Periods

Enrollment Period	Type	Start Date	End Date
Initial	--	--	--
General	--	--	--
Special	--	01/2025	--

Civil Service Information

Category	Applicable
Civil Service Annuitant	--
Civil Service Spouse	--
Civil Service Survivor	--

Displaying Enrollment Periods and Civil Service Information



Development

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)
123-45-6789	Jordan Wrangler	123-45-6789

Development

- Attestation and Printing
- Development Worksheet
- Person Statement
- Report of Contact

Attestation and Printing

\* Indicates required information

Claims

Claim Type/Document

Supplemental Security Income

Employee Contact Information

\*Name

Any Representative

\*Phone Number

☒ U.S. ☐ International

10-digit Number Ext.

(443) 777-1234

\*Signature Type

☐ Oral

☐ Ink

Save

Cancel

A red asterisk (\*) indicates a required field.

Add Signature

Claim/Document  
Retirement

Person  
[Redacted] - [Redacted] - Claimant

Employee Contact Information

\*Unit Code

\*Name

any representative

Phone Number

☒ U.S. ☐ International

\*10-Digit Number Ext.

{ 443 } 777 - 1234

\*Contact Method

☒ In-Person

☐ Other (e.g., mail, phone)



**Preview Document.** A preview of the unsigned application will generate in a separate PDF window. Print the preview document for the claimant to review prior to selecting the signature type. Preview document will NOT be stored in the Online Retrieval System (ORS).

Preview Document

\*Signature Type

☒ Oral

☐ Ink

Employee Certification



\* I hereby declare that the individual signed the document.

Save

Cancel

Added unit  
code, contact  
method,  
preview  
document  
instructions  
(like for RIB)