RED HOOK CENTRAL SCHOOL DISTRICT

9 Mill Road • Red Hook, New York 12571

Janet Warden — *Superintendent of Schools*
Bruce T. Martin — *Assistant Superintendent for Business*
Dr. Kitty Summers — Assistant Superintendent for C&I and Staff Development

Phone: (845) 758-2241
Fax: (845) 758-1093

Before you retire (if age 65 or over): it is your responsibility to ensure that you procure both Parts A and B BEFORE you retire with an effective date for the first day following your retirement date. Failure to do so in a timely manner will result in a permanent penalty being imposed. Once the penalty is in place, it is permanent.

Re: Important Information relating to Retirement and Enrollment in Medicare Parts A / B / D

We are writing to remind you of some important enrollment information that will affect you and your dependents as you plan to retire or become eligible for Medicare and are also covered under Red Hook Central School District's health insurance plan.

Medicare eligibility includes those individuals . . .

- who are age 65, ***or***
- who are disabled and are eligible for Medicare due to their disability status as defined by Medicare, ***or***
- who have End-Stage Renal Disease (ESRD). Please call 1-800-MEDICARE or www.medicare.gov with questions regarding eligibility and enrollment provisions related to ESRD.

Your member contract through all of the District-sponsored health plans (Empire, MVP, or CDPHP) requires the following:

WHEN YOU ARE ELIGIBLE FOR MEDICARE DUE TO AGE OR DISABILITY:

- Individuals must be enrolled in Medicare Part A and Part B when eligible. Note: You will automatically be enrolled in Medicare Part A and B when you turn 65 if you are getting Social Security or Railroad Retirement payments. **You should not take action to dis-enroll from Part B UNLESS you are still actively working full-time**. If you are still actively working full-time at age 65 or above, you do not need Medicare Part B until the first day of the month following your retirement date.

- When you retire and *you* are Medicare eligible due to age or disability, payment of your claims will no longer be processed as primary coverage under your current District-sponsored health plan. **Medicare enrollment regulations and claims payment procedures require you to be enrolled in Medicare Part A and Part B in order to ensure that you receive the full benefit of your coverage.**

- When you retire and *your dependent* is Medicare eligible due to age or disability, payment of their claims will no longer be processed as primary coverage under your current District-sponsored health plan. **Medicare enrollment regulations and claims payment procedures require them to be enrolled in Medicare Part A and Part B in order to ensure that they receive the full benefit of their coverage.**

- If you or your dependent does not enroll in Medicare when eligible, **the payment of your claims** under your current District-sponsored health plan **will be reduced by the amount Medicare would have paid if you were enrolled in Medicare**. This is referred to as benefit "carve out". YOU WILL BE RESPONSIBLE FOR THESE EXPENSES. **Please remember that you must be enrolled in Medicare in order to receive your primary payment for covered services.**

- If you are currently enrolled in an HMO option offered through MVP or CDPHP, you must be enrolled under Medicare Part A and Part B in order to receive the full benefits of your HMO contract.

MEDICARE ENROLLMENT PERIOD:

You must be sure to enroll in Medicare when you become eligible to avoid financial penalties and additional medical expense obligations.

Medicare provides certain open enrollment periods during which an individual can enroll in Medicare Part B. **Important Reminder**: If you choose **not** to enroll in Medicare Part B when you are eligible, the cost of Medicare Part B coverage will increase 10% for each full 12-month period that you delayed enrollment in Medicare Part B.

- **If you or your dependent are nearing age 65 and are first eligible for Medicare,** you can enroll during the Initial Enrollment Period, which begins three months prior to your birth month, includes the month you turn age 65, and ends three months after your birth month.

- **If you or your dependent did not enroll in Medicare when you were first eligible**, you will have to wait until the next General Enrollment Period, which is January 1 through March 31 of each year.

