



# Consolidated Claims Experience (CCE) Medicare Claim Intake Screen Package V 3.0

June 18, 2020

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# 1. Applicant Information – Organization is the applicant

Applicant type includes: Organization, claimant and other individual.

Consolidated Claims Experience John Doe ▾

Go To ▾

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
- Health Insurance

### Applicant Information

\* Indicates required information

\* **Applicant Type**

Organization ▾

**✘ CCE Exclusion**

CCE should only be used for individuals filing on his or her own behalf at this time. Access MCS to complete.

▾ Show Person Remarks (printed)

No remarks

▾ Show File Documentation Notes

No notes

[Next](#) [Previous](#) [Save & Exit](#)

## \* Applicant Type

Organization  
Claimant  
Other Individual

**Note:** This is the drop list for “Applicant Type”.

## 2. Applicant Information – Claimant is the applicant: Contact method/Interview-Phone

Contact Method includes: Interview-phone, Interview-office, and mail.

Consolidated Claims Experience John 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
- Health Insurance

**Applicant Information**

\*Indicates required information

\***Applicant Type**

Claimant ▾

\***Contact Method**

Interview - Phone ▾

**\*Provided Privacy Act Statement to the individual.**  
The privacy of our customers is always very important to us. Please provide the [Privacy Act Statement](#) to the Individual.

▾ Show Person Remarks (printed)

No remarks

▾ Show File Documentation Notes

No notes

[Next](#) [Previous](#) [Save & Exit](#)

### \* Contact Method

Interview - Phone  
Interview - Office  
Mail

**Note:** This is a drop list for “Contact Method”.

### 3. Applicant Information – Claimant is the applicant: Contact method/Interview-Office

Consolidated Claims Experience John Doe ▾

[Home](#)  ▾

#### 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
- Health Insurance

#### Applicant Information

\* Indicates required information

\* **Applicant Type**

\* **Contact Method**

\* **Provided Privacy Act Statement to the individual.**  
The privacy of our customers is always very important to us. Please provide the [Privacy Act Statement](#) to the Individual.

✓ Show Person Remarks (printed)  
No remarks

✓ Show File Documentation Notes  
No notes

## 4. Applicant Information – Claimant is the applicant: Contact method/Mail

Consolidated Claims Experience John 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
- Health Insurance

#### Applicant Information

\* Indicates required information

\* **Applicant Type**

Claimant ▾

\* **Contact Method**

Mail ▾

▼ Show Person Remarks (printed)

No remarks

▼ Show File Documentation Notes

No notes

[Next](#) [Previous](#) [Save & Exit](#)

## 5. Applicant Information – Privacy Act Statement

PRIVACY ACT STATEMENT: Social Security is authorized to collect your information under sections 1836, 1840, and 1872 of the Social Security Act, as amended (42 U.S.C. 1395o, 1395s, and 1395ii) for your enrollment in Medicare Part B. Social Security and the Centers for Medicare & Medicaid Services (CMS) need your information to determine if you're entitled to Part B.

While you don't have to give your information, failure to give all or part of the information requested on this form could delay your application for enrollment.

Social Security and CMS will use your information to enroll you in Part B. Your information may be also be used to administer Social Security or CMS programs or other programs that coordinate with Social Security or CMS to: 1) Determine your rights to Social Security benefits and/or Medicare coverage. 2) Comply with Federal laws requiring Social Security and CMS records (like to the Government Accountability Office and the Veterans Administration). 3) Assist with research and audit activities necessary to protect integrity and improve Social Security and CMS programs (like to the Bureau of the Census and contractors of Social Security and CMS). We may verify your information using computer matches that help administer Social Security and CMS programs in accordance with the Computer Matching and Privacy Protection Act of 1988 (P.L. 100-503).

## 6. Applicant Information – Other Individual is the applicant

Consolidated Claims Experience John Doe ▾

Go To ▾

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
- Health Insurance

### Applicant Information

\* Indicates required information

\* **Applicant Type**

Other Individual ▾

**✘ CCE Exclusion**

CCE should only be used for individuals filing on his or her own behalf at this time. Access MCS to complete.

▾ Show Person Remarks (printed)

No remarks

▾ Show File Documentation Notes

No notes

[Next](#) [Previous](#) [Save & Exit](#)

# 7. Person Information

## 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
- Health Insurance

## Person Information on Record for Jordan Wrangler Edit

### Identity Information Edit

Social Security number: **123-45-6789**

[Hide Multiple SSNs](#)

123-45-6678  
123-44-5678  
112-34-5678  
123-45-6778

Name: **Jordan Wrangler**

[Hide Other Names](#)

**Johnathan Doe**  
**Jack Doe**  
**Johnny Doe**  
**Jock Doe**

Sex: **Male**  
Birth Date: **07/28/1968**  
Birth Place: **Baltimore, Maryland**  
Birth Date Proof: **Alleged (A)**  
Birth Date Proof Type: **Hospital Birth Record (H)**  
Parent/Mother's name at Her Birth: **Emily Wrangler**  
Parent/Father's Name: **Emit Wrangler**

Go to [Social Security Number Application Process \(SSNAP\)](#) to update Identity Information, when required evidence is available.

Go to [Enumeration Master Query](#) to view the historical enumeration information.

### Citizenship Information Edit

**Citizenship Details**

Citizenship Country	U.S Citizenship Basis	U.S Citizenship Proof	Start Date	End Date
United States	U.S Citizen Born in U.S	Allegation	07/28/1968	

### Accommodation Information Edit

\*Indicates required information

\*Add or update notice option due to visual impairment?

Yes  No

**Active Accommodations**

Active Accommodations ▾	Request Date
No records found	

**Non-Standard Accommodations**

<u>Non-Standard Accommodations</u>	<u>Request Date</u>	<u>Status</u>
No records found		

Accept

Previous

Exit

## 8. Applicant Information – “Accept” is clicked

Accommodation Information Edit

\*Indicates required information

\*Add or update notice option due to visual impairment?

Yes  No

**Active Accommodations**

Active Accommodations ▾	Request Date
No records found	

**Non-Standard Accommodations**

Non-Standard Accommodations	Request Date	Status
No records found		

Accept

Next Previous Exit

## 9. Filing date – One lead: Using existed protective filing date

Consolidated Claims Experience
John Doe ▾

Go To ▾

### T2/T18 Data

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

#### T2/T18 Data

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

**i Lead(s) found.**

The following lead or leads exist in the Enhanced Leads and Appointment Systems (eLAS) for this individual. Evaluate the lead or leads to figure out the earliest protective filing date where the closeout period has not ended. Select appropriate option if none of the lead or leads apply. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

### Filing Date

\* Indicates required information

Protective Filing Date 08/05/2020

Caller name John Doe	Caller's relationship to claimant Self	Number holder name John Doe	Number holder SSN 123-45-6789
-------------------------	---	--------------------------------	----------------------------------

Claim type	Informal denial	Closeout notice date	Closeout period end date
HI/SMI	No	08/05/2020	02/05/2021

[Show more info](#)

Issue	Requested Date	Follow Up Date	2nd Follow Up Date	Tickle Date	Received Date	Issue Remarks
PROTFL	08/05/2020					

**Lead Remarks**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante. Vestibulum rhoncus nec nunc vitae consequat. Duis elementum aliquam justo eget tempor. In elementum feugiat enim. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante.

### Filing Date Options

\* Select from the following options

Use Protective filing date of 08/05/2020

Enter a different protective filing date

No protective filing date exist before today

[Show Person Remarks \(printed\)](#)  
No remarks

[Show File Documentation Notes](#)  
No notes

Next
Previous
Save & Exit

## 10. Filing date – One lead: enter a different protective filing date

Consolidated Claims Experience
John Doe ▾

Go To ▾

### T2/T18 Data

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

#### T2/T18 Data

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

**i Lead(s) found.**

The following lead or leads exist in the Enhanced Leads and Appointment Systems (eLAS) for this individual. Evaluate the lead or leads to figure out the earliest protective filing date where the closeout period has not ended. Select appropriate option if none of the lead or leads apply. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

### Filing Date

\*Indicates required information

Protective Filing Date 08/05/2020

<b>Caller name</b> John Doe	<b>Caller's relationship to claimant</b> Self	<b>Number holder name</b> John Doe	<b>Number holder SSN</b> 123-45-6789
--------------------------------	--	---------------------------------------	---

Claim type	Informal denial	Closeout notice date	Closeout period end date
HI/SMI	No	08/05/2020	02/05/2021

[Show more info](#)

Issue	Requested Date	Follow Up Date	2nd Follow Up Date	Tickle Date	Received Date	Issue Remarks
PROTFI	08/05/2020					

**Lead Remarks**

Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante. Vestibulum rhoncus nec nunc vitae consequat. Duis elementum aliquam justo eget tempor. In elementum feugiat enim. Lorem ipsum dolor sit amet, consectetur adipiscing elit. Mauris sed mollis neque, a mollis ante.

