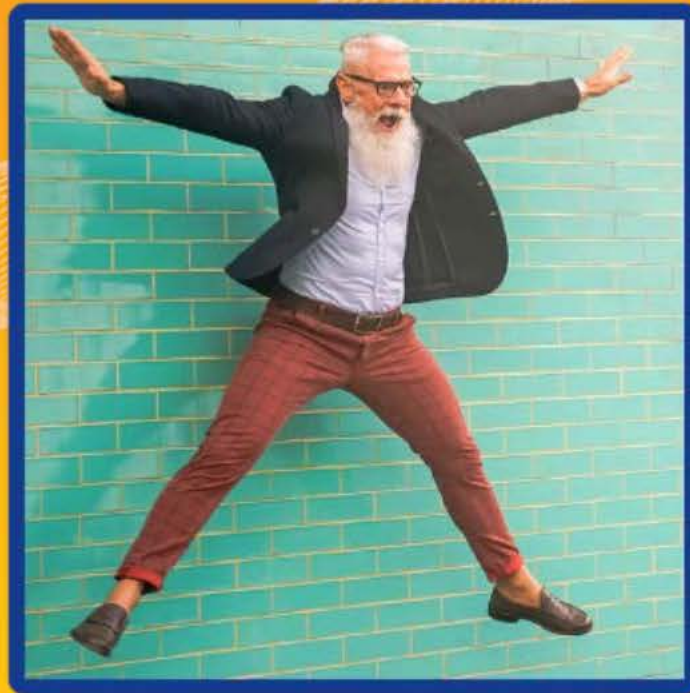


The Best Way To Enroll In Medicare Parts A and B Guide Step Two



The Best Way to Enroll In Medicare Parts A and B

Step Two

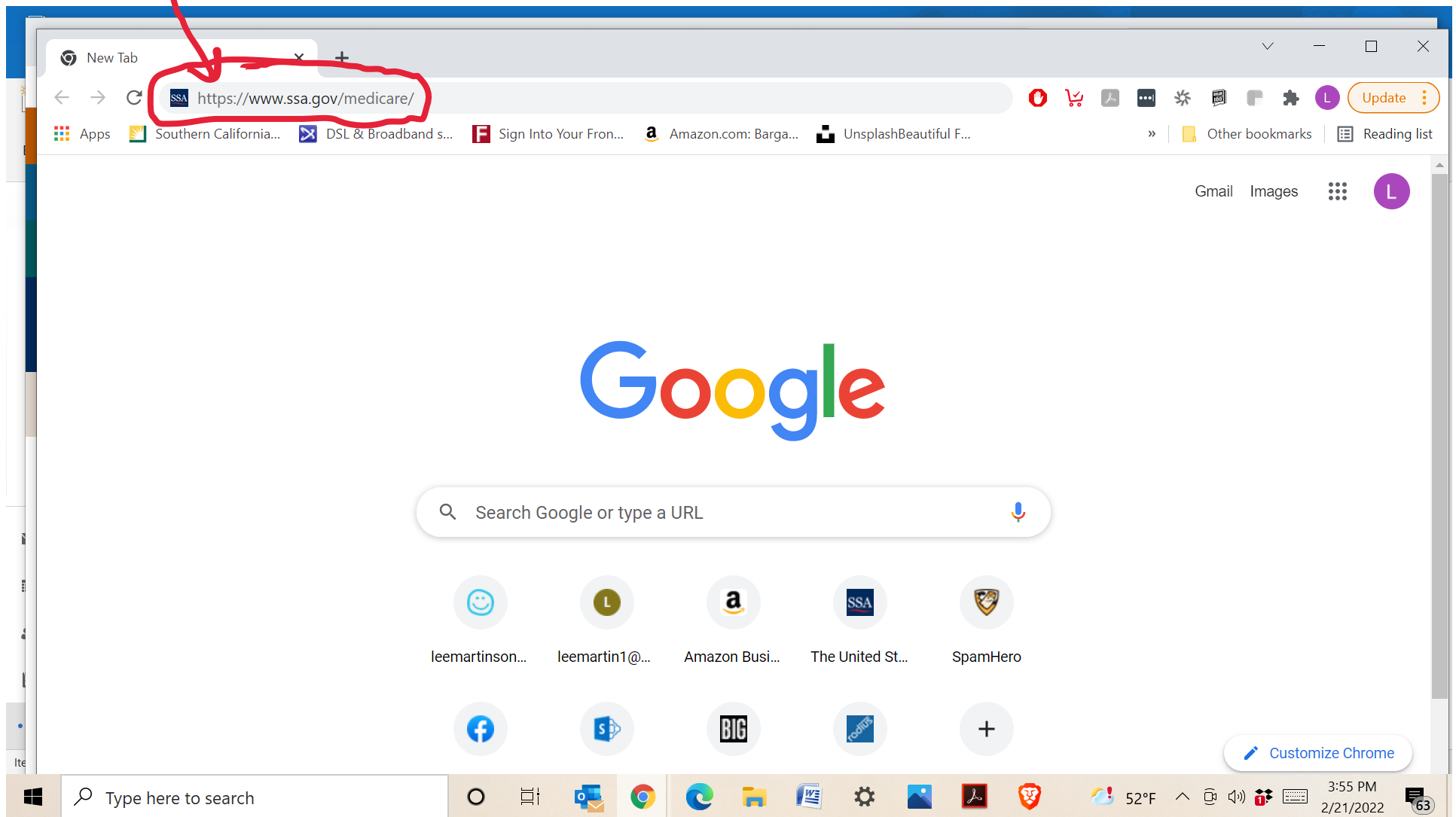
You should have already completed *Step One*, which was to set up your “my Social Security account.”