- **If you or your dependent were eligible for Medicare, but were still actively working at age 65, and were receiving health insurance coverage by virtue of your employment**, you are eligible for a Special Enrollment Period when you retire. This enrollment period starts with the month of retirement and ends after seven months (a full 8-month period). **If you are planning to retire, be sure to get your Medicare Part B in place so that it is in effect on your first day of the month following your actual retirement date.**

- **If you or your dependent were eligible for Medicare due to disability, and you or a family member were still actively working, and were receiving health insurance coverage based on that employment,** you are eligible for a Special Enrollment Period when you retire. This enrollment period begins with the month of retirement and ends after seven months (8-month period in total). This Special Enrollment Period does not apply to people with End-Stage Renal Disease (ESRD).

MEDICARE PART D (PRESCRIPTION DRUG COVERAGE)

Your retiree health insurance policy through a District-sponsored health plan includes prescription drug coverage that is at least as good as the voluntary plans available under Medicare Part D. This means that you should keep your current Red Hook Central School drug plan and not enroll in Medicare Part D.

If you choose to remain with the prescription drug plan provided through a District-sponsored health plan, you will have the option to join a Medicare Part D drug plan, without penalty, at the annual Medicare Part D open enrollment period for that plan (November 15 to December 31 of each year).

For more detailed information, you may access www.cms.hhs.gov to review the Medicare and You information booklet or call 1-800-MEDICARE.

Diane Koenig
Personnel Assistant

Disclaimer: The information contained in this letter is informational guide only, as it provides a summary of the terms of coverage related to Medicare. It is important that members understand their responsibility that they have to themselves and to their family members regarding the terms and conditions of their coverage, and specifically how their coverage is impacted by Medicare eligibility and the enrollment requirements. As always, members should refer to their benefit handbook or contact Medicare directly should they have questions regarding enrollment or claim payment regulations. It is not the intention of the Red Hook Central School District to provide advice, but rather to provide you with information to better understand the process. The Red Hook Central School district cannot assume any liability or responsibility for the accuracy, completeness, or usefulness of the information disclosed.

INFORMATIONAL ATTACHMENT THAT MAY BE HELPFUL TO YOU

Medicare Part A (Hospital Insurance) - Most people don't pay a premium for Part A because they or a spouse already paid for it through their payroll taxes while working (Medicare taxes). Part A helps cover inpatient care in hospitals, including critical access hospitals, and skilled nursing facilities (not custodial or long-term care). It also helps cover hospice care and some home health care. Beneficiaries must meet certain conditions to get these benefits. If a beneficiary doesn't get premium-free Part A, they may be able to buy it if they (or their spouse) aren't entitled to Social Security, because they didn't work or didn't pay enough Medicare taxes while working, are age 65 or older, or are disabled but no longer get free Part A because they returned to work.

Medicare Part B (Medical Insurance) - Most people pay a monthly premium for Part B. They also pay a Part B deductible each year before Medicare starts to pay its share. The beneficiary may be able to get help from their state to pay this premium and deductible. Part B helps cover doctors' services and outpatient care. It also covers some other medical services that Part A doesn't cover, such as some of the services of physical and occupational therapists, and some home health care. Part B helps pay for these covered services and supplies when they are medically necessary. In some cases, this amount may be higher if the beneficiary didn't sign up for Part B when they first became eligible. Caution: If the beneficiary didn't take Part B when they were first eligible, the cost of Part B will go up 10% for each full 12-month period that they could have had Part B but didn't sign up for it, except in special cases. They will have to pay this penalty as long as they have Part B.

Medicare Part D (Prescription Drug Coverage) - Most people will pay a monthly premium for this coverage. Starting January 1, 2006, new Medicare prescription drug coverage became available to everyone with Medicare. Everyone with Medicare can get this coverage that may help lower prescription drug costs and help protect against higher costs in the future. Medicare Prescription Drug Coverage is insurance. Private companies provide the coverage. Beneficiaries choose the drug plan and pay a monthly premium. Like other insurance, if a beneficiary decides not to enroll in a drug plan when they are first eligible, they may pay a penalty if they choose to join later.

Medicare deductible and premium rates may increase every year in January.

