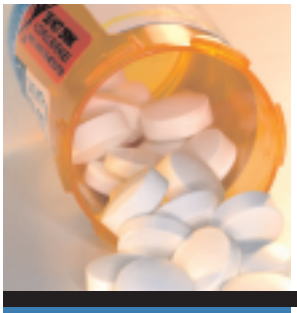
Extra Help/LIS

OUTREACH TOOLKIT

JUNE 2006



Extra Help/LIS

OUTREACH TOOLKIT

Table of Contents

1. Low Income Subsidy Action Plan

2. Basic Facts About the LIS/Extra Help

3. Tools

- Social Security Posters (English and Spanish)
- Public Service Announcement (English and Spanish)
- Partner Tip Sheet: Next Steps for People with Medicare Who Qualify for Extra Help
- Partner Tip Sheet: Helping People Apply for Extra Help
- List of Available Training on LIS

4. Materials Support

- List of Available Publications on LIS (Materials on CD-ROM)
- You Could Save in Medicare Expenses (10126)
- What You Need to Complete the Application for Help with Medicare Prescription Drug Plan Costs (SSA–10128)
- What You Should Know about the Medicare Prescription Drug Plans, Qualify for Extra Help and Pay No Penalty in 2006 (SSA–10126)
- Quick Facts about Medicare's New Coverage for Prescription Drugs for People with Limited Income and Resources (11105)
- Quick Facts about Medicare's New Coverage for Prescription Drugs for People with Medicare and Medicaid (11106)

5. LIS Outreach Targeting Information

- County-Level Estimates of Unenrolled People Who May Be Eligible
- National Map of Estimated LIS Target Audience
- Example Data from Alabama (Full Report on CD-ROM)

6. Sample LIS Application

Low Income Subsidy Action Plan

Special Enrollment Period of May 16-November 15, 2006

Background

The Centers for Medicare & Medicaid Services (CMS) estimates that approximately 13 million people with Medicare are eligible for the Medicare Prescription Drug Coverage Low Income Subsidy (LIS) in 2006. To date, nearly 10 million of these individuals are enrolled in Medicare drug plans. Full-benefit dual eligibles are auto-enrolled into a plan by CMS if they do not join on their own. Other people who qualify for the LIS are facilitated-enrolled into a plan by CMS if they do not join on their own, including beneficiaries with SSI-only (no Medicaid), those who apply at SSA or with their State, and those in Medicare Savings Programs.

Current Situation

Estimates show that approximately 3 million Medicare beneficiaries remain who are likely to qualify for the LIS, but have not yet applied for the LIS or enrolled in a Medicare drug plan. These beneficiaries are scattered throughout the country and are more likely to be less educated, more isolated from their communities, and members of minority groups. Because of these factors, they are traditionally hard to reach due to barriers posed by literacy, geography, mobility, language, or culture. Identifying, qualifying and enrolling these remaining eligible beneficiaries in Medicare prescription drug coverage is a priority.

There is a Special Enrollment Period (SEP) for people who qualify for the LIS. **Those who qualify will be able to join a Medicare drug plan immediately without paying a penalty, and will not have to wait for the next open enrollment period.** This SEP for people who qualify for the LIS began on May 16 and will continue through November 15, 2006.

Partnership Goals

- The outreach and education initiatives outlined in this plan are designed to identify all remaining likely LIS-eligible beneficiaries who have not yet applied for the LIS or joined a plan; ensure that these beneficiaries complete the LIS application process; and encourage them to make an active choice of Medicare drug plans.
- CMS will strive to coordinate to the fullest extent possible with relevant federal, state and local partners to maximize the effectiveness and return on investment of all outreach efforts.

Strategy

To ensure that every person with Medicare who qualifies for the LIS gets subsidized Medicare prescription drug coverage, outreach efforts to this critical population will be data-driven, with focus on identifying LIS-eligible populations at the state, county, community and individual level. Once these individuals are identified, they will be targeted with a multi-pronged education and outreach campaign that leverages existing information intermediaries and resources. Initiatives include direct mailings and targeted telephone calls to beneficiaries, along with local outreach from community groups, intergovernmental partners, heath care providers and pharmacists. Given that many beneficiaries may be difficult to reach through traditional means, special initiatives target both urban minority beneficiaries, and beneficiaries in rural areas who may be isolated from general community outreach efforts.

Basic Facts about the LIS/Extra Help

- To date, more than 9 million people with Medicare who qualify for extra help are getting **continuous prescription drug coverage from Medicare at low cost**.
- People who apply and are approved for the extra help can join a Medicare drug plan and **pay no penalty between now and December 31, 2006**.
- This **one-time enrollment opportunity** allows people to enroll in a Medicare prescription drug plan right after they become eligible for the extra help.
- There is **no cost or obligation to apply** for extra help, so anyone who thinks they may qualify should apply through Social Security or their State Medicaid office.
- **Beneficiaries can apply for the extra help/LIS at any time**.
- The earlier beneficiaries apply for the extra help, the sooner they can take advantage of **a benefit worth around $3,700 a year** that pays for 95 percent of drug costs on average.
- People who qualify for the **full low-income subsidy** get extra help to pay their full premiums and deductibles in certain plans and have minimal cost sharing.
    - **Full-benefit dual eligible low-income beneficiaries** have no premium or deductible and nominal co-pays of as little as $1 or $3 per prescription.
    - Dual eligible beneficiaries **who are institutionalized are totally exempt** from cost sharing. They pay no premiums, no deductibles, no coinsurance, and no co-payments.
    - **Medicare beneficiaries who are not full-benefit dual eligibles**, but whose incomes are less than 135 percent of the federal poverty level and who have limited assets, will also pay only a few dollars per prescription, with no premium or deductible.

- People who qualify for the **partial low-income subsidy** will get extra help and pay reduced premiums, deductibles, and cost sharing.
    - For **beneficiaries with incomes less than 150 percent** of the federal poverty level and assets up to $10,000 (or $20,000 if married) in 2006, the Medicare beneficiary in certain plans will only pay a $50 deductible, cost sharing up to 15 percent coinsurance, and a sliding-scale premium based on income, covering 85 percent of their drug costs on average.
- **Medicare is enrolling people who qualify** for extra help into Medicare Prescription Drug Plans to make sure they get help paying for their prescription drug costs, if they don't enroll themselves or decline coverage. These people include people who get Supplemental Security Income (SSI) benefits, or belong to Medicare Savings Programs (MSP), or apply and qualify for extra help and currently get their benefits through the Original Medicare Plan.
- This facilitated enrollment process will **ensure that people who qualify for extra help have prescription drug coverage**.

Have limited income?

Social Security can help with prescription costs.

Find out if you are eligible.

Call **1-800-772-1213**

(TTY **1-800-325-0778**)

and ask for help with Medicare prescription costs. Complete your application for help today.

www.socialsecurity.gov

SOCIAL SECURITY ADMINISTRATION USA

¿Tiene pocos ingresos?

El Seguro Social puede ayudarle con sus gastos de recetas médicas.

Para saber si tiene derecho, llame al **1-800-772-1213**

(TTY **1-800-325-0778**)

y pida ayuda con sus gastos de recetas médicas de Medicare. Llene su solicitud hoy.

www.segurosocial.gov

SOCIAL SECURITY ADMINISTRATION USA

Have limited income? Social Security can help with prescription costs.

Find out if you
are eligible.
Call 1-800-772-1213
(TTY 1-800-325-0778)
and ask for
help with Medicare
prescription costs.