Now, if it is within 3 months of your birth MONTH, or sooner, you can proceed to enroll in Parts A and B of Medicare online. This is quickest and usually the easiest way to do it.

Let's go!

2

Type in the URL bar: ssa.gov/medicare



You will then get this screen:

SSA Medicare Benefits | SSA

ssa.gov/benefits/medicare/

Learn about Emergency Assistance for Homeowners and Renters

Social Security

SEARCH MENU LANGUAGES SIGN IN/UP

Medicare Benefits (En español)

Table of Contents

- [The Parts of Medicare](#)
- [Should I Sign Up For Medical Insurance \(Part B\)?](#)
- [Special Enrollment Period \(SEP\)](#)
- [How To Apply Online For Just Medicare](#)
- [Medicare Cards](#)

Medicare is our country's health insurance program for people age 65 or older. Certain people younger than age 65 can qualify for Medicare too, including those with disabilities and those who have permanent kidney failure.

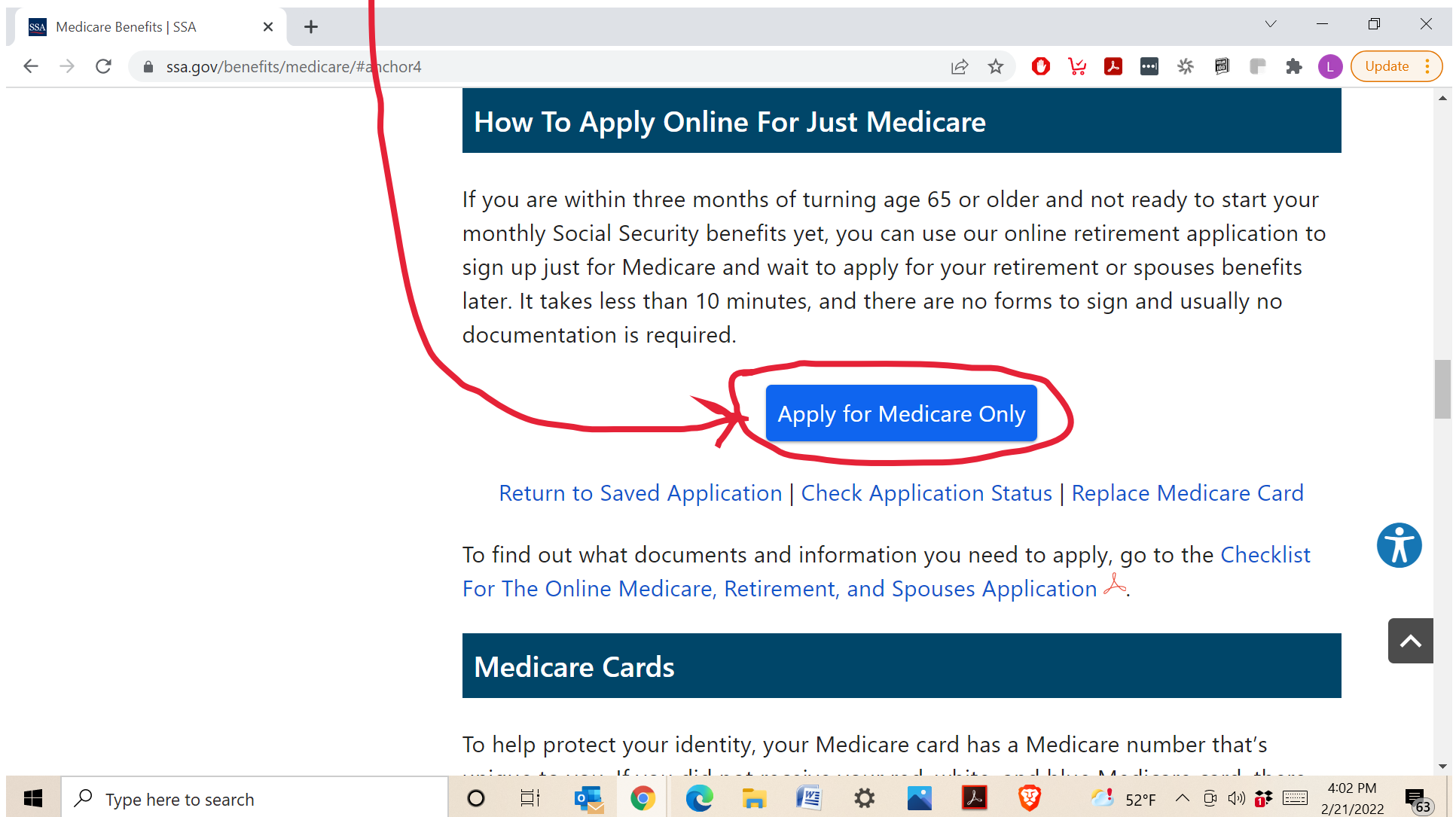
The program helps with the cost of health care, but it does not cover all medical expenses or the cost of most long-term care. You have choices for how you get Medicare coverage. If you choose to have Original Medicare (Part A and Part B) coverage, you can buy a Medicare Supplement Insurance (Medigap) policy from a private insurance company.