You must procure both Medicare Part A and Part B. District-sponsored health insurance companies require that all retirees have Medicare Part B. Once you receive your Medicare card showing Part A and Part B, send me a copy. I will submit a copy to your health insurance carrier and keep a copy with your health insurance records in the Business Office. Any hospital services or medical claims that you incur should be submitted to Medicare first, your district-sponsored health insurance company second, and any other carrier you may have third.

The district continues to reimburse eligible Medicare-primary retirees for Part B; however, Medicare individuals must participate in a district-sponsored health plan in order to receive reimbursement for Part B (i.e., if a retiree takes buyout, then they do not have their own insurance policy; therefore, they are not eligible to receive the Medicare Part B reimbursement). Also, if you were currently receiving the reimbursement but switch from coverage to buyout, then you would no longer be eligible for Medicare Part B reimbursement. If both you and your spouse are Medicare primary and you carry a family policy through the district, then both persons are eligible for reimbursement upon your retirement from the district.

Before you retire: it is your responsibility to ensure that both you and your spouse (if applicable) procure both Parts A and B before you or your spouse retires. Failure to do so in a timely manner will result in a permanent penalty being imposed. Once the penalty is in place, it is permanent.

Sign up for Medicare Part B Online, by Fax or Mail

1. You are **already enrolled in Medicare Part A.**
2. You would like to enroll in Part B during the Special Enrollment Period.

You can complete form CMS-40B (*Application for Enrollment in Medicare – Part B [Medical Insurance])* and CMS-L564 *(Request for Employment Information)* online.

You can also fax the CMS-40B and CMS-L564 to 1-833-914-2016; or return forms by mail to your local Social Security office. Please contact Social Security at 1-800-772-1213 (**TTY 1-800-325-0778**) if you have any questions.

Note: When completing the forms:

- State, "I want Part B coverage to begin (MM/YY)" in the remarks section of the CMS-40B form or online application.
- If your employer is unable to complete Section B, please complete that portion as best you can on behalf of your employer without your employer's signature.
- Submit *one* of the following types of secondary evidence by uploading it from a saved document on your computer:
  - Income tax returns that show health insurance premiums paid.
  - W-2s reflecting pre-tax medical contributions.
  - Pay stubs that reflect health insurance premium deductions.
  - Health insurance cards with a policy effective date.
  - Explanations of benefits paid by the GHP or LGHP.
  - Statements or receipts that reflect payment of health insurance premiums.

Please let your friends and loved ones know about this online, mail, or fax option.

SECTION 1

Signing up for Medicare

Some people get Part A and Part B automatically

If you're already getting benefits from Social Security or the Railroad Retirement Board (RRB), you'll automatically get Part A and Part B starting the first day of the month you turn 65. (If your birthday is on the first day of the month, Part A and Part B will start the first day of the prior month.)

If you're under 65 and have a disability, you'll automatically get Part A and Part B after you get disability benefits from Social Security or certain disability benefits from the RRB for 24 months.

> If you live in Puerto Rico, you don't automatically get Part B. You must sign up for it. See page 16 for more information.

If you have ALS (amyotrophic lateral sclerosis, also called Lou Gehrig's disease), you'll get Part A and Part B automatically the month your Social Security disability benefits begin.

If you're automatically enrolled, you'll get your red, white, and blue Medicare card in the mail 3 months before your 65th birthday or 25th month of disability benefits. If you do nothing, you'll keep Part B and will have to pay Part B premiums. You can choose not to keep Part B, but if you decide you want Part B later, you may have to wait to enroll and pay a penalty for as long as you have Part B. See page 22.

Note: If you don't get your card in the mail, call Social Security at 1-800-772-1213 and let them know. TTY users can call 1-800-325-0778. If you get RRB benefits, call 1-877-772-5772. TTY users can call 1-312-751-4701.

MEDICARE PART A & B:
when and when not automatically generated
A member is **only** automatically enrolled in the Part A & B if they are already getting some type of benefit from Social Security or the Railroad Retirement Board, or if they are under 65 and have a disability.