### Filing Date Options

\*Select from the following options

Use Protective filing date of 08/05/2020

Enter a different protective filing date

No protective filing date exist before today

**Protective Filing Date**

06/01/2020

mm/dd/yyyy

[Show Person Remarks \(printed\)](#)  
No remarks

[Show File Documentation Notes](#)  
No notes

Next

Previous

Save & Exit

# 11. Filing date – No leads: protective filing date exists before today

Consolidated Claims Experience John 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

**No additional lead(s) found.**

No leads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

#### Filing Date

\* Indicates required information

##### Filing Date Options

\* **Protective filing date exists before today**  
If the answer is yes, protective filing date is required.

Yes  No

##### Protective Filing Date

mm/dd/yyyy

▼ Show Person Remarks (printed)  
No remarks

▼ Show File Documentation Notes  
No notes

[Next](#) [Previous](#) [Exit](#)

## 12. Filing date – No leads: no protective filing date exists before today

Consolidated Claims Experience John 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

**i** **No additional lead(s) found.**

No leads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to [GN 00204.010 Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

#### Filing Date

\* Indicates required information

##### Filing Date Options

\* **Protective filing date exists before today**  
If the answer is yes, protective filing date is required.

Yes  No

**Filing Date**  
09/15/2020

▼ Show Person Remarks (printed)  
No remarks

▼ Show File Documentation Notes  
No notes

[Next](#) [Previous](#) [Exit](#)

## 13. Filing date – No leads: eLAS exclusion

Consolidated Claims Experience John 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

**Service unavailable**

The system was unable to access information from the Enhanced Leads and Appointment System (eLAS) at this time. Go to the Leads and Appointment system directly or check for notices in Online Retrieval System (ORS) to verify if there is a valid protective filing date.

#### Filing Date

\* Indicates required information

##### Filing Date Options

\* **Protective filing date exists before today**  
If the answer is yes, protective filing date is required.

Yes  No

▼ Show Person Remarks (printed)  
No remarks

▼ Show File Documentation Notes  
No notes

[Next](#) [Previous](#) [Save & Exit](#)

## 14. Filing date – No leads: age alert

Consolidated Claims Experience John 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

**! Age alert**  
Individual's current age is younger than 64 years and 8 months. Selecting the Next button may result in a CCE denial for Medicare Only benefits based on age. To process another type of claim, select the Save & Exit button and proceed to MCS to complete the claim.

**i No additional lead(s) found.**  
No leads currently exist in Enhanced Leads and Appointment Systems (eLAS) for this individual. Refer to GN 00204.010 [Protective Filing](#) for information about protective filing dates and periods for Title II and Title XVI.

#### Filing Date

\* Indicates required information

#### Filing Date Options

\* **Protective filing date exists before today**  
If the answer is yes, protective filing date is required.

Yes  No

▼ Show Person Remarks (printed)  
No remarks

▼ Show File Documentation Notes  
No notes

**Next** Previous Save & Exit

# 15. Contact Information – Default

## T2/T18 Data

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Type</b> Medicare only
--	---	---	---------------------------------------

- T2/T18 Data
- Applicant Information
- Person Information
- Filing Date
- Contact Information**
- Earnings Information
- Insured Status
- Health Insurance

## Contact Information

\*Indicates required information

Addresses on Record [More info](#)

Address	Purpose	Duration	Actions
No records found.			

[Add New Address](#)

### Primary Phone Number

U.S.     International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

- Select All Options
- Receive text message
- Receive voice message

### Primary Phone Number Remarks

(250 characters maximum)

Characters remaining: 250

### Alternate Phone Number

U.S.     International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

- Select All Options

Receive text message

Receive voice message

**Alternate Phone Number Remarks**

(250 characters maximum)

[Empty text area for alternate phone number remarks]

Characters remaining: 250

**Email Address**

[Empty email address input field]

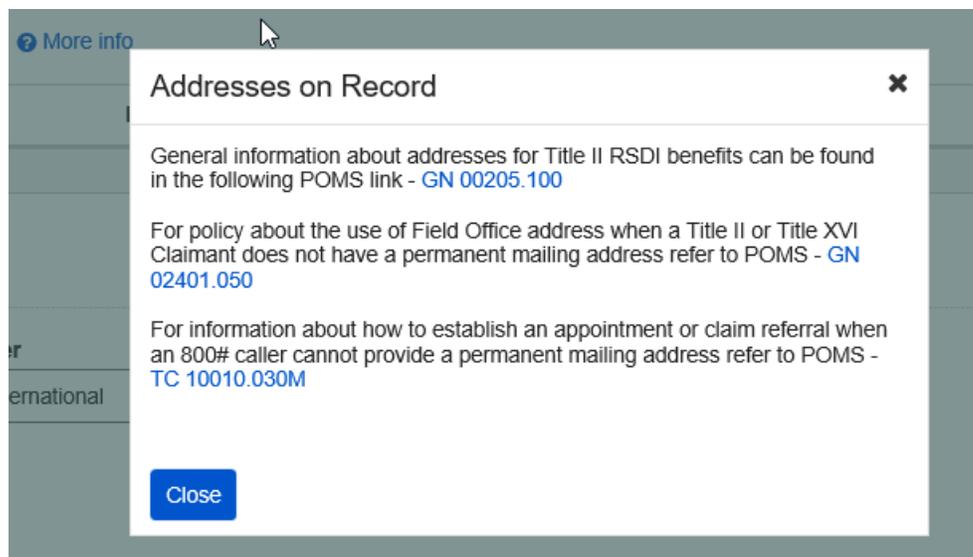
**\*Spoken Language Preference**

[Dropdown menu for spoken language preference]

**\*Written Language Preference**

[Dropdown menu for written language preference]

## 16. Contact Information – Addresses on record: more info



The screenshot shows a modal window titled "Addresses on Record" with a close button (X) in the top right corner. The modal contains three paragraphs of text, each with a blue hyperlink. A blue "Close" button is located at the bottom left of the modal. The background of the page is a dark grey sidebar with a "More info" link and some partially visible text like "International".

More info

### Addresses on Record

General information about addresses for Title II RSDI benefits can be found in the following POMS link - [GN 00205.100](#)

For policy about the use of Field Office address when a Title II or Title XVI Claimant does not have a permanent mailing address refer to POMS - [GN 02401.050](#)

For information about how to establish an appointment or claim referral when an 800# caller cannot provide a permanent mailing address refer to POMS - [TC 10010.030M](#)

Close

## 17. Contact Information – Add New Address Modal with US Address

**Note:** The “Current T2/T18 Residence start date” will be displayed only when “T2/T18 Residence” option is selected.

### Add New Address

\*Indicates required information

**\*Address**

Country

Street Address  Apartment, Suite, Building, Etc.

Line 3  Line 4

City/Town  State/Territory  ZIP Code

State and County Code

**\*Apply this address to all applicable purposes**

<input checked="" type="checkbox"/> Select all
<input checked="" type="checkbox"/> T2/T18 Mailing
<input checked="" type="checkbox"/> T2/T18 Residence

**\*Current T2/T18 residence start date**  
  
mm/dd/yyyy

## 18. Contact Information – Add New Address Modal with International Address

### Add New Address

\*Indicates required information

**\*Address**

Country

Street Address  Apartment, Suite, Building, Etc.

Line 3  Line 4

City/Town  State/Province/Region  Postal Code

**Consular Code**

**\*Apply this address to all applicable purposes**

<input type="checkbox"/> Select all
<input checked="" type="checkbox"/> T2/T18 Mailing
<input type="checkbox"/> T2/T18 Residence

# 19. Contact Information – Multiple addresses on record

Consolidated Claims Experience John Doe ▾

[Home](#)

---

T2/T18 Data

Claim Social Security Number (SSN)	Claimant Name	Claimant Social Security Number (SSN)	Claimant 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
- Health Insurance

### Contact Information

\*Indicates required information

**Addresses on Record** [More info](#)

Address	Purpose	Duration	Actions
100 Main St, Baltimore, MD 21244	Most Recently Provided Mailing		
100 Main St, Baltimore, MD 21244	Electronic Service		
100 Main St, Baltimore, MD 21244	T2/T18 Mailing		<a href="#">Edit</a>
100 Main St, Baltimore, MD 21244	T2/T18 Residence	01/12/10 - Present	<a href="#">Edit</a> <a href="#">View History</a>

[Manage Addresses](#)

---

#### Primary Phone Number

U.S.  International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

- Select All Options
- Receive text message
- Receive voice message

#### Primary Phone Number Remarks

(250 characters maximum)

Characters remaining: 250

**Alternate Phone Number**

U.S.     International

10-digit Number

145-259-5740

TTY Number

Receive a message on this phone by one or more of the following methods:

<input type="checkbox"/> <b>Select All Options</b>
<input checked="" type="checkbox"/> Receive text message
<input type="checkbox"/> Receive voice message

**Alternate Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Email Address**

**\*Spoken Language Preference**

--

**\*Written Language Preference**

--

**Save**    Cancel

## 20. Contact Information – Manage Addresses: default

### Manage Addresses

• Indicates required information

Select one of the addresses below or enter a new address

<input type="radio"/> Add new address
<input type="radio"/> 300 Creek Dr, Columbia, MD 21043
<input type="radio"/> 400 Palm St, Pikesville, MD 21777

• Select all applicable address purposes

<input type="checkbox"/> Select all
<input type="checkbox"/> T2/T18 Mailing
<input type="checkbox"/> T2/T18 Residence

## 21. Contact Information – Manage Addresses: Add new address

### Manage Addresses

•Indicates required information

Select one of the addresses below or enter a new address

Add new address

300 Creek Dr, Columbia, MD 21043

400 Palm St, Pikesville, MD 21777

•Address

Country

United States or U.S. Territor ▼

Street Address

Apartment, Suite, Building, Etc.