The Parts of Medicare

Social Security enrolls you in Original Medicare (Part A and Part B)

Click on the "How To Apply Online For Just Medicare." (As shown where I circled it in red above)

Now click on the Blue Button called "Apply for Medicare Only."



The screenshot shows a web browser window with the URL ssa.gov/benefits/medicare/#anchor4. The page title is "Medicare Benefits | SSA". The main heading is "How To Apply Online For Just Medicare". Below this, a paragraph states: "If you are within three months of turning age 65 or older and not ready to start your monthly Social Security benefits yet, you can use our online retirement application to sign up just for Medicare and wait to apply for your retirement or spouses benefits later. It takes less than 10 minutes, and there are no forms to sign and usually no documentation is required." A red arrow originates from the instruction text above and points to a blue button labeled "Apply for Medicare Only". Below the button are links: "Return to Saved Application | Check Application Status | Replace Medicare Card". Further down, text says: "To find out what documents and information you need to apply, go to the [Checklist For The Online Medicare, Retirement, and Spouses Application](#)". A section titled "Medicare Cards" is partially visible at the bottom. The Windows taskbar at the bottom shows the search bar, task view, and several open applications including Chrome, Edge, File Explorer, Word, and the Settings app. The system clock indicates 4:02 PM on 2/21/2022.

SSA Medicare Benefits | SSA

ssa.gov/benefits/medicare/#anchor4

How To Apply Online For Just Medicare

If you are within three months of turning age 65 or older and not ready to start your monthly Social Security benefits yet, you can use our online retirement application to sign up just for Medicare and wait to apply for your retirement or spouses benefits later. It takes less than 10 minutes, and there are no forms to sign and usually no documentation is required.

[Apply for Medicare Only](#)

[Return to Saved Application](#) | [Check Application Status](#) | [Replace Medicare Card](#)

To find out what documents and information you need to apply, go to the [Checklist For The Online Medicare, Retirement, and Spouses Application](#).

Medicare Cards

To help protect your identity, your Medicare card has a Medicare number that's

You will then get the following screen:

Apply for Benefits

Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

Information about Social Security's Online Policies
The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

☐ I understand and agree to the above statements.

Next Exit

If you don't see the "I understand and agree to the above statements," then scroll down until you do.

Check the box and click on the blue "Next" button.