Some people have to sign up for Part A and/or Part B

If you're close to 65, but not getting Social Security or Railroad Retirement Board (RRB) benefits, you'll need to sign up for Medicare. Contact Social Security 3 months before you turn 65. You can also apply for Part A and Part B at **socialsecurity.gov/retirement**. If you worked for a railroad, contact the RRB. **In most cases, if you don't sign up for Part B when you're first eligible, you may have a delay in getting Medicare coverage in the future, and you may have to pay a late enrollment penalty for as long as you have Part B.**

If you have End-Stage Renal Disease (ESRD) and you want Medicare, you'll need to sign up. Contact Social Security to find out when and how to sign up for Part A and Part B. For more information, visit **Medicare.gov/publications** to view the booklet "Medicare Coverage of Kidney Dialysis & Kidney Transplant Services."

Important!

If you live in Puerto Rico and get benefits from Social Security or the RRB, you'll automatically get Part A the first day of the month you turn 65 or after you get disability benefits for 24 months. **However, if you want Part B, you'll need to sign up for it by completing an "Application for Enrollment in Part B Form" (CMS-40B). If you don't sign up for Part B when you're first eligible, you may have to pay a late enrollment penalty for as long as you have Part B.** Visit **CMS.gov/medicare/cms-forms/cms-forms/cms-forms-items/cms017339.html** to get Form CMS-40B in English or Spanish. Contact your local Social Security office or RRB for more information.

Where can I get more information?

Call Social Security at 1-800-772-1213 for more information about your Medicare eligibility and to sign up for Part A and/or Part B. TTY users can call 1-800-325-0778. If you worked for a railroad or get RRB benefits, call the RRB at 1-877-772-5772. TTY users can call 1-312-751-4701.

You can also get free, personalized health insurance counseling from your State Health Insurance Assistance Program (SHIP). See pages 109–112 for the phone number.

No matter how you enroll in Medicare, you'll need to decide how to get your Medicare coverage. You can choose between Original Medicare or a Medicare Advantage Plan. See pages 4–8 for more information.

Form Approved
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Expires: 02/21

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

WHO CAN USE THIS APPLICATION?

People with Medicare who have Part A but not Part B

NOTE: If you do **not** have Part A, do **not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

WHEN DO YOU USE THIS APPLICATION?

Use this form:

- If you're in your **Initial Enrollment Period** (IEP) and live in **Puerto Rico**. You must sign up for Part B using this form.
- If you're in your **IEP** and **refused Part B** or did not sign up when you applied for Medicare, but now want Part B.
- If you want to sign up for Part B during the General Enrollment Period (GEP) from January 1 – March 31 each year.
- If you refused Part B during your IEP because you had group health plan (GHP) coverage through your or your spouse's current employment. You may sign up during your 8-month Special Enrollment Period (SEP).
- If you have Medicare due to disability and refused Part B during your IEP because you had group health plan coverage through your, your spouse or family member's current employment.
- You may sign up during your 8-month SEP.

NOTE: Your IEP lasts for 7 months. It begins 3 months before your 65th birthday (or 25th month of disability) and ends 3 months after you reach 65 (or 3 months after the 25th month of disability).

WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?

You will need:

- Your Medicare Number
- Your current address and phone number
- Form CMS-L564 "Request for Employment Information" completed by your employer **if you're signing up in a SEP.**

WHAT HAPPENS NEXT?

Send your completed and signed application to your local Social Security office. If you sign up in a SEP, include the CMS-L564 with your Part B application. If you have questions, call Social Security at **1-800-772-1213. TTY users should call 1-800-325-0778.**

HOW DO YOU GET HELP WITH THIS APPLICATION?

- **Phone:** Call Social Security at **1-800-772-1213. TTY users should call 1-800-325-0778.**
- **En español:** Llame a SSA gratis al **1-800-772-1213** y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- **In person:** Your local Social Security office. For an office near you check **www.ssa.gov**.

REMINDERS

- If you sign up for Part B, you must pay premiums for every month you have the coverage.
- If you sign up after your IEP, you may have to pay a late enrollment penalty (LEP) of 10% for each full 12-month period you don't have Part B but were eligible to sign up.