Line 3

Line 4

City/Town

State/Territory  ▼

ZIP Code

State and County Code

•Select all applicable address purposes

Select all

T2/T18 Mailing

T2/T18 Residence

## 22. Contact Information – Manage Addresses: Select from existing address

### Manage Addresses

\*Indicates required information

Select one of the addresses below or enter a new address

<input type="radio"/> Add new address
<input checked="" type="radio"/> 300 Creek Dr, Columbia, MD 21043
<input type="radio"/> 400 Palm St, Pikesville, MD 21777

\*Select all applicable address purposes

<input checked="" type="checkbox"/> Select all
<input checked="" type="checkbox"/> T2/T18 Mailing
<input checked="" type="checkbox"/> T2/T18 Residence

\*Current T2/T18 residence start date

mm/dd/yyyy

## 23. Contact Information – Edit address

**Note:** The Address fields can be populated with the “222 Elm St...” address with a single click by clicking the “Use this address” button next to the address.

Similarly, to populate the address fields with the “333 Birch St...” address, the corresponding “Use this address button” must be clicked.

The user can also manually overwrite the address fields at any time.

### T2/T18 Residence

Select one of the addresses below or enter a new address

\*Indicates required information

Addresses on Record	Actions
222 Elm St, Silver Spring, MD 21212	<button>Use this address</button>
333 Birch St, Odenton, MD 23344	<button>Use this address</button>

**\*Address**

Country

Street Address  Apartment, Suite, Building, Etc.

Line 3  Line 4

City/Town  State/Territory  ZIP Code

**State and County Code**

**\*Current T2/T18 residence start date**  
  
mm/dd/yyyy

## 24. Contact Information – T2/T18 prior residence up to 5 years requirement

Consolidated Claims Experience
John Doe ▾

Go To ▾

### T2/T18 Data

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

**!** Continuous prior residence information is required back to <date supplied by CCE>

#### T2/T18 Data

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

### Contact Information

\*Indicates required information

**Addresses on Record** [More info](#)

Address	Purpose	Duration	Actions
222 Elm St, Silver Spring, MD 21212	Most Recently Provided Mailing		
222 Elm St, Silver Spring, MD 21212	Electronic Service		
222 Elm St, Silver Spring, MD 21212	T2/T18 Mailing		<a href="#">Edit</a>
222 Elm St, Silver Spring, MD 21212	T2/T18 Residence	01/01/2020 - Present	<a href="#">Edit</a> <a href="#">View History</a>

[Manage Addresses](#)

---

#### Primary Phone Number

U.S.
  International

10-digit Number

TTY Number

Receive a message on this phone by one or more of the following methods:

Select All Options

Receive text message

Receive voice message

#### Primary Phone Number Remarks

(250 characters maximum)

Characters remaining: 250

**Alternate Phone Number**

U.S.     International

10-digit Number

145-259-5740

TTY Number

Receive a message on this phone by one or more of the following methods:

Select All Options

Receive text message

Receive voice message

**Alternate Phone Number Remarks**

(250 characters maximum)

Characters remaining: 250

**Email Address**

**\*Spoken Language Preference**

--

**\*Written Language Preference**

--

**Save**    Cancel

## 25. Contact Information – T2/T18 Residence history - Prior residence up to 5 years requirement

Consolidated Claims Experience John Doe

Go To

### T2/T18 Data

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Type</b> Medicare only
--	---	---	---------------------------------------

T2/T18 Data

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

**!** Continuous prior residence information is required back to <date supplied by CCE>

### T2/T18 Residence History

Residence Start Date	Residence End Date	Residence Country	Actions
01/01/2020	Present	United States or U.S Territory	
01/01/2018	12/31/2019	Australia	<a href="#">Edit</a> <a href="#">Delete</a>
01/01/2017	12/31/2017	United States or U.S Territory	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Period of Residence](#)

[Save](#) [Cancel](#)

## 26. Contact Information – Add Period of residence

### Add Period of Residence

\*Indicates required information

**\*Residence start date**

mm/dd/yyyy

**\*Residence end date**

mm/dd/yyyy

**\*Residence country**

## 27. Contact Information – T2/T18 Residence History – Warning – Gaps in residence information

Consolidated Claims Experience John Doe ▾

Go To ▾

### T2/T18 Data

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Type</b> Medicare only
--	---	---	---------------------------------------

**T2/T18 Data**

- ✓ Applicant Information
- ✓ Person Information
- ✓ Filing Date
- ✓ Contact Information**
- Earnings Information
- Insured Status
- Health Insurance

**!** Gaps are present in the periods of residence information.  
Please provide continuous prior residence information back to <date supplied by CCE>.

### T2/T18 Residence History

Residence Start Date	Residence End Date	Residence Country	Actions
01/01/2020	Present	United States or U.S Territory	
01/01/2018	12/31/2019	Australia	<a href="#">Edit</a> <a href="#">Delete</a>
01/01/2016	12/31/2016	United States or U.S Territory	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Period of Residence](#)

[Save](#) [Cancel](#)

## 28. Contact Information – T2/T18 Residence History – Error - Overlapping periods of residence

Consolidated Claims Experience John Doe

Go To

### T2/T18 Data

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Type</b> Medicare only
--	---	---	---------------------------------------

T2/T18 Data

- ✔ Applicant Information
- ✔ Person Information
- ✔ Filing Date
- ✔ Contact Information**
- Earnings Information
- Insured Status
- Health Insurance

✘ Overlapping periods of residence information. Please make the appropriate changes.

### T2/T18 Residence History

Residence Start Date	Residence End Date	Residence Country	Actions
01/01/2020	Present	United States or U.S Territory	
01/01/2018	12/31/2019	Australia	<a href="#">Edit</a> <a href="#">Delete</a>
01/01/2017	12/31/2019	United States or U.S Territory	<a href="#">Edit</a> <a href="#">Delete</a>

[Add Period of Residence](#)

[Save](#) [Cancel](#)

## 29. Earnings Information – Yes” to all

Consolidated Claims Experience

John 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

### Earnings Information

\* Indicates required information

**!** Earnings alerts found. Please review the following alerts and make corrections.

**!** Alerts: Employer gap found - no earnings reported for employer in 1997

**!** Alerts: Earnings discrepancy found - posted medicare earnings with total OASDI earnings less than maximum in 1997

### Computational Yearly Earnings

QCs = Quarters of Coverage, C = Covered, N = Non Covered, L = LAG, M = Military, R = Railroad, F = MQGE

[Show more info](#)

Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019			
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020			
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	CCCC				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	CCCC	2003	\$35,000.00	\$0.00	CCCC				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	CCCC	2008	\$40,000.00	\$0.00	CCCC				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	CCCC	2013	\$40,000.00	\$0.00	CCCC				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	CCCC				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				

**\* Agreed with the computational yearly earnings**

If the answer is no, please explain

Yes  No

**\* Worked under any other Social Security Number (SSN)**

Yes  No

**Other Social Security Numbers**

At least one SSN entry required

Social Security Number (SSN)	Action
	<a href="#">Delete</a>

**\* Worked last year or any time this year** [More info](#)

If the answer is yes, at least one earnings year is required.

Yes  No

**Last Year Total Earnings (2019)**

Indicate type of work and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

**Current Year Total Earnings (2020)**

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

**Recalculate Earnings.** A change has been indicated that requires the earnings to be re-calculated

[Recalculate Earnings](#)

**Show Person Remarks (printed)**

No remarks

**Show File Documentation Notes**

No notes

[Next](#) [Previous](#) [Save & Exit](#)

**Last Year Total Earnings (2019)**

Indicate type of work and amount earned below.

Type of work	Amount	Proof
-- Wages	\$	--
Self employment	\$	--

**Current Year Total Earnings (2020)**

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

**Note:** This is the drop list for "Type of work" from last year total earnings.

**Last Year Total Earnings (2019)**

Indicate type of work and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

- 
- Proof provided
- No proof provided
- Development pending

**Current Year Total Earnings (2020)**

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

**Note:** This is the drop list for "Proof" from last year total earnings.

Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
-- Wages Self employment	\$	--
--	\$	--

**Note:** This is the drop list for "Type of work" from current year total earnings.

Last Year Total Earnings (2019)

Indicate type of work and amount earned below.