Complete your
application for help today.

www.socialsecurity.gov

SOCIAL SECURITY ADMINISTRATION USA

¿Tiene pocos ingresos?

El Seguro Social puede ayudarle con sus gastos de recetas médicas.

Para saber si tiene derecho,
llame al 1-800-772-1213
(TTY 1-800-325-0778)
y pida ayuda con sus gastos
de recetas médicas
de Medicare.
Llene su solicitud hoy.
www.segurosocial.gov

SOCIAL SECURITY ADMINISTRATION USA

Have limited income? Social Security can help with prescription costs.

Find out if you are eligible.
Call 1-800-772-1213
(TTY 1-800-325-0778)
and ask for help with Medicare prescription costs.

Complete your application for help today.

www.socialsecurity.gov

SOCIAL SECURITY ADMINISTRATION USA

¿Tiene pocos ingresos?

El Seguro Social puede ayudarle con sus gastos de recetas médicas.

Para saber si tiene derecho,
llame al 1-800-772-1213
(TTY 1-800-325-0778)
y pida ayuda
con sus gastos
de recetas médicas
de Medicare.
Llene su solicitud hoy.
www.segurosocial.gov

SOCIAL SECURITY ADMINISTRATION USA

Have limited income? Social Security can help with prescription costs.

Find out if you are eligible.
Call 1-800-772-1213 (TTY 1-800-325-0778)
and ask for help with
Medicare prescription costs.

Complete your application for help today.

www.socialsecurity.gov

Have limited income?

Social Security can help with prescription costs.

Find out if you are eligible.
Call 1-800-772-1213
(TTY 1-800-325-0778)
and ask for help
with Medicare
prescription costs.
Complete your
application
for help today.

www.socialsecurity.gov

SOCIAL SECURITY ADMINISTRATION USA

MedicareRx
Cobertura Para Recetas Médicas

Centers for Medicare & Medicaid Services
30-second Live-Read LIS PSA

SPANISH	ENGLISH
Medicare ofrece cobertura para recetas médicas para todas las personas con Medicare.	Medicare offers prescription drug coverage for all people with Medicare.
Personas con ingresos y recursos limitados pueden obtener ayuda adicional para pagar sus recetas médicas.	People with limited income and resources can get extra help paying for their prescription drugs.
Llame GRATIS a la Administración del Seguro Social al **1-800-772-1213** para pedir una solicitud. ¡Llénela y aplique hoy!	Call the Social Security Administration at **1-800-772-1213** for an application. Fill it out and apply today!
Auspiciado por el Departamento de Salud y Servicios Humanos de los Estados Unidos.	Brought to you by the U.S. Department of Health & Human Services.
Aplicarán normas diferentes en Puerto Rico y otros territorios de los Estados Unidos. Llame a su Oficina Estatal de Asistencia Médica para más información.	Rules are different in Puerto Rico and other U.S. Territories. Call your State Medical Assistance Office for more information.

★ ★ TIP SHEET ★ ★

Information Partners Can Use on:

Next Steps for People with Medicare Who Qualify for Extra Help

New Medicare Prescription Drug Coverage **As of May 2006**

This tip sheet explains what people with Medicare should do after they receive a letter from the Social Security Administration (SSA) or their state telling them that they qualify for extra help.

Step 1: Learn about Options

To get extra help paying for prescriptions, they will need to choose and join a Medicare drug plan. They have three options to consider.

Option 1: They can join a Medicare drug plan on their own. They can visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227) for help comparing plans and joining a plan that works for them. TTY users should call 1-877-486-2048. When comparing these plans, they should find out which plans cover the prescriptions they take and what pharmacies they can use to fill their prescriptions. If they choose and join a drug plan, Medicare won't enroll them in a plan.

Option 2: Medicare will enroll them in a Medicare drug plan. If they don't join a Medicare drug plan or call 1-800-MEDICARE and decline Medicare prescription drug coverage, Medicare will enroll them in a Medicare drug plan and send them a letter telling them when their coverage will begin.

Option 3: They can decline to have Medicare enroll them in a plan. They can choose not to join. If they currently have other drug coverage, it may be as good as or better than Medicare prescription drug coverage. They may want to keep their current coverage and decline enrollment from Medicare. If they don't want Medicare drug coverage, they can call 1-800-MEDICARE (1-800-633-4227) and tell them they don't want to enroll. Remember, if they decline, they won't be enrolled in a Medicare drug plan now.

Step 2: Review Other Current Prescription Drug Coverage

If they have, or are eligible for other types of prescription coverage, they should read all the materials they get from their insurer or plan provider. Examples of other types of prescription drug coverage include coverage from a current or former employer or union, TRICARE, the Department of Veteran's Affairs, or a Medigap (Medicare Supplement Insurance) policy.

continued on back

They should talk to their benefits administrator, insurer, or plan provider. Joining a Medicare drug plan may affect their current prescription drug coverage. It may also affect coverage their spouse or other dependents may be getting if they are covered through that plan. Their current coverage may be as good as or better than Medicare prescription drug coverage. They may not need to join a Medicare drug plan. They may need to decline this enrollment from Medicare by calling 1-800-MEDICARE (1-800-633-4227) to keep their current coverage. TTY users should call 1-877-486-2048.

Step 3: Decide Which Option is Best

They need to consider their three options carefully. If they don't join a plan on their own or call 1-800-MEDICARE (1-800-633-4227) to decline Medicare prescription drug coverage, Medicare will enroll them in a drug plan. They may pay a premium fee to the plan each month. If they get a bill and don't want the plan, they should call the plan or 1-800-MEDICARE to decline the coverage. If they want to keep the plan Medicare enrolls them in, they don't need to do anything. They have Medicare prescription drug coverage to help them save money now and protect their future prescription needs.

Switching Drug Plans

If they join a Medicare drug plan on their own, Medicare will honor their choice and not enroll them in another drug plan. But if they don't join a drug plan on their own and Medicare enrolls them in one, they can still switch plans. They can switch to a different Medicare drug plan at least once until the end of the calendar year, and once each year after, between November 15 and December 31. To join a different Medicare drug plan, they should call the new plan to find out how to join. Joining a different plan will disenroll them from their current plan. Their new plan coverage would start the following month.

Note: In special circumstances, Medicare may give them other opportunities to switch to another Medicare prescription drug plan. For example, if they permanently move out of their drug plan's service area; if the plan stops offering prescription drug coverage; or if they enter, live in, or leave a nursing home.

For more information about Medicare prescription drug coverage

- Visit www.medicare.gov on the web and select "Search Tools" to get personalized drug plan information.
- Call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- Call your State Health Insurance Assistance Program (SHIP) for free personalized health insurance counseling. See your copy of the "Medicare & You" handbook or call 1-800-MEDICARE for their telephone number.

★ ★ TIP SHEET ★ ★

Information Partners Can Use on:

Helping People with Medicare Apply for Extra Help

New Medicare Prescription Drug Coverage **As of March 2006**

You continue to be a valuable resource in helping people with Medicare apply for **extra help** paying their Medicare drug plan costs. A person may qualify for extra help if they have limited **income** and **resources**. Read below for more detailed information.

- **Limited income** (below $14,700 for an individual or $19,800 for a married couple living together). **Even if their annual income is higher, a person still may be able to get some help with their prescription costs**. Some examples where income may be higher include if a person or their spouse
  - — support other family members, who live with them, or
  - — have earnings from work, or
  - — live in Alaska or Hawaii.