Now you will see this screen:

SSA Apply for Benefits, Social Security x +

secure.ssa.gov/iClaim/Ent001View.action

Text Size Accessibility Help

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

Apply for Benefits OMB No. 0960-0618
Paperwork Reduction Act

Please Note:
We will ask you to create or sign in to your *my* Social Security account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Retirement/Medicare Benefits

Getting Ready
Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for [Retirement/Medicare](#);
2. [Gather all of the information you need](#) to complete the application process.

Video Introduction
[Helpful hints for applying online](#)
1 minute

More Information

- [When to Start Receiving Retirement Benefits](#)
- [Other Ways To Apply for Benefits](#)
- [Your Right to Representation](#)
- [Information in Other Languages](#)

Apply & Complete

Type here to search

52°F 4:07 PM 2/21/2022

Scroll until see you the part shown on the next page of this guide.

Now click on the “Start a New Application” Button shown below in the Apply & Complete section.

The screenshot shows the Social Security Administration's online application portal. The browser address bar displays `secure.ssa.gov/iClaim/Ent001View.action`. The page title is "Apply Online for Retirement/Medicare Benefits".

Getting Ready
Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for [Retirement/Medicare](#);
2. [Gather all of the information you need](#) to complete the application process.

Apply & Complete
After signing in to your [my Social Security](#) account, applying for Retirement/Medicare may take between **10 to 30 minutes** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

Start a New Application or **Return to Saved Application Process**

Follow Up
Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your online application by signing in to [my Social Security](#).

Video Introduction
Helpful hints for applying online
1 minute

More Information

- [When to Start Receiving Retirement Benefits](#)
- [Other Ways To Apply for Benefits](#)
- [Your Right to Representation](#)
- [Information in Other Languages](#)

Your privacy is important.
For details about our use of your information, we encourage you to read our [Privacy Act Statement](#).

The Windows taskbar at the bottom shows the search bar, task view button, and several open applications including Microsoft Edge, File Explorer, and Word. The system clock indicates 4:09 PM on 2/21/2022.

Now click the circle next to "I am applying for myself."

SSA Apply for Benefits, Social Security x +

secure.ssa.gov/iClaim/Ent005View.action

Text Size Accessibility Help

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

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

☒ I am applying for myself.

☐ I am helping someone who is not with me, and therefore cannot sign the application at this time.

Next Previous

Click the "Next" button

Type here to search

52°F 4:11 PM 2/21/2022

Now you will see another thing pop in, as shown below, “Do you have a *my* Social Security account?”

Click on “Yes” and then click on “Next.”

SSA Apply for Benefits, Social Security x +

secure.ssa.gov/iClaim/Ent005View.action

Text Size Accessibility Help

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

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

☒ I am applying for myself.
☐ I am helping someone who is not with me, and therefore cannot sign the application at this time.

Do you have a *my* Social Security account?

☒ Yes ☐ No

Next Previous

Click on the circle for "Yes"

Click the "Next" button

Type here to search

52°F 4:15 PM 2/21/2022

Now you will get the following page below :

Click on the Blue Button that says "Sign in with LOGIN.GOV":

SSA Social Security

secure.ssa.gov/RIL/SiView.action

Sign In

Accounts created **before** September 18, 2021 should enter a Username and Password.

Username

[Forgot Username?](#)

Password

[Forgot Password?](#)

Sign in

Sign in with LOGIN.GOV

Sign in with ID.me

NOTE

IF instead you created an account BEFORE September 18th, 2021, sign in with your username and password, then click the small blue "Sign in" button

Feedback

Type here to search

4:20 PM 2/21/2022

Now you will get the following screen:

The screenshot shows a web browser window with the title "Welcome - Login.gov". The address bar displays the URL "secure.login.gov/?request_id=174c4c78-9d50-4eda-afbb-9cc84869e957". The main content area features a header with three icons: a person, a shield with a keyhole, and a computer monitor. Below the icons, the text reads: "SSA is using Login.gov to allow you to sign in to your account safely and securely."

Below the text are two input fields: "Email address" and "Password". A red arrow points from the text "Enter your email address" to the "Email address" field. Another red arrow points from the text "Enter your password" to the "Password" field. A red circle highlights the "Sign in" button, with a red arrow pointing from the text "Click the 'Sign in' button" to it. A "Show password" checkbox is located to the right of the "Password" field.

The Windows taskbar is visible at the bottom, showing the search bar and various application icons. The system tray on the right indicates the temperature is 52°F and the time is 4:26 PM on 2/21/2022.