Type of work	Amount	Proof
--	\$	--
--	\$	--

Current Year Total Earnings (2020)

Indicate Type of work, and amount earned below.

Type of work	Amount	Proof
--	\$	-- Proof provided No proof provided Development pending
--	\$	--

**Note:** This is the drop list for "Proof" from current year total earnings.

### 30. Earnings Information – “No” to all

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

#### Earnings Information

\* Indicates required information

**Earnings alerts found.** Please review the following alerts and make corrections.

**Alerts:** Employer gap found - no earnings reported for employer in 1997

**Alerts:** Earnings discrepancy found - posted medicare earnings with total OASDI earnings less than maximum in 1997

#### Computational Yearly Earnings

QCs = Quarters of Coverage, C = Covered, N = Non Covered, L = LAG, M = Military, R = Railroad, F = MQGE

[Show more info](#)

Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019			
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020			
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	CCCC				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	CCCC	2003	\$35,000.00	\$0.00	CCCC				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	CCCC	2008	\$40,000.00	\$0.00	CCCC				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	CCCC	2013	\$40,000.00	\$0.00	CCCC				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	CCCC				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				

**\* Agreed with the computational yearly earnings**

If the answer is no, please explain

Yes  No

**Reason**

500 characters maximum

Characters remaining: 500

**\* Worked under any other Social Security Number (SSN)**

Yes  No

**\* Worked last year or any time this year** [More info](#)

If the answer is yes, at least one earnings year is required.

Yes  No

**\* Stopped working since**

mm/dd/yyyy

Never worked

**Recalculate Earnings.** A change has been indicated that requires the earnings to be re-calculated

[Recalculate Earnings](#)

**▼ Show Person Remarks (printed)**

No remarks

**▼ Show File Documentation Notes**

No notes

[Next](#) [Previous](#) [Save & Exit](#)

# 31. Insured Status

Go To ▾

## T2/T18 Data

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

### T2/T18 Data

✔ Applicant Information

✔ Person Information

✔ Filing Date

✔ Contact Information

✔ Earnings Information

### Insured Status

Lawful Presence

Health Insurance

## Insured Status

### Periods of Insured Status

▾ Show More Info

Type	Date First Insured	Date Last Insured
Retirement	01/01/2020	---

### Insured Status

▾ Show More Info

Insured Status	Insured	Total Quarters Required	Quarters Earned	Additional Quarters Needed	MQGE Quarters Used
Fully Insured Non-Exclusion	Yes	40	40	0	2
Fully Insured Exclusion	Yes	40	40	0	2

Next

Previous

Exit

## 32. Lawful Presence – Default View

Consolidated Claims Experience John Doe ▾

[Home](#)  ▾

### 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

#### Lawful Presence

\* Indicates required information

\* **Lawful Presence**  
At least one entry is required

Lawful Presence Status	Start Date	Stop Date	Proof	Physically Present	Actions
No information found					

[Add New Lawful Presence](#)

✔ Show Person Remarks (printed)  
No remarks

✔ Show File Documentation Notes  
No notes

[Next](#) [Previous](#) [Save & Exit](#)

### 33. Lawful Presence – Add new lawful presence: LAPR status, “Yes” to status ended.

Consolidated Claims Experience John Doe ▾

Go To ▾

#### T2/T18 Data

Claim Number 123-45-6789	Claimant Name Jordan Wrangler
-----------------------------	----------------------------------

#### T2/T18 Data

- ✓ Applicant Information
- ✓ Person Information
- ✓ Filing Date
- ✓ Contact Information
- ✓ Earnings Information
- ✓ Insured Status

#### Lawful Presence

Health Insurance

#### Lawful Presence

\* Indicates required information

\* Lawful Presence Status  
At least one entry is required

Lawful Presence Status: Lawfully Admitted for Permanent Residence (LAPR) ▾

\* Start Date  
mm/dd/yyyy

\* Selected Status Ended  
 Yes  No

\* Stop Date  
mm/dd/yyyy

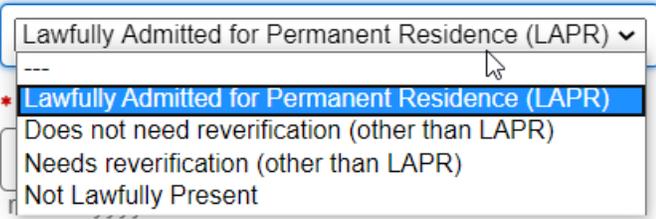
\* Proof  
-- ▾

Next Previous Save Cancel

## New Lawful Presence Status

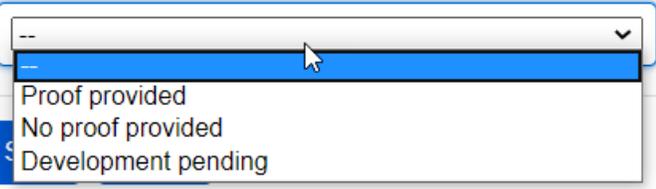
\* Indicates required information

### \* Lawful Presence Status

- 
- Lawfully Admitted for Permanent Residence (LAPR) ▾
- - Lawfully Admitted for Permanent Residence (LAPR)**
  - Does not need reverification (other than LAPR)
  - Needs reverification (other than LAPR)
  - Not Lawfully Present

**Note:** This is the drop list for “Lawful Presence Status”.

### \* Proof

- 
- ▾
- - Proof provided**
  - No proof provided
  - Development pending

**Note:** This is the drop list for “Proof”.

### 34. Lawful Presence – Add new lawful presence: LAPR status, “No” to status ended.

Consolidated Claims Experience John Doe ▾

Go To ▾

#### T2/T18 Data

Claim Number 123-45-6789	Claimant Name Jordan Wrangler
-----------------------------	----------------------------------

#### T2/T18 Data

- Applicant Information
- Person Information
- Filing Date
- Contact Information
- Earnings Information
- Insured Status

#### Lawful Presence

Health Insurance

#### Lawful Presence

\* Indicates required information

\* Lawful Presence Status  
At least one entry is required

Lawful Presence Status: Lawfully Admitted for Permanent Residence (LAPR) ▾

\* Start Date  
mm/dd/yyyy

\* Selected Status Ended  
 Yes  No

\* Proof  
Proof provided ▾

Next Previous Save Cancel

### 35. Lawful Presence – Add new lawful presence: does not need reverification (other than LAPR)

Consolidated Claims Experience John Doe ▾

Go To ▾

---

T2/T18 Data

Claim Number 123-45-6789	Claimant Name Jordan Wrangler
-----------------------------	----------------------------------

T2/T18 Data

- ✓ Applicant Information
- ✓ Person Information
- ✓ Filing Date
- ✓ Contact Information
- ✓ Earnings Information
- ✓ Insured Status

**Lawful Presence**

Health Insurance

**Lawful Presence**

\* Indicates required information

\* Lawful Presence Status  
At least one entry is required

Lawful Presence Status  
No information found

mm/dd/yyyy

\* Selected Status Ended  
 Yes  No

\* Proof

Proof provided

Next Previous **Save** Cancel

### 36. Lawful Presence – Add new lawful presence: needs reverification (other than LAPR)

Consolidated Claims Experience John Doe ▾

Go To ▾

---

**T2/T18 Data**

<b>Claim Number</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler
------------------------------------	---

---

**T2/T18 Data**

- ✔ Applicant Information
- ✔ Person Information
- ✔ Filing Date
- ✔ Contact Information
- ✔ Earnings Information
- ✔ Insured Status

**Lawful Presence**

Health Insurance

**New Lawful Presence Status**

\* Indicates required information

\* **Lawful Presence Status**

Needs reverification (other than LAPR) ▾

\* **Start Date**

mm/dd/yyyy

\* **Selected Status Ended**

Yes  No

\* **Proof**

Proof provided ▾

Next Previous

### 37. Lawful Presence – Add new lawful presence: not lawfully present, “Yes” to physically present in the U.S.

Consolidated Claims Experience John Doe ▾

Go To ▾

#### T2/T18 Data

Claim Number 123-45-6789	Claimant Name Jordan Wrangler
-----------------------------	----------------------------------

#### T2/T18 Data

- ✓ Applicant Information
- ✓ Person Information
- ✓ Filing Date
- ✓ Contact Information
- ✓ Earnings Information
- ✓ Insured Status

#### Lawful Presence

Health Insurance

#### Lawful Presence

\* Indicates required information

\* Lawful Presence Status  
At least one entry is required

Lawful Presence Status  
No information found

mm/dd/yyyy

\* Selected Status Ended  
 Yes  No

\* Stop Date  
mm/dd/yyyy

\* Physically Present in the U.S.  
 Yes  No

Next Previous Save Cancel

### 38. Lawful Presence – Add new lawful presence: not lawfully present, “No” to physically present in the U.S.

Consolidated Claims Experience John Doe ▾

Go To ▾

#### T2/T18 Data

Claim Number 123-45-6789	Claimant Name Jordan Wrangler
-----------------------------	----------------------------------