The following cash payments **don't count as income**:

- Food stamp assistance
- Home energy assistance
- Medical care assistance
- Housing assistance
- Disaster assistance
- Earned income tax credit payments
- Victim's compensation
- Scholarships and education grants

Continued on back

- **Limited resources** (below $10,000 for an individual or $20,000 for a married couple living together). These resource limits **can be slightly higher (an additional $1,500 per person) if a person will use some of the money for burial expenses**.

The following items **don't count as a resource**:

- Your primary residence
- Your personal possessions
- Your vehicle(s)
- Resources you could not easily convert to cash, such as jewelry or home furnishings
- Property you need for self-support, such as rental property or land you use to grow produce for home consumption
- Non-business property essential to your self-support
- Up to $1,500 (or $3,000 if you are married and living with your spouse) of the cash value of life insurance policies
- Burial spaces

Social Security has a simple application process to help people with Medicare apply for extra help. There are several ways for people with Medicare to apply for extra help:

- Apply online at www.socialsecurity.gov.
- Get an application or apply over the phone by calling Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- Attend a community event sponsored by Social Security or a civic or service organization where they can complete an application. Questions about extra help will be answered at these events. Staff from Social Security's 1,300 field offices are out in local communities taking applications at locations such as senior centers, libraries and places of worship.
- Visit a local Social Security field office.

For more information about applying for extra help with your Medicare drug plan costs, call Social Security at 1-800-772-1213 or visit www.socialsecurity.gov/prescriptionhelp on the web.

Training Resources

- Train-the-Trainer Classroom Training
- Train-the-Trainer Classroom Training—Spanish
- Information Folders
- Information Folders—Spanish
- Outreach Toolkit Medicare Prescription Drug Coverage
- Medicare Rx Help is Here—Resource Kit
- "Facilitated Enrollment and Enrollment Reconciliation" presentation from 4/7/06 Audio-Conference Call
- "Countdown to May 15th—Enrolling in Medicare Prescription Drug Coverage" presentation from 4/26/06 Audio-Conference Call

All of the above resources are also posted and/or archived on the Training website:
http://www.cms.hhs.gov/NationalMedicareYouTrain/01_Overview.asp

You can also access the following Webcasts here:
http://www.cms.hhs.gov/NationalMedicareYouTrain/02_Webcasts.asp

- "Help is Here: Practical Tips for Counseling People with Medicare about Prescription Drug Coverage"—12/14/05
- "Medicare Prescription Drug Plan Finder"—11/10/05
- "Using the Medicare Prescription Drug Plan Finder"—10/17/05
- "Medicare Prescription Drug Coverage Enrollment Process"—10/05/05
- "Overview of Medicare Prescription Drug Coverage and Information Resources—9/28/05

Informational Video about Help Available to Pay Costs of Medicare's New Prescription Drug Program from SSA:
http://www.ssa.gov/medicareoutreach2/media/public.htm

List of Available Publications on LIS*

*** While materials on the CD-ROM are current at time of printing, most recent versions are always available online. Links to all publications are available on the spreadsheet included on the CD-ROM.**

- **SSA–1021:** SSA Eligibility Decision Appeal Form and Instructions
- SSA Information About Vendor Follow-Up Calls
- **SSA–10129:** Help Available To Pay Costs Of Medicare's New Prescription Drug Program-Act Now!
- **SSA–10108:** Getting Help With Medicare Prescription Drug Plan Costs, Life Insurance: Face and Cash Values
- **SSA–10115:** Getting Help With Medicare Prescription Drug Plan Costs, Income and Resource Limits
- **SSA–10124:** What You Need To Complete The Application For Help With Medicare Prescription Drug Plan Costs
- **SSA–10128:** What You Need To Complete The Application For Help With Medicare Prescription Drug Plan Costs
- **SSA–10015:** Need Help With Medicare Prescription Drug Costs?
- **SSA–10012:** Getting Help With Medicare Prescription Drug Plan Costs, Information For State and County Legislators
- **SSA–10013:** Getting Help With Medicare Prescription Drug Plan Costs, Information For American Indians and Alaska Natives
- **SSA–10094:** Getting Help With Medicare Prescription Drug Plan Costs, When Someone Pays Your Household Expenses
- **SSA–10118:** Getting Help With Medicare Prescription Drug Plan Costs, Information For Medicare Beneficiaries With Disabilities
- **SSA -10104:** Getting Help With Medicare Prescription Drug Plan Costs, Information For Someone Who Cares For Or About A Medicare Beneficiary
- **SSA–10144:** Your Right To Question The Decision On Your Application For Help With Medicare Prescription Drug Plan Costs
- **SSA–10126:** What You Should Know About The Medicare Prescription Drug Plans, Qualify For Extra Help and Pay No Penalty In 2006
- Sample Social Security Administration (SSA) Letters
- Low-Income Assistance Posters (English & Spanish)

- **10126:** You Could Save In Medicare Expenses (English and Spanish)
- **11105:** Quick Facts About Medicare's New Coverage For Prescription Drugs For People With Limited Income and Resources (English and Spanish)
- **11105_AK:** Quick Facts About Medicare's Prescription Drugs For Alaskans With Limited Income and Resources
- **11105_N:** American Indians and Alaska Natives With Limited Incomes and Resources
- **11105_HI:** Quick Facts About Medicare's New Coverage For Prescription Drugs For Hawaiians With Limited Income and Resources
- **11106:** Quick Facts About Medicare's New Coverage For Prescription Drugs For People With Medicare and Medicaid, and Medicaid Now Pays For Their Prescription Drugs (English and Spanish)
- **11108:** Quick Facts About Medicare's New Coverage For Prescription Drugs For People Who Get Help From Their State Pharmacy Program To Pay For Their Prescriptions (English and Spanish)
- **11108_N:** American Indians and Alaska Natives Who Get Help From Their State Pharmacy Program Fact Sheet
- **11116:** Quick Facts About Medicare's New Coverage For Prescription Drugs For People Who Get Supplemental Security Income* Benefits Or Help From Their State Medicaid Program Paying Their Medicare Premiums. (English and Spanish)
- **11116_N:** American Indians and Alaska Natives Who Get Supplemental Security Income Benefits Or Help From Medicaid Paying Their Medicare Premiums
- **11121:** Quick Facts About Medicare's New Coverage For Prescription Drugs For People Who Are Nursing Home Residents (English and Spanish)
- **11121-N:** American Indians and Alaskan Natives Who Live In Nursing Homes Or Certain Types Of Long Term Care Facilities
- **Partner Mailing–11154:** Auto-Enrollment Notice
- **Partner Mailing–11166:** Monthly Deemed Notice
- **11167:** Quick Facts For People With Medicare Who Have Been Affected By Hurricane Katrina
- **Partner Mailing–11186:** Facilitated Enrollment Notice: Full Subsidy Version
- **11188:** Introduction To The Facilitated Enrollment Notice For Victims Of Hurricane Katrina
- **Partner Mailing–11191:** Facilitated Enrollment Notice: Partial Subsidy Version
- **11192:** Quick Facts About Medicare's New Coverage For Prescription Drugs If You Qualify For Extra Help
- **Partner Tip Sheet:** Housing Assistance from the Department of Housing and Urban Development (HUD) (English and Spanish)
- **Partner Tip Sheet:** Medicare Prescription Drug Coverage and Other Federal Means-Tested Programs (English and Spanish)