Apply for Medicare Part B application

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

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Expires: 02/21

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)? ☐ YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City | State | Zip Code

6. Phone Number (including area code)

(☐☐☐) ☐☐☐ – ☐☐☐☐

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

☐☐ / ☐☐ / ☐☐☐☐

IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT MUST SUPPLY THE INFORMATION REQUESTED BELOW.

9. Signature of Witness

10. Date Signed

☐☐ / ☐☐ / ☐☐☐☐

11. Address of Witness

12. Remarks

Form Approved
OMB No. 0938-1230
Expires: 02/21

SPECIAL MESSAGE FOR INDIVIDUAL APPLYING FOR PART B

This form is your application for Medicare Part B (Medical Insurance). You can use this form to sign up for Part B:

- During your Initial Enrollment Period (IEP) when you're first eligible for Medicare
- During the General Enrollment Period (GEP) from January 1 through March 31 of each year
- If you're eligible for a Special Enrollment Period (SEP), like if you're covered under a group health plan (GHP) based on current employment.

Initial Enrollment Period

Your IEP is the first chance you have to sign up for Part B. It lasts for 7 months. It begins 3 months before the month you reach 65, and it ends 3 months after you reach 65. If you have Medicare due to disability, your IEP begins 3 months before the 25th month of getting Social Security Disability benefits, and it ends 3 months after the 25th month of getting Social Security Disability benefits. To have Part B coverage start the month you're 65 (or the 25th month of disability insurance benefits); you must sign up in the first 3 months of your IEP. If you sign up in any of the remaining 4 months, your Part B coverage will start later.

General Enrollment Period

If you don't sign up for Part B during your IEP, you can sign up during the GEP. The GEP runs from January 1 through March 31 of each year. If you sign up during a GEP, your Part B coverage begins July 1 of that year. You may have to pay a late enrollment penalty if you sign up during the GEP. The cost of your Part B premium will go up 10% for each 12-month period that you could have had Part B but didn't sign up. You may have to pay this late enrollment penalty as long as you have Part B coverage.

Special Enrollment Period

If you don't sign up for Part B during your IEP, you can sign up without a late enrollment penalty during a Special Enrollment Period (SEP). If you think that you may be eligible for a SEP, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778 You can use a SEP when your IEP has ended. The most common SEPs apply to the working aged, disabled, and international volunteers.

Working Aged/Disabled

You have a SEP if you're covered under a group health plan (GHP) based on ***current*** employment. To use this SEP, you must:

- Be 65 or older and currently employed
- Be the spouse of an employed person, and covered under your spouse's employer GHP based on his/her current employment
- Be under 65 and disabled, and covered under a GHP based on your own or your spouse's current employment

You can sign up for Part B anytime while you have a GHP coverage based on current employment or during the 8 months after either the coverage ends or the employment ends, whichever happens first. If you sign up while you have GHP coverage based on current employment, or, during the first full month that you no longer have this coverage, your Part B coverage will begin the first day of the month you sign up. You can also choose to have your coverage begin with any of the following 3 months. If you sign up during any of the remaining 7 months of your SEP, your Part B coverage will begin the month after you sign up.

NOTE: COBRA coverage or a retiree health plan is not considered group health plan coverage based on current employment.

International Volunteers

You have a SEP if you were volunteering outside of the United States for at least 12 months for a tax-exempt organization and had health insurance (through the organization) that provided coverage for the duration of the volunteer service.

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 VeteransAdministration)

3)Assist with research and audit activities necessary to protect integrity and improve Social Security and CMS programs (like to the Bureau ofthe 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 theComputer Matching and Privacy Protection Act of 1988 (P.L. 100-503).

Form Approved
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Expires: 02/21

STEP BY STEP INSTRUCTIONS FOR FILLING OUT THIS APPLICATION

1. **Your Medicare Number:**
   Write your Medicare number.

2. **Do you wish to sign up for Medicare Part B (Medical Insurance)?**
   Mark "YES" in this field if you want to sign up for Medicare Part B which provides you with medical insurance under Medicare. You can only sign up using this form if you already have Medicare Part A (Hospital Insurance). If your answer to this question is "no" then you don't need to fill out this application. This application is to sign up to get medical insurance under Medicare.