#### T2/T18 Data

- ✓ Applicant Information
- ✓ Person Information
- ✓ Filing Date
- ✓ Contact Information
- ✓ Earnings Information
- ✓ Insured Status

#### Lawful Presence

Health Insurance

#### Lawful Presence

\* Indicates required information

\* Lawful Presence Status  
At least one entry is required

Lawful Presence  
No information found

Add New Lawful Presence

Show Person Remarks  
No remarks

Show File Documents  
No notes

Next Previous

#### New Lawful Presence Status

\* Indicates required information

\* Lawful Presence Status

\* Start Date

\* Selected Status Ended  
 Yes  No

\* Physically Present in the U.S.  
 Yes  No

Save Cancel

### 39. Lawful Presence – Two rows

Consolidated Claims Experience John Doe ▾

[Home](#)  ▾

#### 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

#### Lawful Presence

\* Indicates required information

\* **Lawful Presence**  
At least one entry is required

Lawful Presence Status	Start Date	Stop Date	Proof	Physically Present	Actions
Legally Admitted Permanent Resident (LAPR)	01/01/2016	01/30/2020	Proof provided	--	<input type="button" value="Select"/> <input type="button" value="Delete"/>
Legally Admitted Permanent Resident (LAPR)	05/05/2020	Continuing	Proof provided	--	<input type="button" value="Select"/> <input type="button" value="Delete"/>

## 40. Lawful Presence – Three rows

Consolidated Claims Experience John 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

#### Lawful Presence

\* Indicates required information

\* **Lawful Presence**  
At least one entry is required

Lawful Presence Status	Start Date	Stop Date	Proof	Physically Present	Actions
Not Lawfully Present	03/31/2012	03/01/2013	Proof provided	Yes	<a href="#">Select</a> <a href="#">Delete</a>
Needs Reverification (Other than LAPR)	03/02/2013	11/29/2018	Proof provided	--	<a href="#">Select</a> <a href="#">Delete</a>
Legally Admitted Permanent Resident (LAPR)	11/30/2018	Continuing	Proof provided	--	<a href="#">Select</a> <a href="#">Delete</a>

[Add Another](#)

[Next](#) [Previous](#) [Save & Exit](#)

# 41. Health Insurance – Default View

Consolidated Claims Experience
John Doe ▾

Home
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## 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

<b>Hospital Insurance (HI) Status</b>	<b>Supplemental Medical Insurance (SMI) Status</b>	<b>Enrollment Period</b>	<b>Receiving SSI</b>
No HI data located	No SMI data located	Initial (IEP)	No
<b>Enrollment Period End Date</b>	<b>Attainment of Age 65</b>	<b>Birth Date</b>	
03/2021	12/25/2020	12/26/1955	

**i 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](#)

**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.

[Show more](#)

**\* SMI Enrollment Options**

-- ▾

**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](#)

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

✓ Show Person Remarks (printed)

No remarks

✓ Show File Documentation Notes

No notes

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Save & Exit

## 42. Health Insurance – Enroll SMI, “Yes” to all

Consolidated Claims Experience
John 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

- 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	Supplemental Medical Insurance (SMI) Status	Enrollment Period	Receiving SSI
No HI data located	No SMI data located	Initial (IEP)	No

Enrollment Period End Date	Attainment of Age 65	Birth Date
03/2021	12/25/2020	12/26/1955

**i 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](#)

**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-11020) 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](#)

**\* SMI Enrollment Options**

Enroll

**\* Receiving Medicaid** [More Info](#)

Yes  No

**Benefits**

Type of Assistance	Case # or SSN	State	Eligibility Start Month	Eligibility End Month	Verified	Actions
No information found						

Add New Benefit

**\* Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management**

Yes  No

**\* Claimant wishes to have SMI premiums withheld from OPM annuity**

Yes  No

**\* Civil Service Annuity Type**

Annuitant

**\* Civil Service Annuity Number**

Civil Service Annuity number is required for claim processing when premium deduction is involved.

Unknown

**\* Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65**

[Evidence of GHP or LGHP Coverage Based on Current Employment Status](#)

[CMS Form L-564](#)

Yes  No

**Group Health Plan Coverage**

Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date	Verified	Actions
No information found						

Add New Coverage

**Medicare Part B (SMI) start month**

012020

**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](#)

**Date of Error, Misinformation, or inaction of Government Agent/Employee**

mm/yyyy

Equitable Relief Granted

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](#)

**Enter the alleged birth date that caused the person to mistakenly believe that he/she was under age 65 during the initial enrollment period (IEP)**

mm/dd/yyyy

[Show Person Remarks \(printed\)](#)

No remarks

[Show File Documentation Notes](#)

No notes

[Next](#) [Previous](#) [Save & Exit](#)

**\* SMI Enrollment Options**

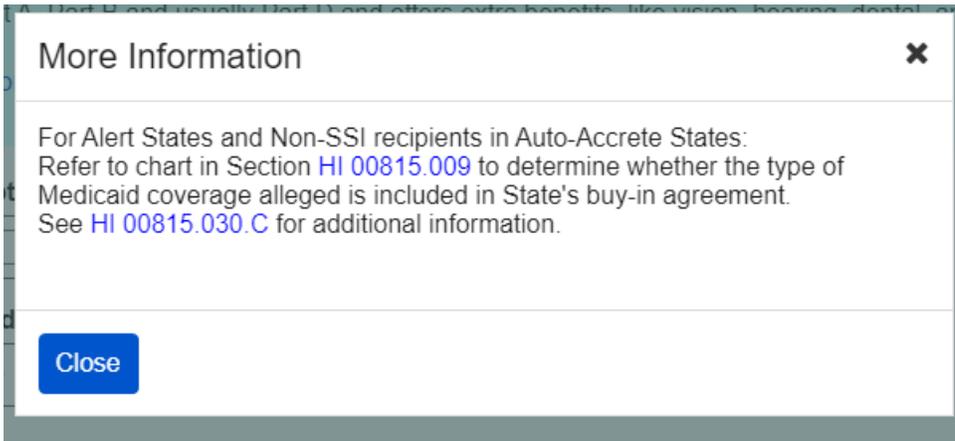
Enroll  
Refuse

**Note:** This is the drop list for “SMI Enrollment Options”.

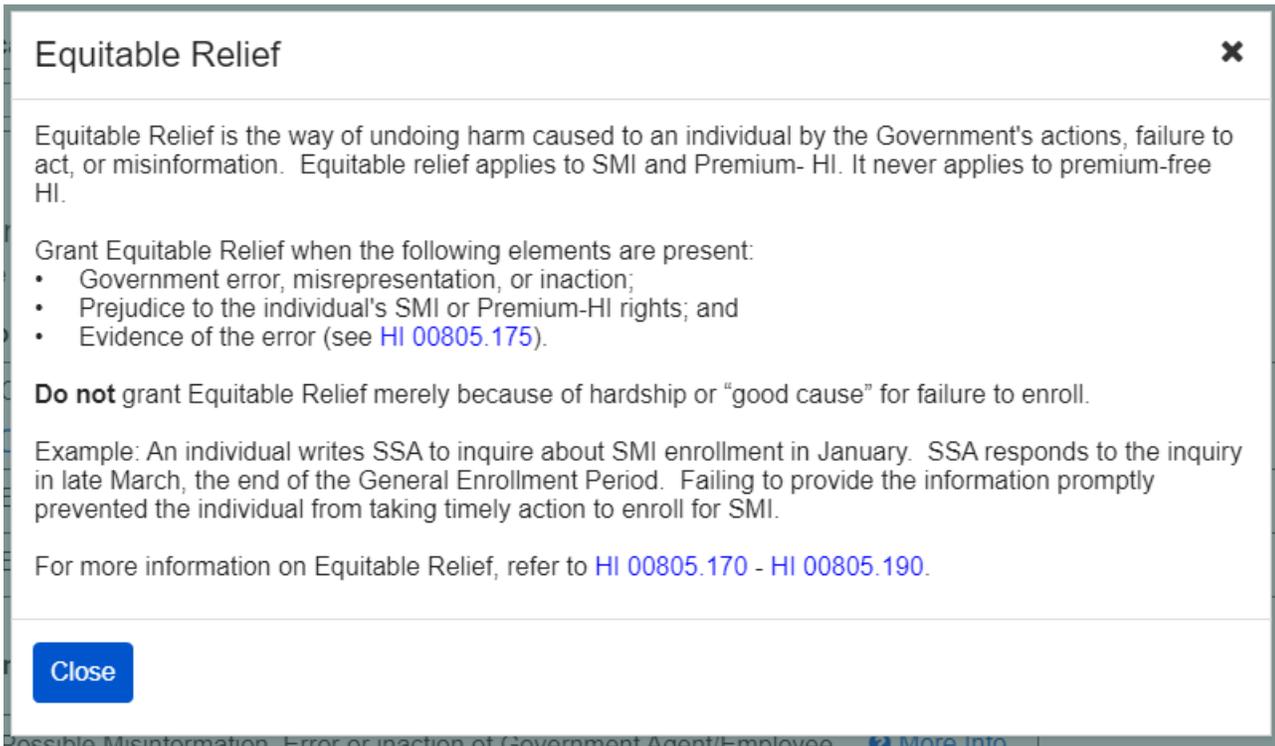
**\* Civil Service Annuity Type**

Annuitant  
Survivor  
Spouse

**Note:** This is the drop list for “Civil Service Annuity Type”.



**Note:** This is a more info pop-up for “Receiving Medicaid” question.



**Note:** This is the pop-up more info for “Equitable Relief”.

## Crimes Against the U.S. ✕

An individual who is convicted of a crime against the U.S. is not eligible for SMI.