- **Partner Tip Sheet:** Next Steps for People with Medicare Who Qualify for Extra Help
- **Partner Tip Sheet:** Medicaid Spendown (English and Spanish)
- **Partner Tip Sheet:** Helping People Apply For Extra Help
- **Partner Tip Sheet:** Information Partners Can Use On PACE (English and Spanish)
- **Partner Tip Sheet:** Food Stamps (English and Spanish)
- **Beneficiary Notice:** Choosing a Medicare Drug Plan for People with Medicare & Medicaid
- **Beneficiary Publication:** Le Estamos Enviando Esta Carta Para Informarle Que La Forma En Que Usted Recibe Sus Medicamentos Va A Cambiar (Spanish SPAP Model Notice)
- **Partner Tip Sheet:** Information Counselors Can Use On: Issues Facing People Who Have Medicare, Medicaid and Retiree Drug Coverage (English and Spanish)
- **Partner Tip Sheet:** La Cobertura Medicare Para Recetas Médicas y Otros Programas Federales Que Requieren Investigación de los Recursos Económicos del Solicitante (Spanish Vignettes)
- **Partner Tip Sheet:** Understanding When People Who Qualify for Extra Help Can Join Medicare Drug Plans
- Basic LIS Talking Points (English and Spanish)
- **Special Enrollment Opportunity:** When Individuals Qualify for the Limited-Income Subsidy Talking Points (English and Spanish)

Centers for Medicare & Medicaid Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

CMS Pub. No. 10126
March 2006

You could save up to $1,062 a year in Medicare expenses. See inside for details...

You could save up to $1,062

a year, and in some cases more, in Medicare expenses.

Follow the three steps inside to find out how.

DEPARTMENT OF HEALTH & HUMAN SERVICES · USA

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Step 1

Learn about state programs that can help pay your Medicare costs

You may be able to get help paying for your Medicare Part A and/or Part B premiums. Your state may have a program that may save you up to $1,062 in premium payments each year, and in some cases more, in other Medicare expenses. Millions of people who have Medicare Part A and limited income and resources are eligible if they apply and qualify.

Note: If you have a disability and lost your Medicare because you returned to work, and are eligible to purchase Medicare Part A benefits, you should also apply.

If you qualify for one of these programs, you automatically qualify for extra help to pay new Medicare prescription drug coverage costs if you join a Medicare drug plan.

* Income limits increase slightly each year and are higher in Alaska and Hawaii.
** Individual states may have higher limits.

Step 2

Answer "YES" to three important questions

If you can answer "yes" to each of the following questions, you should apply!

1. Do you have Medicare Part A, also known as hospital insurance?

If you are not sure, look on your red, white, and blue Medicare insurance card. Or, call Social Security toll-free at 1-800-772-1213. TTY users should call 1-800-325-0778.

2. Are you an individual with a monthly income of less than $1,123* or a couple with a monthly income of less than $1,505*?

3. Are you an individual with resources of $4,000** or less or a couple with resources of $6,000** or less?

Resources include money in a checking or savings account, stocks, bonds, and the value of your life insurance policy if it's $1,500 or more. When you are figuring out your resources, don't include your home, car, burial plot, up to $1,500 for burial expenses, or furniture.

Step 3

Call to get more information

It's very important to call if you think you could qualify for savings, even if you aren't sure.

Call 1-800-MEDICARE (1-800-633-4227). When you call, ask for information about getting help paying for your Medicare premiums. TTY users should call 1-877-486-2048. Or look at www.medicare.gov on the web. They will help you connect to your nearest State Medical Assistance office.

Call today and ask about getting help paying for your Medicare premiums!

What You Need To Complete The Application For Help With Medicare Prescription Drug Plan Costs

2006

Social Security and the Centers for Medicare & Medicaid Services are working together to get you extra help with your prescription drug costs. To determine if you could be eligible for this extra help, Social Security will need to know your income and the value of your savings, investments and real estate (other than your home). You may qualify for extra help if you have:

- Limited income (below $14,700 for an individual or $19,800 for a married couple living together). Even if your annual income is higher, you still may be able to get some help with your monthly premiums, annual deductibles and prescription co-payments. Some examples where your income may be higher include if you or your spouse:
  - —Support other family members who live with you;
  - —Have earnings from work; or
  - —Live in Alaska or Hawaii; and
- Resources limited to $10,000 for an individual or $20,000 for a married couple living together. These resource limits can be slightly higher (an additional $1,500 per person) if you will use some of your money for burial expenses.

What you need to know

Identify the things you own by yourself, with your spouse or with someone else, but **do not** include your home, vehicles, burial plots or personal possessions.

Review all your income.

Gather your records in advance to save time.

Remember that this worksheet is **not** an application. This worksheet can assist you in completing the actual application for extra help.

Documents that will help you prepare in advance include:

- Statements that show your account balances at banks, credit unions or other financial institutions;
- Investment statements;
- Life insurance policy statements;
- Stock certificates;
- Tax returns;
- Pension award letters; and
- Payroll slips.

How you can get more information

If you need an application form, contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) and ask for the *Application for Help with Medicare Prescription Drug Plan Costs* (SSA-1020). You can also apply online at ***www.socialsecurity.gov***.

To learn more about the Medicare prescription drug plans, call **1-800-MEDICARE** (**1-800-633-4227**) or visit ***www.medicare.gov***.

Please continue to the opposite side of the page to complete the worksheet.

We need to know information about your (and your spouse's, if you are married and living together) income and resources:

Name	Social Security Number
_____	_____

Resources	Value
Bank accounts, including checking, savings and certificates of deposit	$ _____
Stocks, bonds, savings bonds, mutual funds, individual retirement accounts (IRAs) or other investments	$ _____
Cash at home or anywhere else	$ _____
Life insurance policies for you (and your spouse, if married and living together)	$ _____
NOTE: *Social Security needs to know how much money you would get* ***if you cashed in your life insurance policies today****. Check with your insurance company or agent to get the exact cash value. This probably will be less than the amount you are insured for.*	
Any real estate other than your home	$ _____

Income	Monthly Amount
Social Security Benefits	$ _____
Railroad Retirement	$ _____
Veterans benefits	$ _____
Other pensions or annuities	$ _____
Alimony	$ _____
Net rental income	$ _____
Workers' compensation	$ _____
Help from other people to pay for household expenses, such as food, mortgage or rent, heating fuel or gas, electricity, water and property taxes	$ _____
Wages	$ _____
Self-employment net earnings	$ _____
Other income	$ _____

You may choose to have someone help you when you do business with Social Security. We will work with that person, just as we would work with you.

www.socialsecurity.gov

Social Security Administration
SSA Publication No. 05-10128
ICN 480068
Unit of Issue - HD (one hundred)
March 2006 (Destroy Prior Editions)

What You Should Know About The Medicare Prescription Drug Plans

Qualify For Extra Help And Pay No Penalty In 2006

2006

We have good news. You still can sign up for a Medicare prescription drug plan and pay no penalty for 2006 if you qualify for extra help. Once you qualify, you have a special enrollment period between May 15 and December 31, 2006, when you can select the Medicare prescription plan of your choice. If you do not select a plan, the Centers for Medicare & Medicaid Services will do it for you.

And most important, the extra help pays for all or part of your monthly premiums and annual deductibles, and lowers your prescription co-payments. The extra help could be worth an average of $3,700 per year. You may be eligible for the extra help if you are on Medicare and have limited income and resources.

What is the extra help?