   If you don't have Part A and want to sign up, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

3. **Name:**
   Write your name as you did when you applied for Social Security or Medicare. List last name, first name and middle name in that order. If you don't have a middle name, leave it blank.

4. **Mailing Address:**
   Write your full mailing address including the number and street name, P.O. Box, or route in this field.

5. **City, State, and ZIP code:**
   Write the city name, state and ZIP code for the mailing address.

6. **Phone Number:**
   Write your 10-digit phone number, including area code.

7. **Written Signature:**
   Sign your name in this section in the same way you would sign it for any other official document. Do not print.

   If you're unable to sign, you may mark an "X" in this field. In this case, you will need a witness and the witness must complete questions 11, 12 and 13.

8. **Date Signed:**
   Write the date that you signed the application.

9. **Signature of Witness:**
   In the case that question 9 is signed by an "X" instead of a written signature, a witness signature is needed in question 11 showing that the person who signs the application is the person represented on the application.

10. **Date Signed:**
    If a witness signs this application, the witness must provide the date of the signature.

11. **Address of Witness:**
    If a witness signs this application, provide the witness's address.

12. **Remarks:**
    Provide any remarks or comments on the form to clarify information about your enrollment application.

IMPORTANT INFORMATION:

Review the scenario below to determine if you need to include additional information or forms with your application.

If you're signing up for Part B using a Special Enrollment Period (SEP) because you were covered under a group health plan based on current employment, in addition to this application, you will also need to have your employer fill out and return the "Request for Employment Information" form (**CMS-L564/CMS-R-297**) with your application. The purpose of this form is to provide documentation to Social Security that proves that you have been continuously covered by a group health plan based on current employment, with no more than 8 consecutive months of not having coverage. If your employer went out of business or refuses to complete the form, please contact Social Security about other information you may be able to provide to process your SEP enrollment request.

Send the application (and the "Request for Employment Information," if applicable) to your local Social Security Office. Find your local office at **www.ssa.gov**.

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REQUEST FOR EMPLOYMENT INFORMATION

WHAT IS THE PURPOSE OF THIS FORM?

In order to apply for Medicare in a Special Enrollment Period, you must have or had group health plan coverage within the last 8 months through your or your spouse's current employment. People with disabilities must have large group health plan coverage based on your, your spouse's or a family member's current employment.

This form is used for proof of group health care coverage based on current employment. This information is needed to process your Medicare enrollment application.

The employer that provides the group health plan coverage completes the information about your health care coverage and dates of employment.

HOW IS THE FORM COMPLETED?

- Complete the first section of the form so that the employer can find and complete the information about your coverage and the employment of the person through which you have that health coverage.
- The employer fills in the information in the second section and signs at the bottom.

WHAT DO I DO WITH THE FORM?

Fill out Section A and take the form to your employer. Ask your employer to fill out Section B. You need to get the completed form from your employer and include it with your Application for Enrollment in Medicare (CMS-40B). Then you send both together to your local Social Security office. Find your local office here: www.ssa.gov.

GET HELP WITH THIS FORM

- **Phone:** Call Social Security at **1-800-772-1213**
- **En español:** Llame a SSA gratis al **1-800-772-1213** y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- **In person:** Your local Social Security office. For an office near you check www.ssa.gov.

Medicare Applicant Employer Info

Form Approved
OMB No. 0938-0787

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name

2. Date ☐☐ / ☐☐ / ☐☐☐☐

3. Employer's Address

City

State ☐☐

Zip Code ☐☐☐☐☐

4. Applicant's Name

5. Applicant's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

6. Employee's Name

7. Employee's Social Security Number ☐☐☐ – ☐☐ – ☐☐☐☐

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? ☐ Yes ☐ No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)
☐☐ / ☐☐☐☐

3. Has the coverage ended? ☐ Yes ☐ No

4. If yes, give the date the coverage ended. (mm/yyyy)
☐☐ / ☐☐☐☐

5. When did the employee work for your company?

From: (mm/yyyy) ☐☐ / ☐☐☐☐

To: (mm/yyyy) ☐☐ / ☐☐☐☐

Still Employed: (mm/yyyy) ☐☐ / ☐☐☐☐

6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.