Crimes against the U.S. include:

- **Espionage:** the practice of spying or of using spies, typically by governments to obtain political and military information
- **Sabotage:** deliberately destroy, damage, or obstruct (something), especially for political or military advantage
- **Treason:** the crime of betraying one's country, especially by attempting to kill the sovereign or overthrow the government
- **Sedition** - conduct or speech inciting people to rebel against the authority of a state or government
- **Subversive activities** - Anyone lending aid, comfort, and moral support to individuals, groups or organizations that advocate the overthrow of incumbent governments by force and violence is subversive and is engaged in subversive activity

For more information on of crimes against the U.S. preclusions, refer to [HI 00801.086](#).

Close

**Note:** This is the pop-up more info for “Crimes Against the U.S.”.

### 43. Health Insurance – Enroll SMI, “No” to all

Consolidated Claims Experience John Doe ▾

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#### 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	Supplemental Medical Insurance (SMI) Status	Enrollment Period	Receiving SSI
No HI data located	No SMI data located	Initial (IEP)	No

Enrollment Period End Date	Attainment of Age 65	Birth Date
03/2021	12/25/2020	12/26/1955

**i 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](#)

**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.

[Show more](#)

\* SMI Enrollment Options

▾

\* Receiving Medicaid [More Info](#)

Yes  No

\* Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management

Yes  No

\* Spouse receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management

Yes  No

\* Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65

[Evidence of GHP or LGHP Coverage Based on Current Employment Status](#)

[CMS Form L-564](#)

Yes  No

### 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

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## 44. Health Insurance – Refuse SMI

Consolidated Claims Experience

John Doe ▾

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### T2/T18 Data

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789	<b>Claim Type</b> 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

<b>Hospital Insurance (HI) Status</b> No HI data located	<b>Supplemental Medical Insurance (SMI) Status</b> No SMI data located	<b>Enrollment Period</b> Initial (IEP)	<b>Receiving SSI</b> No
<b>Enrollment Period End Date</b> 03/2021	<b>Attainment of Age 65</b> 12/25/2020	<b>Birth Date</b> 12/26/1955	

#### **i** 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

#### **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.

▾ Show more

#### \* SMI Enrollment Options

Refuse ▾

#### **!** Just as a reminder, if you decide to enroll in SMI later:

- You may have delayed coverage when decide to enroll.
- You may have to pay a higher premium due to a penalty for late enrollment.
- If covered under your or your spouse's current employer group health plan, you may qualify for a Special Enrollment Period, or have your penalty reduced.

#### 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](#)

45. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, “Yes” to all

### Add New Benefit

\* Indicates required information

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

Medicaid - Cash benefits (From the ▾)

\* **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**

Yes  No

\* **Eligibility End Month**

mm/yyyy

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

Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is received.

Yes

No

**\* Location of Public Assistance Office**

**\* Agency Contact**

Enter name or agency title

**Agency Contact Method**

Save

Cancel

## Add New Benefit

\* Indicates required information

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

- 
- Medicaid - Cash benefits (From the State)
- Medicaid - Cash (SSI)
- Medicaid Only

**\* Welfare Case Number/SSN**

**Note:** This is the drop list for "Type of Assistance".

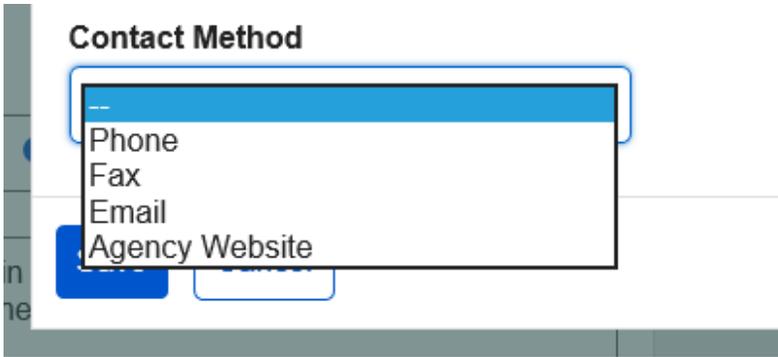
**\* State**

- 
- Alabama
- Alaska
- American Samoa
- Arizona
- Arkansas

The values in the dropdown are:

- 50 U.S. states
- District of Columbia
- Guam

- Northern Mariana Islands
- Virgin Islands



**Note:** This is the drop list for “Contact Method”.

## 46. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, “Yes” to all, verified through SSA system

### Add New Benefit

\* Indicates required information

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

Medicaid - Cash benefits (From the ▾)

**\* 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**

Yes  No

**\* Eligibility End Month**

mm/yyyy

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

Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is received.

Yes

No

Verified through SSA system

## 47. Health Insurance – Enroll SMI, Add new benefits pop-up, Medicaid-cash benefits from the state, “No” to all

ow more

### Add New Benefit

\* Indicates required information

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

Medicaid - Cash benefits (From the )

\* **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**

Yes  No

\* **Verified for State Buy-in Eligibility**  
Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is

Yes  
 No

ficiaries who are automatically eligible for Extra Help.

## 48. Health Insurance – Enroll SMI, Add new benefits pop-up window, Medicaid-cash SSI

it

### Add New Benefit

\* Indicates required information

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

Medicaid - Cash (SSI) ▼

**!** **Claimant is not currently receiving SSI**  
Select one of the other two options in the dropdown.

Save Cancel

Management

## 49. Health Insurance – Enroll SMI, Add new benefits pop-up window, Medicaid only

### Add New Benefit

\* 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**  
 Yes  No

\* **Eligibility End Month**  
  
mm/yyyy

\* **Verified**  
Select 'Yes' when proof for Welfare Case #, State, and Eligibility Dates is  
 Yes  
 No  
 Verified through SSA system

\* **Location of Public Assistance Office**

\* **Agency Contact**  
Enter name or agency title

**Contact Method**

## 50. Health Insurance – Enroll SMI, Add new coverage pop-up, Group health plan, Yes to all

### Add New Coverage

\* Indicates required information

**\* Plan Type**

Group Health Plan

**\* Coverage Start Date**

mm/yyyy

**\* Coverage Ended**

Yes  No

**\* Coverage Stop Date**

mm/yyyy

**\* Employment Start Date**

mm/yyyy

**\* Employment Ended**

Yes  No

**\* Employment Stop Date**

mm/yyyy

**\* Verified**

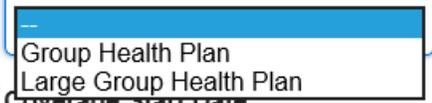
Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Employment Dates.

Yes  No

## Add New Coverage

\* Indicates required information

\* **Plan Type**



Group Health Plan  
Large Group Health Plan

\* **Coverage Start Date**

**Note:** This is the drop list for “Plan Type”.

# 51. Health Insurance – Enroll SMI, Civil Service Annuity, Yes to Claimant

Consolidated Claims Experience
John Doe ▾

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## 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

<b>Hospital Insurance (HI) Status</b>	<b>Supplemental Medical Insurance (SMI) Status</b>	<b>Enrollment Period</b>	<b>Receiving SSI</b>
No HI data located	No SMI data located	Initial (IEP)	No
<b>Enrollment Period End Date</b>	<b>Attainment of Age 65</b>	<b>Birth Date</b>	
03/2021	12/25/2020	12/26/1955	

**i 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](#)

**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.

[Show more](#)

**\* SMI Enrollment Options**

Enroll ▾

**\* Receiving Medicaid** [More Info](#)

Yes
  No

**\* Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management**

Yes
  No

**\* Claimant wishes to have SMI premiums withheld from OPM annuity**

Yes
  No

**\* Civil Service Annuity Type**

Annuitant ▾

**\* Civil Service Annuity Number**

Civil Service Annuity number is required for claim processing when premium deduction is involved.

Unknown

## 52. Health Insurance – Enroll SMI, Civil Service Annuity, No to Claimant and Yes to Spouse

\* Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management

Yes  No

\* Spouse receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management

Yes  No

\* Claimant wishes to have SMI premiums withheld from spouse's OPM annuity

Yes  No

\* Civil Service Annuity Type

Annuitant

\* Civil Service Annuity Number

Civil Service Annuity number is required for claim processing when premium deduction is involved.