- If your annual income is below $14,700 for an individual ($19,800 for a married couple living together), you may not have to pay monthly premiums or deductibles, and you could pay as little as $2 for your co-payments.
- Even if your annual income is higher, you still may be able to get some help with your monthly premiums, annual deductibles and prescription co-payments. For example, your income may be higher and you possibly could get extra help if you or your spouse:
  - —Support other family members who live with you;
  - —Have earnings from work; or
  - —Live in Alaska or Hawaii.
- To qualify, your resources must be limited to $10,000 for an individual ($20,000 for a married couple living together). These resource limits can be slightly higher (an additional $1,500 per person) if you will use some of your money for burial expenses. Resources include such things as bank accounts, stocks and bonds. We do not count your house and car as resources.

What should I do next?

If you have not applied for the extra help or are not getting the extra help automatically, it is easy to apply. Here's how:

- Apply online at ***www.socialsecurity.gov***;
- Apply over the phone by calling Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) or to request that an application be mailed to you; or
- Apply at your local Social Security office.

After you apply, Social Security will review your application and send you a letter to let you know if you qualify for the extra help. You will need to be enrolled in a Medicare-approved prescription drug plan to get this extra help. If you are eligible for the extra help, you can enroll in a plan until December 31, 2006, and you will not pay a penalty. The sooner you join a plan the sooner you begin receiving benefits.

If you are not eligible for the extra help, you still can enroll in a Medicare prescription drug plan between November 15 and December 31, 2006. Because the first enrollment period for most people has passed, you may pay a penalty for late enrollment. This means you will pay a higher monthly premium for as long as you have Medicare prescription drug coverage.

No penalty applies when you first become eligible for Medicare or if you lose prescription drug coverage, that is, on average, at least as good as Medicare prescription drug coverage. You must, however, enroll during your first available enrollment period.

For more information about getting help with your prescription drug costs, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) or visit ***www.socialsecurity.gov***.

(over)

How Social Security can help you with the Medicare prescription drug plans

- Social Security **can help you apply for extra help** paying for your Medicare prescription drug plan costs if you have limited income and resources.
- Social Security **can provide information about the organizations that are available in your community** to help you make choices about enrolling in a plan.

How you can get help to make a decision on enrolling in a specific prescription drug plan

- You can call Medicare at **1-800-MEDICARE** (**1-800-633-4227**). If you are deaf or hard of hearing, you can call the toll-free TTY number at **1-877-486-2048**.
- You can visit ***www.medicare.gov*** on the Internet and use the following tools:
  - **Compare Medicare prescription drug plans**—By entering personalized information, you can find and compare the prescription drug plans in your state that meet your personal needs and enroll in the prescription drug plan that you select.
  - **Formulary Finder**—By entering personalized information about the specific medications you take, you can get information to help you find the plans in your state that match your prescription drug needs.

You should consider these factors when comparing your Medicare drug plan choices

- **Coverage**—Medicare drug plans will cover generic and brand-name drugs. Most plans will have a formulary, which is a list of drugs covered by the plan. The drugs covered by the plans can change, but the list must always meet Medicare's requirements.
- **Cost**—Monthly premiums and your share of the cost of your prescriptions will vary depending on which plan you choose. If you are eligible for extra help with these costs because you have limited income and resources, you will get help with some or all of these costs.
- **Convenience**—Drug plans must contract with pharmacies in your area. Check with the plan to make sure the pharmacies in the plan are convenient to you.

You can join a Medicare prescription drug plan in the following ways

- **By paper application**—Contact the company offering the drug plan you choose and ask for an application. Once you fill out the form, mail or fax it back to the company.
- **On the plan's website**—Visit the drug plan company's website. You may be able to join online.
- **On Medicare's website**—Join a drug plan at ***www.medicare.gov*** on the web using Medicare's online enrollment center.
- **By calling 1-800-MEDICARE**—Call **1-800-MEDICARE** (**1-800-633-4227**) and talk to a Medicare customer service representative. TTY users should call **1-877-486-2048**.

Social Security Administration
SSA Publication No. 05-10126
ICN 468760
Unit of Issue - HD (one hundred)
June 2006 (Destroy prior editions)

CENTERS FOR MEDICARE & MEDICAID SERVICES

Quick Facts about Medicare's New Coverage for Prescription Drugs for people with limited income and resources

Medicare offers prescription drug coverage for all people with Medicare. If you have Medicare and have limited income and resources, you may qualify for extra help paying for prescription drugs.

What do I need to know?

- In 2006, if your annual **income** is below $14,700 for a single person (or $19,800 if you are married and living with your spouse), you may qualify for extra help. Slightly higher income levels may apply if you provide ½ support to other family members living with you, or if you work or reside in Alaska and Hawaii.
- And if your **resources** (including your savings and stocks, but not counting your home or car) are under $11,500 (for a single person) or under $23,000 (for a married couple) you may qualify for extra help paying for your Medicare prescription drug costs.
- You can apply for this extra help through the Social Security Administration or your State Medical Assistance Office. Social Security is mailing the application for extra help to those who may qualify. If you receive an application, fill it out and return it in the enclosed postage paid envelope.
- The amount of extra help you get depends on your income and resources.
- You still need to join a Medicare prescription drug plan for Medicare to pay for your drug costs.
- You can join a Medicare prescription drug plan from November 15, of each year through December 31. Your coverage starts January 1 of the following year.
- If you qualify for extra help, you will have continuous drug coverage and will pay only a small amount for your prescriptions.

How do I get more information?

For more information on who can get extra help with prescription drug costs and how to apply, call the Social Security Administration at 1-800-772-1213, or visit www.socialsecurity.gov on the web. TTY users should call 1-800-325-0778.

You can look at the "Medicare & You" handbook, visit www.medicare.gov on the web or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

CMS Pub. No. 11105
Revised June 2006

CENTERS FOR MEDICARE & MEDICAID SERVICES

Quick Facts about Medicare's New Coverage for Prescription Drugs for people with Medicare and Medicaid.

If you have Medicaid, Medicare will pay for most of the prescription drugs you need. You will need to join a Medicare prescription drug plan for Medicare to pay for your drugs.

What do I need to know?

- Medicare will pay for your prescription drugs.
- You will have continuous drug coverage and pay a small amount out of your own pocket.
- You must join a Medicare prescription drug plan for Medicare to pay for your drugs.
- Compare your drug plan options and join.
- If you already have **Medicaid** and become eligible for **Medicare**, your Medicare drug coverage will begin the first day of the month that your Medicare benefits (Parts A and/or B) begin. Medicare will enroll you in a drug plan for drug coverage effective the first day that your Medicare benefits begin so you don't have a gap in prescription drug coverage. You can switch drug plans at any time.
- If you already have **Medicare** and become eligible for **Medicaid**, Medicare will enroll you in a Medicare drug plan if you haven't already enrolled in one. Your coverage begins the first day you were eligible for Medicaid benefits so you won't have a gap in prescription drug coverage. You can switch drug plans at any time.
- Medicaid will still pay for your other health costs.

How can I get more information?

You can look at the "Medicare & You 2006" handbook, visit www.medicare.gov on the web, or call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.

Look for local Medicare-related events.

CMS Pub. No. 11106
Revised June 2006

Low Income Subsidy Outreach Targeting Information

County-Level Estimates of Unenrolled People Who May Be Eligible for the LIS

(Data as of June 29, 2006)

This information is released to help target ongoing outreach activities. It is a general estimate of the number of Part D-eligible Medicare beneficiaries who are not yet enrolled and might be eligible for the low-income subsidy (LIS) by county. These numbers should not be publicly quoted. They are not measures of enrollment activity success. Rather, these numbers are general estimates designed to help CMS and its partners better target their outreach activities.