From: (mm/yyyy) ☐☐ / ☐☐☐☐

To: (mm/yyyy) ☐☐ / ☐☐☐☐

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)
☐☐ / ☐☐☐☐

All Employers:

Signature of Company Official

Date Signed ☐☐ / ☐☐ / ☐☐☐☐

Title of Company Official

Phone Number (☐☐☐) ☐☐☐ – ☐☐☐☐

STEP BY STEP INSTRUCTIONS FOR THIS FORM

SECTION A:
The person applying for Medicare completes all of Section A.

1. **Employer's name:**
   Write the name of your employer.
2. **Date:**
   Write the date that you're filling out the Request for Employment Information form.
3. **Employer's address:**
   Write your employer's address.
4. **Applicant's Name:**
   Write your name here.
5. **Applicant's Social Security Number:**
   Write your Social Security Number here.
6. **Employee's Name:**
   If you get group health plan coverage based on your employment, write your name here. If you get group health plan coverage through another person, like a spouse or family member, write their name.
7. **Employee's Social Security Number:**
   If you get group health plan coverage based on your employment, write your Social Security Number here. If you get group health plan coverage through another person, like a spouse or family member, write their Social Security Number.

Once you complete Section A:
Once Section A is completed, give this form to your employer to complete Section B. Once Section B has been completed by your employer, return this form along with your Part B application to your local Social Security office.

SECTION B:
The employer completes all of Section B.

If you're an employer without an hours bank arrangement, complete the section called "For Employer Group Health Plans ONLY"

1. **Is (or was) the applicant covered under an employer group health plan?**
   Please check yes or no if the applicant was covered under your group health plan offered by your company. The applicant may be the employee or another person related to the employee, such as a spouse or family member with disabilities. If your company doesn't offer a group health plan, please check No. A group health plan is any plan of one or more employers to provide health benefits or medical care (directly or otherwise) to current or former employees, the employer, or their families.
2. **If yes, give the date the coverage began.**
   Write the month and year the date the applicant's coverage began in your group health plan.
3. **Has the coverage ended?**
   Check yes or no if the group health plan coverage for the applicant has ended.
4. **If yes, give the date the coverage ended.**
   Write the month and year the group health plan coverage ended for the applicant.
5. **When did the employee work for your company?**
   Write the start and end dates of the employment for the employee in which the applicant is related. It may be the applicant or another person related to the employee, such as a spouse or family member with disabilities.

   Enter the month and year of the start of the employment in the "From" box.

   Enter the month and year of end of the employment in the "To" box.

   If the employee is still employed, enter the month and year of the current date.

   Current employment is active working status. It is not disability or retirement.
6. **If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.**
   Write the start and end dates that your group health plan was primary payer for the applicant.

If you're an employer with an hours bank arrangement, complete the section called "For Hours Bank Arrangements ONLY"

1. **Is (or was) the applicant covered under an hours bank arrangement?**
   Please check yes or no if the applicant was covered under an hours bank arrangement. If you check no, please also fill out the section for "Employer Group Health Plans ONLY".
2. **If yes, does the applicant have hours remaining in reserve?**

   Please indicate if the applicant currently has health coverage based on the remaining hours in the employee's hours bank account.
3. **Date reserve hours ended or will be used?**
   Please write the month and year for when the remaining hours in the employee's hours bank account expired or will expire.

All employers need to complete the bottom of Section B.

- **Signature of Company Official:**
  An official representative of the company needs to sign this document. Please do not print.
- **Date Signed:**
  Write the date that you sign the form in this field.
- **Title of Company Official:**
  Print the title of the company official who signed the form in this field.
- **Phone Number:**
  Write the phone number of the company official who signed the form in this field. If there are questions regarding the information on this form, a representative from Social Security will contact you.