CSA   Unknown

Spouse enrolled in SMI

Consent obtained from spouse [Development of deduction of SMI Premiums](#)

### 53. Health Insurance – Receiving Medicaid table with row filled

\*Receiving Medicaid [More Info](#)

Yes  No

#### Benefits

Type of Assistance	Case # or SSN	State	Eligibility Start Month	Eligibility End Month	Verified	Actions
Medicaid	W12135687	MD	01/2001	Continuing	Yes	<a href="#">Select</a> <a href="#">Delete</a>

[Add Another](#)

## 54. Health Insurance – Group Health Plan table with row filled

\* Group Health Plan coverage through the claimant or spouse's active employment on or after attainment of age 65

[Evidence of GHP or LGHP Coverage Based on Current Employment Status](#)

[CMS Form L-564](#)

Yes  No

### Group Health Plan Coverage

Plan Type	Coverage Start Date	Coverage Stop Date	Employment Start Date	Employment Stop Date	Verified	Actions
Group Health Plan	04/2001	Continuing	04/2001	Continuing	Yes	<a href="#">Select</a> <a href="#">Delete</a>

[Add Another](#)

SMI start month

--

## 55. Health Insurance – Enroll SMI, Add new coverage pop-up, Group health plan, “No” to all

### Add New Coverage

\* Indicates required information

**\* Plan Type**

Group Health Plan

**\* Coverage Start Date**

mm/yyyy

**\* Coverage Ended**

Yes  No

**\* Employment Start Date**

mm/yyyy

**\* Employment Ended**

Yes  No

**\* Verified**

Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Employment Dates.

Yes

No

## 56. Health Insurance – Enroll SMI, Group health plan for volunteer service – Yes

Consolidated Claims Experience
John 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

- Person Information
- Application Information
- Protective Filing
- Contact Information
- Earnings Information
- Insured Status
- Lawful Presence
- Health Insurance**

### Health Insurance

\* Indicates required information

<b>Hospital Insurance (HI) Status</b> No HI data located	<b>Supplemental Medical Insurance (SMI) Status</b> No SMI data located	<b>Enrollment Period</b> Initial (IEP)
<b>Enrollment Period End Date</b> 03/2021	<b>Attainment of Age 65</b> 12/25/2020	<b>Birth Date</b> 12/26/1955

**i 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](#)

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

- 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.

[Show more](#)

**\* SMI Enrollment Options**

Enroll ▾

**\* Receiving Supplemental Security Income (SSI) or Medicaid** [More Info](#)

Yes
  No

**\* Receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management**

Yes
  No

**\* Spouse receiving an annuity under the Federal Civil Service Retirement Act or other law administered by the Office of Personnel Management**

Yes
  No

**\* Group Health Plan coverage through the claimant or spouse's active employment, or health insurance as an International Volunteer, on or after attainment of age 65**

[Evidence of GHP or LGHP Coverage Based on Current Employment Status](#)

[CMS Form L-564](#)

Yes
  No

## Group Health Plan Coverage

Plan Type	Coverage Start Date	Coverage Stop Date	Coverage Ended	Employment /Volunteer Service Start Date	Employment /Volunteer Service Stop Date	Employment /Volunteer Service Ended	Verifi ed	Actions
No information found								

[Add New Coverage](#)

### Medicare Part B (SMI) start month

012020

### 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

Equitable Relief requested by the Health Insurance applicant [More Information](#)

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 Information](#)

Deemed Initial Enrollment Period Date of Birth [More Information](#)

[Show Person Remarks \(printed\)](#)

No remarks

[Show File Documentation Notes](#)

No notes

[Next](#)

[Previous](#)

[Save & Exit](#)

## 57. Health Insurance – Enroll SMI, Group health plan for volunteer service – Yes

### Add New Coverage

\* Indicates required information

**\* Plan Type**

**\* Coverage Start Date**  
  
mm/yyyy

**\* Coverage ended**  
 Yes  No

**\* Volunteer Service Outside U.S. Start Date**  
  
mm/yyyy

**\* Volunteer Service Outside U.S. Ended**  
 Yes  No

**\* Verified**  
Select 'Yes' when you receive proof for Plan Type, Coverage Dates and Volunteer Service Dates.  
 Yes  
 No

# 58. Edits and Alerts

Consolidated Claims Experience John 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

NextPreviousExit

## 59. Pre-adjudicative Results

Consolidated Claims Experience

John Doe ▾

Go To ▾

### T2/T18 Data

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

### T2/T18 Data

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

### Pre-adjudicative Results

### 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, 21208-3116 United States
Residence Address	123 Sesame Street, Baltimore, Maryland, 21208-3116 United States
State and County Code	XXX
Phone Number	(410) 111-2000

### 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		--		--	--

### 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
Allowance	Eligible
Attainment Age	01/07/2020
Civil Service Annuitant	No
Medicaid Eligibility	No
Criminal/Non-Criminal	No

**Periods of Insured Status**

Type	Date First Insured
Medicare	01/01/2020

**Insured Status**

Fully Insured	Total Quarters of Coverage Earned	MQGE Quarters
Yes	40	Yes

**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

**Computational Yearly Earnings**

QCs = Quarters of Coverage, C = Covered, N = Non Covered, L = LAG, M = Military, R = Railroad, F = MQGE

[Show more info](#)

Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's	Year	Taxed Social Security Earnings	Taxed Medicare Earnings	QC's
1976	\$45,000.00	\$0.00	CCNC	1996	\$40,000.00	\$0.00	CCNC	2016	\$35,000.00	\$500.00	CCFC
1977	\$40,000.00	\$0.00	CCNN	1997	\$35,000.00	\$0.00	CCNN	2017	\$40,000.00	\$1,200.00	CCFF
1978	\$45,000.00	\$0.00	CCCC	1998	\$35,000.00	\$0.00	CCCC	2018	\$38,000.00	\$600.00	CCFC
1979	\$40,000.00	\$0.00	NNNN	1999	\$40,000.00	\$0.00	NNNN	2019	--	--	--
1980	\$45,000.00	\$0.00	CCNC	2000	\$45,000.00	\$0.00	CCNC	2020	--	--	--
1981	\$35,000.00	\$0.00	CCNC	2001	\$40,000.00	\$0.00	CCCC				
1982	\$45,000.00	\$0.00	CCNN	2002	\$35,000.00	\$0.00	CCCC				
1983	\$35,000.00	\$0.00	CCCC	2003	\$35,000.00	\$0.00	CCCC				
1984	\$35,000.00	\$0.00	NNNN	2004	\$35,000.00	\$0.00	CCNN				
1985	\$45,000.00	\$0.00	CCNC	2005	\$35,000.00	\$0.00	CCNC				
1986	\$35,000.00	\$0.00	CCNC	2006	\$35,000.00	\$0.00	CCNC				
1987	\$45,000.00	\$0.00	CCNN	2007	\$35,000.00	\$0.00	CCNN				
1988	\$40,000.00	\$0.00	CCCC	2008	\$40,000.00	\$0.00	CCCC				
1989	\$35,000.00	\$0.00	NNNN	2009	\$35,000.00	\$0.00	NNNN				
1990	\$45,000.00	\$0.00	CCNC	2010	\$40,000.00	\$0.00	CCNC				
1991	\$35,000.00	\$0.00	CCNC	2011	\$35,000.00	\$0.00	CCNC				
1992	\$40,000.00	\$0.00	CCNN	2012	\$35,000.00	\$0.00	CCNN				
1993	\$35,000.00	\$0.00	CCCC	2013	\$40,000.00	\$0.00	CCCC				
1994	\$35,000.00	\$0.00	NNNN	2014	\$35,000.00	\$0.00	CCCC				
1995	\$45,000.00	\$0.00	CCNC	2015	\$40,000.00	\$2,000.00	CCFC				

Next Previous Exit

## 60. Attestation and Printing – No previous record

Consolidated Claims Experience John Doe ▾

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### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

#### Development

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

#### Attestation and Printing

\* Indicates required information

**Attestation**  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	--	--	--	--

[Add Signature and Attestation](#)

[Next](#) [Previous](#) [Exit](#)

## 61. Attestation and Printing – No previous record: add oral signature

### Add Attestation

\* Indicates required information

Claims

<b>Claim Type</b>
Medicare

\* **Signature Type**

<input checked="" type="radio"/> Oral
<input type="radio"/> Ink

**i End of the Interview - Review of printed output.** You will receive a printed summary copy of the information being used to process your/or name of child(ren)'s application to retain for your records. Do you understand that you must review all of this information carefully and let us know right away if anything needs to be corrected OR if any of the information changes?"

Claimant' affirmation of intent to file and understanding of penalty clause

\* **Do you understand that the information you provided will be used to process your application for benefits?**

Yes

\* **Do you declare under penalty of perjury that this information is true and correct and to the best of your knowledge?**

Yes

**Individual signature date for applicant**  
01/30/2020

Employee Attestation

<input checked="" type="checkbox"/> *I hearby declare that individual signed the application.
---

## 62. Attestation and Printing – Oral signature added

Consolidated Claims Experience John Doe ▾

Go To ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

#### Development

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

### Attestation and Printing

Attestation  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	Oral	01/30/2020	01/30/2020	Packer, S

Documents to be printed  
All the documents listed below must be printed.