Background

On June 14th, the Department of Health and Human Services publicly released a nationwide estimate that there are 3.25 million total LIS-eligible beneficiaries remaining who have not enrolled. That estimate was generated using national data on the estimated total number of beneficiaries eligible for the LIS, the number of LIS-eligible beneficiaries who are either in Part D and receiving the LIS or in an employer/union plan qualifying for the retiree drug subsidy; and the estimated number of LIS-eligible beneficiaries who have additional sources of coverage, such as Veterans Affairs coverage, Indian Health Service coverage, or State Pharmaceutical Assistance Program wraparound coverage.

Since some of the data that were used to derive the nationwide estimate of the number of LIS-eligible beneficiaries remaining to enroll are not available at the local level, we have used a different methodology to develop general county-level estimates that can be used for targeting purposes. For this reason, the numbers herein do not exactly equal the estimated national total, and should be understood as estimates of the potential number of remaining LIS-eligible beneficiaries in a given county. Our estimates are designed to help identify areas that are likely to have higher numbers of beneficiaries who have not yet enrolled in Part D and might be eligible for the LIS to help target ongoing outreach efforts to reach this population.

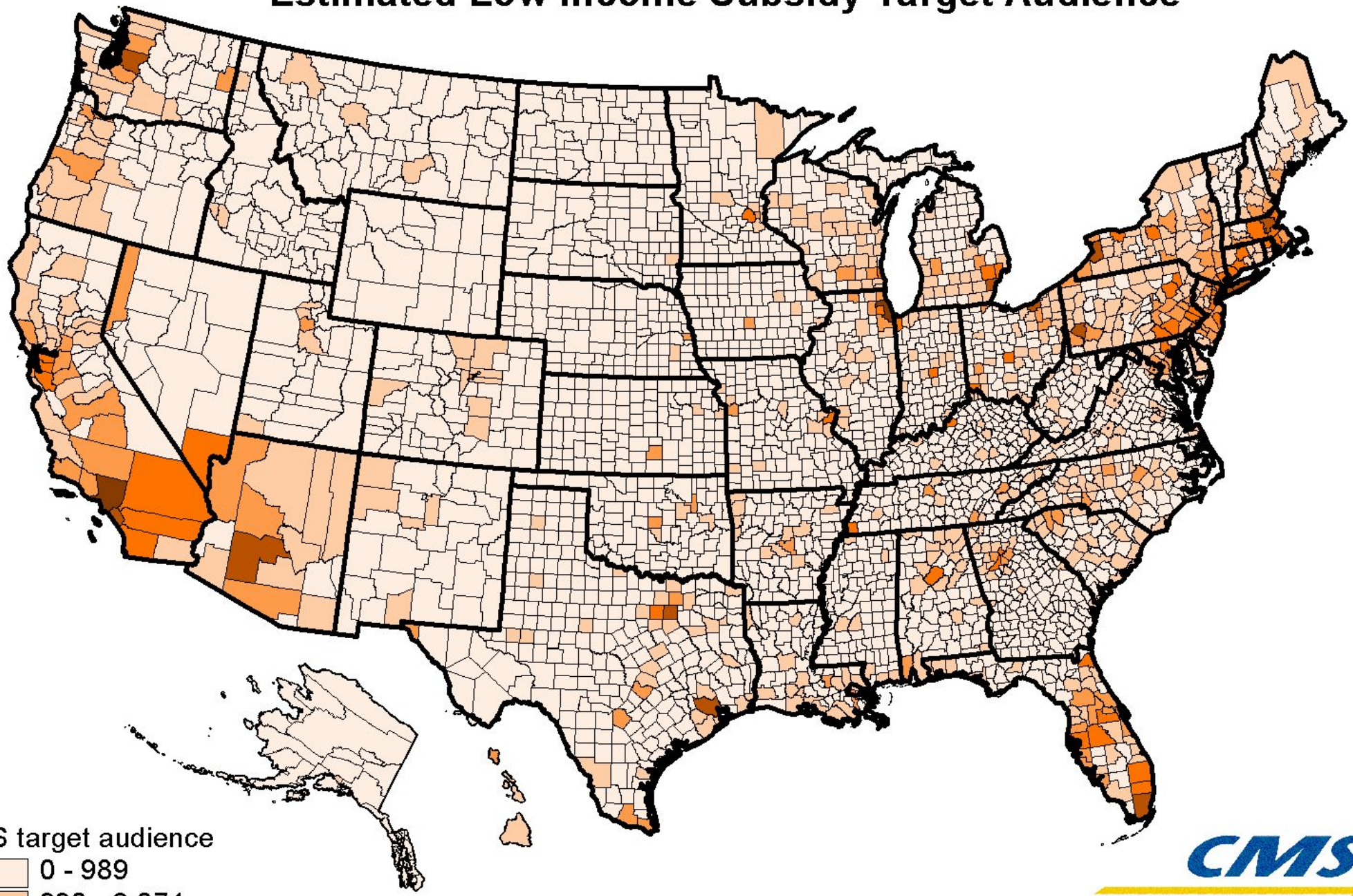
How Were the County-Level Estimates Derived?

For purposes of deriving general county-level estimates for targeting purposes, Census data were used to estimate the proportion of people 65 and older who have incomes low enough to possibly qualify for LIS. For each county, we were able to estimate the proportion of people who are either married with income less than $20,000 per year or single with income less than $15,000 per year. We adjusted the proportion with incomes low enough to possibly qualify for the LIS to account for our actuaries' estimate that 20 percent of these people might not qualify based on the assets test. The resulting proportion was applied to the estimated number of beneficiaries 65 and older who are not enrolled in prescription drug coverage for each county. To this number, we added an estimate of the number of people with disabilities in each county who may qualify for the LIS but are not currently enrolled, based on our estimate that approximately two-thirds of the disabled beneficiaries who are not currently enrolled are likely to be eligible for the LIS.

Where Is the data?

The accompanying CD-ROM contains a file called LIS Targeting Data.xls. This file has 53 tabs. The first tab is a copy of this introduction. After that, there is a tab for every State, the District of Columbia, and Puerto Rico. Each spreadsheet has county name, county FIPS code, and the estimated number of people who are not enrolled who might qualify for LIS. You can sort the data in any manner you see fit to inform your outreach activities. A hard-copy example of the data, using Alabama as an example, is available in this kit.

Estimated Low Income Subsidy Target Audience



LIS target audience

- 0 - 989
- 990 - 3,074
- 3,075 - 6,529
- 6,530 - 14,012
- 14,013 - 27,453
- 27,454 - 58,663

Alaska and Hawaii are not shown to correct scale or position.
Projection: Albers Equal-Area

Data as of June 29, 2006

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Office of External Affairs
Beneficiary Education & Analysis Group
Division of Beneficiary Analysis
Alexis Lester, CMS Research Analyst
410.786.7718 or Alexis.Lester@cms.hhs.gov

