

# How To Apply Online For Medicare Only



*It's so easy! Just go to [www.socialsecurity.gov](http://www.socialsecurity.gov)*

## Welcome to the Social Security Benefit Application

- Apply for benefits by selecting "Start a New Application;" or
- "Return to Saved Application Process."

## Information About You

- Name;
- Social Security number;
- Date of birth; and
- Gender.

## Re-entry Number

When you have successfully started your application, you will get a re-entry number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.

Apply for Benefits

Identification   
  General   
  Other Benefits   
  Remarks   
  Review & Sign

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**Medicare Information for Joan Public**

Does Joan Public wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time? [Things to Consider](#)

Yes     No

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Is Joan Public already enrolled in Medicare under a Social Security Number other than her own?

More Info

Yes     No

In this section...


- Applicant Identification
- Preparer's Contact Information
- Contact Information
- Birth and Citizenship
- Medicare Information
- Re-entry Number

**Medicare-only Decision**

Choose to sign up for Medicare only and not receive retirement benefits at this time.

**Questions About Your Health Benefits**

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.

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

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**Group Health Plan Information for Joan SeventhPassTest**

Are you covered under a Group Health Plan? [More Info](#)

Yes     No

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Are you covered under a Group Health Plan through your own current employment?

Yes     No

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**Employment Information**  
The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)

Month: -- Day: -- Year: --

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What date did employment end? [More Info](#)

Month: -- Day: -- Year: --

Employment has not ended

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**Health Insurance Information**

What date did health insurance start? [More Info](#)

Month: -- Year: --

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What date did health insurance end? [More Info](#)

Month: -- Year: --

Health insurance has not ended

In this section...

- Health Insurance Information
- Medicaid Information
- Group Health Plan

**Finishing Your Application**

- Go over a summary of your application for accuracy;
- Accept the agreement and sign your application by selecting the "Submit Now" button;
- Get a receipt for your application; and
- Get information on what to do next.

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**Electronic Agreement**

[Overall Summary](#)

Congratulations, you're just about ready to complete Joan Public's application for Medicare insurance.

Please read and accept the following statement.

I understand and agree that by selecting "Submit Now" below, this information will be sent electronically to Social Security. An application will be mailed to Joan Public for her signature and the application must be submitted to a Social Security office before processing can begin.

I understand that Joan Public must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge.



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