Documents	Stored Date
Application Summary (signed)	--
Receipt	--
Reporting Responsibility	--

**Print.** Clicking "Next" will preview documents to be printed

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### 63. Attestation and Printing – Print unsigned application (Ink signature)

#### Add Attestation

\* Indicates required information

Claims

Claim Type
Medicare

\* Signature Type

<input type="radio"/> Oral
<input checked="" type="radio"/> Ink

**i** By clicking Save, you will print the unsigned Medicare Only application to the local printer.

**Save** **Cancel**

## 64. Attestation and Printing – View after printing unsigned application

Consolidated Claims Experience John Doe ▾

[Home](#) [Go To](#) ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

#### Development

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

### Attestation and Printing

Attestation  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	Ink	--	--	--

[Edit Signature and Attestation](#)

Documents printed

Documents	Stored Date
Medicare Application (unsigned)	01/25/2020

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## 65. Attestation and Printing – Edit ink signature

### Add Attestation

\* Indicates required information

Claims

**Claim Type**

Medicare

\* **Signature Type**

Oral

Ink

\* **Date SSA received signed application**

1/30/2020

mm/dd/yyyy

Employee Attestation

\*I hearby declare that individual signed the application.

**Save** Cancel

## 66. Attestation and Printing – View after Ink signature is added

Consolidated Claims Experience John Doe ▾

[Home](#)  ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

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

### Attestation and Printing

**Attestation**  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	Ink	01/30/2020	01/30/2020	Packer, S

**Document printed**

Documents	Stored Date
Medicare Only Application (unsigned)	01/25/2020

**Documents to be printed**  
All the documents below must be printed.

Documents	Stored Date
Application Summary (signed)	--
Receipt	--
Reporting Responsibility	--

**Print.** Clicking "Next" will preview documents to be printed

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## 67. Attestation and Printing – Query mode: Oral signature

Consolidated Claims Experience John Doe ▾

[Home](#)  ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

#### Development

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

### Attestation and Printing

Attestation

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	Oral	01/30/2020	01/30/2020	Packer, S

Documents printed

**i View only.** Please go to ORS to re-print documents.

Documents	Stored Date
Application Summary (signed)	01/30/2020
Receipt	01/30/2020
Reporting Responsibility	01/30/2020

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## 68. Attestation and Printing – Query mode: Ink signature

Consolidated Claims Experience John Doe ▾

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### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

**Attestation and Printing**

Development Worksheet

Person Statement

Report of Contact

### Attestation and Printing

Attestation

Claim Type	Signature Type	Signature Date	Attestation Date	Attested By
Medicare	Ink	01/30/2020	01/30/2020	Packer, S

Documents printed

**i View only.** Please go to ORS to re-print documents.

Documents	Stored Date
Medicare Application (unsigned)	01/25/2020
Application Summary (signed)	01/30/2020
Receipt	01/30/2020
Reporting Responsibility	01/30/2020

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## 69. Attestation and Printing (Amended Application) – Default View

Consolidated Claims Experience
John Doe ▾

Go To ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

**! Attestation and Printing**

✓ Development Worksheet

Person Statement

Report of Contact

### Attestation and Printing

**i Amended claim found**

System has found an amended claim. Select 'Add Signature and Attestation' button to record Individual's signature and employee attestation.

**Attestation**

Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	--	--	--	--
Medicare	Oral	01/25/2020	01/25/2020	Holt, T
Medicare	Oral	01/19/2020	01/19/2020	Last, B

[Add Signature and Attestation](#)

**Documents printed**

Selected Options	Stored Date
Application Summary (signed)	01/25/2020
Receipt	01/25/2020
Reporting Responsibility	01/25/2020

Next
Previous
Exit

## 70. Attestation and Printing (Amended Application) – Add oral signature & Attestation

### Add Attestation

\* Indicates required information

Claims

Claim Type

Amended Medicare Statement

\*Signature Type

Oral

Ink

**i End of the Interview - Review of printed output.** You will receive a printed summary copy of the information being used to process your/or name of child(ren)'s application to retain for your records. Do you understand that you must review all of this information carefully and let us know right away if anything needs to be corrected OR if any of the information changes?"

Claimant' affirmation of intent to file and understanding of penalty clause

\* Do you understand that the information you provided will be used to process your application for benefits?

Yes

\* Do you declare under penalty of perjury that this information is true and correct and to the best of your knowledge?

Yes

Individual signature date for applicant

01/27/2020

Employee Attestation

\*I hearby declare that individual signed the application.

Save Cancel

# 71. Attestation and Printing (Amended Application) – View after Oral Signature and Attestation

Consolidated Claims Experience John Doe ▾

Go To ▾

Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

- ✔ **Attestation and Printing**
- ✔ [Development Worksheet](#)
- [Person Statement](#)
- [Report of Contact](#)

### Attestation and Printing

**Attestation**  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	Oral	01/27/2020	01/27/2020	Lee, A
Medicare	Oral	01/25/2020	01/25/2020	Holt, A
Medicare	Oral	01/19/2020	01/19/2020	Last, B

**Documents to be printed**  
All the documents listed below must be printed.

Documents	Stored Date
Amended Medicare Statement (signed)	---

📘 **Print.** Clicking "Next" will preview amendment to be printed.

NextPreviousExit

## 72. Attestation and Printing (Amended Application) – Add ink signature and Printing

### Add Attestation

\* Indicates required information

Claims

**Claim Type**

Amended Medicare Statement

\***Signature Type**

Oral

Ink

**i** By clicking Save, you will print the unsigned Medicare Only application to the local printer.

**Save** **Cancel**

## 73. Attestation and Printing (Amended Application) – View after printing unsigned Amended Medicare Statement

Consolidated Claims Experience
John Doe ▾

Go To ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

**ⓘ Attestation and Printing**

✔ Development Worksheet

Person Statement

Report of Contact

### Attestation and Printing

**ⓘ Amended claim found**

System has found an amended claim. Select 'Edit Signature and Attestation' button to record Individual's signature and employee attestation.

**Attestation**  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	Ink	--	--	--
Medicare	Oral	01/25/2020	01/25/2020	Holt, T
Medicare	Oral	01/19/2020	01/19/2020	Last, B

[Edit Signature and Attestation](#)

**Documents to be printed**

Documents	Stored Date
Amended Medicare Application (unsigned)	01/27/2020

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[Exit](#)

## 74. Attestation and Printing (Amended Application) – Edit signed ink signature

### Add Attestation

\* Indicates required information

Claims

Claim Type
Amended Medicare Statement

\* Signature Type

<input type="radio"/> Oral
<input checked="" type="radio"/> Ink

\* Date SSA received signed application

01/30/2020
------------

mm/dd/yyyy

Employee Attestation

<input checked="" type="checkbox"/> *I hereby declare that individual signed the application.
---

# 75. Attestation and Printing (Amended Application) – View after receiving ink signature

Consolidated Claims Experience John Doe ▾

Go To ▾

## Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

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

### Attestation and Printing

**Attestation**  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	Ink	01/27/2020	01/30/2020	Lee, A
Medicare	Oral	01/25/2020	01/25/2020	Holt, T
Medicare	Oral	01/19/2020	01/19/2020	Last, B

**Document printed**

Documents	Stored Date
Amended Medicare Application (unsigned)	01/27/2020

**Documents to be printed**  
All the documents listed below must be printed.

Documents	Stored Date
Amended Application Summary (signed)	---

**Print.** Clicking "Next" will preview amendment to be printed.

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## 76. Attestation and Printing (Amended Application) – Query mode (Oral signature)

Consolidated Claims Experience John Doe ▾

Go To ▾

### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

**Attestation and Printing**

Development Worksheet

Person Statement

Report of Contact

### Attestation and Printing

Attestation

Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	Oral	01/27/2020	01/27/2020	Lee, A
Medicare	Oral	01/25/2020	01/25/2020	Holt, A
Medicare	Oral	01/19/2020	01/19/2020	Last, B

Documents printed

**View only.** Please go to ORS to re-print documents.

Documents	Stored Date
Amended Medicare Application (signed)	01/27/2020

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## 77. Attestation and Printing (Amended Application) – Query mode (Ink signature)

Consolidated Claims Experience John Doe ▾

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### Development

<b>Claim Social Security Number (SSN)</b> 123-45-6789	<b>Claimant Name</b> Jordan Wrangler	<b>Claimant Social Security Number (SSN)</b> 123-45-6789
--	---	---

Development

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

### Attestation and Printing

Attestation  
Must select "Add Signature and Attestation" below to complete the signature and attestation process

Claim	Signature Type	Signature Date	Attestation Date	Attested By
Amended Medicare Statement	Ink	01/27/2020	01/30/2020	Lee, A
Medicare	Oral	01/25/2020	01/25/2020	Holt, A
Medicare	Oral	01/19/2020	01/19/2020	Last, B

Documents printed

**View only.** Please go to ORS to re-print documents.

Documents	Stored Date
Amended Medicare Application (unsigned)	01/27/2020
Amended Medicare Application (signed)	01/30/2020

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