County-Level Estimates of Potential LIS-Eligibles: ALABAMA			
State Name	FIPS County	County Name	Estimate of Remaining LIS
Alabama	01001	Autauga	404
Alabama	01003	Baldwin	1,915
Alabama	01005	Barbour	394
Alabama	01007	Bibb	312
Alabama	01009	Blount	764
Alabama	01011	Bullock	153
Alabama	01013	Butler	357
Alabama	01015	Calhoun	1,552
Alabama	01017	Chambers	716
Alabama	01019	Cherokee	492
Alabama	01021	Chilton	507
Alabama	01023	Choctaw	331
Alabama	01025	Clarke	441
Alabama	01027	Clay	268
Alabama	01029	Cleburne	327
Alabama	01031	Coffee	434
Alabama	01033	Colbert	964
Alabama	01035	Conecuh	254
Alabama	01037	Coosa	201
Alabama	01039	Covington	622
Alabama	01041	Crenshaw	220
Alabama	01043	Cullman	1,216
Alabama	01045	Dale	443
Alabama	01047	Dallas	670
Alabama	01049	Dekalb	1,257
Alabama	01051	Elmore	650
Alabama	01053	Escambia	656
Alabama	01055	Etowah	1,547
Alabama	01057	Fayette	417
Alabama	01059	Franklin	626
Alabama	01061	Geneva	437
Alabama	01063	Greene	153
Alabama	01065	Hale	237
Alabama	01067	Henry	239
Alabama	01069	Houston	1,449
Alabama	01071	Jackson	1,041
Alabama	01073	Jefferson	6,791
Alabama	01075	Lamar	286
Alabama	01077	Lauderdale	1,325
Alabama	01079	Lawrence	601
Alabama	01081	Lee	1,027
Alabama	01083	Limestone	895
Alabama	01085	Lowndes	157
Alabama	01087	Macon	255
Alabama	01089	Madison	2,328
Alabama	01091	Marengo	402
Alabama	01093	Marion	592
Alabama	01095	Marshall	1,252
Alabama	01097	Mobile	4,462
Alabama	01099	Monroe	463
Alabama	01101	Montgomery	1,801
Alabama	01103	Morgan	1,420
Alabama	01105	Perry	210
Alabama	01107	Pickens	387
Alabama	01109	Pike	344
Alabama	01111	Randolph	486
Alabama	01113	Russell	741
Alabama	01115	St. Clair	869
Alabama	01117	Shelby	1,348
Alabama	01119	Sumter	270
Alabama	01121	Talladega	1,505
Alabama	01123	Tallapoosa	763
Alabama	01125	Tuscaloosa	2,295
Alabama	01127	Walker	1,097
Alabama	01129	Washington	350
Alabama	01131	Wilcox	225

Social Security Administration
Important Information

THIS COVER LETTER IS FOR INFORMATION ONLY.
DO NOT COMPLETE THE FOLLOWING PAGES.
THIS IS NOT AN APPLICATION.

Our records show you may be eligible to get extra help paying for your prescription drugs.

Soon, a new Medicare Prescription Drug program will take effect. The new program will give you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the annual deductible, premiums and co-payments related to the new Medicare Prescription Drug program—an average of $2,100 in extra help.

But before we can help you, **you must fill out the application, put it in the enclosed envelope, and mail it today.** Or you may complete an online application at **www.socialsecurity.gov**. We will review your application and send you a letter to let you know if you qualify for extra help. We also will send you information about the Medicare Prescription Drug program and tell you what you should do next.

If you need help completing the application, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**). You can find more information at **www.socialsecurity.gov**.

If you need information about the new Medicare Prescription Drug program, call 1-800-MEDICARE (TTY 1-877-486-2048) or visit **www.medicare.gov**.

Mailing your application today will allow us to give you a quicker decision about whether you qualify for the extra help.

Jo Anne B. Barnhart
Commissioner

General Instructions for Completing the Application for Help with Medicare Prescription Drug Plan Costs

To Provide Extra Help in Paying for Your Drug Expenses

Do you (or the person you are helping apply) have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid or does your state pay your Medicare premiums?

If the answer is **YES**, **do not complete this application because you automatically will get the extra help**. You will receive another letter about how you will receive the extra help. If the answer is NO or NOT SURE, please complete this application. Please read the following instructions and guidelines before completing this application. Complete all questions unless otherwise noted.

How To Complete This Application

- Use **BLACK INK** or a **#2 pencil**;
- Keep your numbers, letters and Xs inside the boxes;
- Do not use dollar signs when entering money amounts. The dollar sign is preprinted; and
- Cents can be rounded to the nearest whole dollar.

EXAMPLE

Put an X in the box. DO NOT fill in or use check marks in boxes.

CORRECT

INCORRECT

If You Are Assisting Someone Else With This Application

Answer the questions as if that person were completing the application. You must know that person's Social Security number and financial information. Also, complete Section B on page 6.

Completing Your Application

You may complete the online application at **www.socialsecurity.gov** or use the enclosed pre-addressed stamped envelope to return your completed and signed application to:

Social Security Administration
Wilkes-Barre Data Operations Center
P.O. Box 1020
Wilkes-Barre, PA 18767-9910

Return the entire package in the enclosed envelope. Do not include any attachments. If we need more information, such as statements from financial institutions, we will contact you.

If You Have Questions Or Need Help Completing This Application

You may call us toll-free at **1-800-772-1213**, or if you are deaf or hard of hearing, you may call our TTY number, **1-800-325-0778**.

DO NOT COMPLETE. THIS IS NOT AN APPLICATION.

Application for Help with Medicare Prescription Drug Plan Costs

THIS DOES NOT ENROLL YOU IN THE MEDICARE PRESCRIPTION DRUG PROGRAM.

EXAMPLE

Use capital letters when entering answers

A B C D

1. Applicant's Name (Print each letter in a separate box.)

FIRST NAME **MI**

LAST NAME **SUFFIX (Jr., Sr., etc.)**

Applicant's Social Security Number

— —

SOCIAL SECURITY NUMBER EXAMPLE

— —

2. **If you are single, divorced, a widow(er) or your spouse does not live with you, skip to question 3.** If you are married and living with your spouse, please put an X in one of the boxes below to indicate who is applying:

Only you are applying.

Both you and your spouse have Medicare or expect to have it in the next three months and are applying on this application.

Even if your spouse is not applying, we need all of the questions answered and signatures for both of you if you live together.

Spouse's Name (if you are married and living together)

FIRST NAME **MI**

LAST NAME **SUFFIX (Jr., Sr., etc.)**

Spouse's Social Security Number

— —

3. If you are single, a widow(er) or your spouse does not live with you, are your savings, investments and real estate (other than your home) worth more than $11,500? If you are married and living together, are they worth more than $23,000? (These limits will be higher after 2006.) Include the things you own by yourself, with your spouse or with someone else. **Do not include your home, vehicles, burial plots or personal possessions.**

YES **NO** **NOT SURE**

If you put an X in the **YES** box, you are not eligible for the extra help and you do not need to complete the rest of this application. You may still be eligible through your state Medicaid agency. However, if you want a decision, put an X in the **NOT SURE** box. If you put an X in either the **NO** or **NOT SURE** box, complete the rest of this application.

4. Please enter the money amounts of bank accounts, investments or cash that either you, your spouse (if married and living together) or both of you own in the boxes below. Include items that either of you own with another person. (Include only the dollar figures, not the account number.) If you or your spouse (if married and living together) do not own an item listed, either separately, jointly or with another person, place an ☒ in the **NONE** box.

• Bank accounts (checking, savings and certificates of deposit)	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐
• Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐
• Any other cash at home or anywhere else	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐

5. Do you (or your spouse, if married and living together) own life insurance policies with a total face value of more than $1,500? Answer for you and for your spouse if your spouse lives with you. If you answered **NO** for both you and your spouse, go to question 6.

YOU: ☐ **YES** ☐ **NO**

SPOUSE (if living together): ☐ **YES** ☐ **NO**

If you answered **YES**, how much money would you get if you turned in your policies for cash right now? Enter the amount. If you and your spouse both answered **YES**, enter the combined amount. (This is not the face value of your policies. You may need to call your insurance company to help answer this question.)

$ ☐☐ , ☐☐☐ . ☐☐

6. Do you expect to use money from any of the sources listed in questions 4 or 5 to pay for funeral or burial expenses for yourself (or your spouse, if married and living together)?

YOU: ☐ **YES** ☐ **NO**

SPOUSE (if living together): ☐ **YES** ☐ **NO**

7. Other than your home and the property on which it is located, do you (or your spouse, if married and living together) own any real estate?

☐ **YES** ☐ **NO**

8. Your living situation may affect the amount of help you can get. Therefore, we need to know how many relatives who live with you (and your spouse, if married and living together) depend on you or your spouse to provide at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage or adoption.

How many relatives who live with you and your spouse depend on you or your spouse to provide at least one-half of their financial support? **Do not include yourself or your spouse in this number.** (Place an ☒ in only one box.)

☐ **NONE** ☐ **1** ☐ **2** ☐ **3** ☐ **4** ☐ **5** ☐ **6** ☐ **7** ☐ **8** ☐ **9 or more**

9. If you (or your spouse, if married and living together) receive income from any of the sources listed below, please enter the **total monthly income**. **If the amount changes from month to month, enter the average monthly income for the past year for each type** in the appropriate boxes. Do not list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you or your spouse do not receive income from any of the sources listed below, place an ☒ in the **NONE** box.

• Social Security	We will use the amount in our records.	
• Railroad Retirement	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐
• Veterans	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐
• Other pensions or annuities (Do not include money you receive from any item you included in question 4.)	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐
• Other income not listed above, including alimony, net rental income, workers' compensation, etc. (Specify): _____	☐ **NONE**	$ ☐☐ , ☐☐☐ . ☐☐

10. Have any of the amounts you included in question 9 decreased during the last two years?

☐ **YES** ☐ **NO**

11. Does anyone provide or help you (or your spouse, if married and living together) pay for any of the following household expenses — food, mortgage, rent, heating fuel or gas, electricity, water and property taxes? (Do not include food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, or help with medical treatment and drugs.)

☐ **YES** ☐ **NO**

If you put an ☒ in the **YES** box, enter the monthly amount or, if the amount changes from month to month, enter the average monthly amount for the past year.

$ ☐☐ , ☐☐☐ . ☐☐

- **If you are single, divorced, separated or a widow(er) and have not worked in the last two years, skip questions 12 – 16 and go to page 6.**
- **If you are married and living with your spouse and neither of you have worked in the last two years, skip questions 12 – 16 and go to page 6.**

12. What do you expect to earn in wages before taxes **this year**?

YOU: ☐ **NONE** $ ☐☐ , ☐☐☐ . ☐☐

SPOUSE (if living together): ☐ **NONE** $ ☐☐ , ☐☐☐ . ☐☐

13. If self-employed, what do you expect your net earnings or loss to be **this year**?

YOU: ☐ **NONE** $ ☐☐ , ☐☐☐ . ☐☐

SPOUSE (if living together): ☐ **NONE** $ ☐☐ , ☐☐☐ . ☐☐

Put an ☒ here if you or your spouse expect a net loss. **YOU:** ☐ **SPOUSE (if living together):** ☐

14. Have the amounts you included in questions 12 or 13 decreased in the last two years?

☐ **YES** ☐ **NO**

15. If you (or your spouse, if married and living together) recently stopped working or plan to stop working, enter the month and year.

EXAMPLE

For January – September, put a zero (0) in the first box. May 2006 should read: 0 5 (M M) 2 0 0 6 (Y Y Y Y)

YOU: ☐☐ (M M) 2 0 ☐☐ (Y Y Y Y)

SPOUSE : (if living together) ☐☐ (M M) 2 0 ☐☐ (Y Y Y Y)

- **If you are single, divorced, separated or a widow(er) and 65 or older, skip question 16 and go to page 6.**
- **If you are married and living with your spouse and both you and your spouse are 65 or older, skip question 16 and go to page 6.**

16. Do you (or your spouse, if married and living together) have to pay for things that enable you to work? We will count only a part of your earnings toward the income limit if you work and receive Social Security benefits based on a disability or blindness and you have work-related expenses for which you are not reimbursed. Examples of such expenses are: the cost of medical treatment and drugs for AIDS, cancer, depression, or epilepsy; a wheelchair; personal attendant services; vehicle modifications, driver assistance or other special work-related transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations.

YOU: ☐ **YES** ☐ **NO** **SPOUSE (if living together):** ☐ **YES** ☐ **NO**

DO NOT COMPLETE. THIS IS NOT AN APPLICATION.

Signatures

I/We understand that by submitting this application I am/we are declaring under penalty of perjury that I/we have examined all the information on this form and it is true and correct to the best of my/our knowledge. I/We understand that anyone who knowingly gives a false or misleading statement about a material fact in this information, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both. I/We understand that the Social Security Administration (SSA) will check my/our statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service to make sure the determination is correct. By submitting this application I am/we are authorizing SSA to obtain and disclose information related to my/our income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my/our wages, account balances, investments, insurance policies, benefits, and pensions. **Please complete Section A. If you cannot sign, a representative may sign for you. If someone assisted you, complete Section B as well.**

SECTION A

Your Signature:	Your Spouse's Signature:	Phone Number: (_____) _____ – _____

Your Home Street Address:	Apt. #:

City:	State:	Zip Code:

Your Mailing Street Address (if different from home address):	Apt. #:

City:	State:	Zip Code:

If you recently changed your address, put an X here: ☐

If you would prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone number.

Print First Name:	Print Last Name:	Phone Number: (_____) _____ – _____

SECTION B

If you are assisting someone else, place an X in the box that describes who you are and provide your daytime phone number and address.

☐ Family Member ☐ Attorney ☐ Other Advocate ☐ Other Specify: _____

☐ Friend ☐ Agency ☐ Social Worker _____

Print First Name:	Print Last Name:	Phone Number: (_____) _____ – _____

Street Address:	Apt. #:

City:	State:	Zip Code:

Privacy Act / Paperwork Reduction Notice

Section 1860 D-14 of the *Social Security Act* authorizes the collection of information requested on this form. The information you provide will be used to enable the Social Security Administration to determine if you are eligible for help paying your share of the cost of a Medicare Prescription Drug Plan. You do not have to give us the information requested. However, if you do not provide the information, we will be unable to make an accurate and timely decision on your application. We may provide information collected on this form to another Federal, State, or local government agency to assist us in determining your eligibility for the extra help or if a Federal law requires the release of information.

We may also use the information you give us when we match records by computer. Matching programs compare our records with those of other Federal, State, or local government agencies. Many agencies may use matching programs to find or prove that a person qualifies for benefits paid by the Federal government. The law allows us to do this even if you do not agree to it. Explanations about these and other reasons why information you provide us may be used or given out are available in Social Security offices. If you want to learn more about this, contact any Social Security office.

Paperwork Reduction Act Statement — This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the *Paperwork Reduction Act of 1995*. You do not need to answer these questions unless we display a valid Office of Management and Budget control number. We estimate that it will take about 35 minutes to read the instructions, gather the facts, and answer the questions. You may send comments on our time estimate above to: Social Security Administration, 1338 Annex Building, Baltimore, MD 21235-6401. **Send <u>only</u> comments relating to our time estimate to this address, not the completed form.**

SEND THE COMPLETED FORM TO US AT THE ADDRESS SHOWN ON THE ENCLOSED PRE-ADDRESSED ENVELOPE:

Social Security Administration
Wilkes-Barre Data Operations Center
P.O. Box 1020
Wilkes-Barre, PA 18767-9910