Above on that screen, enter in your email address and password as used before when you created the account. Then click on "Sign in"

Now you will see:

The screenshot shows a web browser window with the URL https://secure.login.gov/login/two_factor/sms?reauthn=false. The page is titled "Enter your security code" and includes the LOGIN.GOV logo. A message states: "We sent a security code to (***) ***-4234. This code will expire in 10 minutes." The form contains a text input field labeled "One-time security code", a checkbox for "Remember this browser", a blue "Submit" button, and a "Get another code" link. Below the form, there is a link for "Choose another authentication method" and a "Cancel" link. Red annotations include an arrow pointing to the input field with the text "Enter your one-time security code" and a red circle around the "Submit" button with an arrow pointing to it and the text "Click the 'Submit' button".

Enter your one-time security code

Click the "Submit" button

Enter the one time security code that was sent to your phone. Then click the "Submit" button.

13
On this screen you will see (if you don't see this then move on to next page in this paper guide):

The screenshot shows a web browser window with the URL <https://secure.ssa.gov/acu/FIS/vu>. The page title is "Terms of Service". It contains a list of terms and conditions for using a my Social Security account. At the bottom of the terms, there is a checkbox labeled "I agree to the Terms of Service." and a blue "Next" button. Red annotations are present: a red arrow points from the text "Click the box next to 'I agree to the Terms of Service'" to the checkbox, and another red arrow points from the text "Click the 'Next' button" to the "Next" button. The Windows taskbar is visible at the bottom, showing the time as 1:26 PM on 2/22/2022.

Social Security

https://secure.ssa.gov/acu/FIS/vu

Apps Communication Directory PDFs Kaiser Permanente Scan MSIS Blue Shield Blue Cross Aetna Silver Script United Healthcare WellCare Blue Shield and SC... Manhattan Life DVH Reading list

Terms of Service

- I am using **my Social Security** account services with the account that I created myself using my own personal information and identity. I am not using a **my Social Security** account created by another person or created using another person's information or identity, even if I have that person's written permission.
- I will never share the use of **my Social Security** account with anyone else under any circumstances. I will never use another person's **my Social Security** account.
- I understand that **my Social Security** account contains U.S. Government information.
- I consent to the monitoring and recording of my use of **my Social Security** services, including any electronic communications (such as click-to-chat or messaging).
- I understand that it is a federal crime to:
 - Give false or misleading statements to obtain information in Social Security records;
 - Give false or misleading information to obtain or alter Social Security benefits; or
 - Deceive the Social Security Administration about an individual's identity.
- I understand that unauthorized use of **my Social Security** services is a misrepresentation of my identity to the federal government and could subject me to criminal or civil penalties, or both.
- I understand that the Social Security Administration may stop me from using **my Social Security** services online if it finds or suspects misuse.
- I accept that the responsibility to properly protect any information provided to me by the Social Security Administration is mine and that I am the responsible party should any information on or from my computer or other device be improperly disclosed.
- I agree that the Social Security Administration is not responsible for the improper disclosure of any information that the Social Security Administration has provided to me, whether due to my negligence or the wrongful acts of others.

Social Security is Going "Green"

With your **my Social Security** account, you can immediately view, download, or print your Social Security Statement. Your online *Statement* contains the most up-to-date information in our records about your earnings and benefit.

Remember, now that you have a **my Social Security** account, you will no longer receive a paper *Statement* in the mail. If you need a *Statement* by mail, please [follow these instructions](#).

☐ I agree to the Terms of Service.

Next **Exit**

Click the box next to "I agree to the Terms of Service"

Click the "Next" button

Click on the box next to "I agree to the Terms of Service". Then click the Blur Button that says "Next".

Now you should see a screen like this.

The screenshot shows the Social Security Administration's 'Apply for Benefits' page. At the top, the SSA logo and name are displayed. Below the header, a blue box contains a message about account creation. The main section is titled 'Information About Applicant' and contains several form fields. Red annotations with arrows point to specific parts of the form: 'Fill in all the information' points to the name and SSN fields; 'Usually the answer is "No"' points to the 'No' radio button for vision and the 'No' radio button for work disability; and 'Then click "Next"' points to the 'Next' button at the bottom left.

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

Apply for Benefits

i You have successfully created or signed in to your **my** Social Security account.

We will associate your account with your application for benefits. You will be required to use your **my** Social Security credentials anytime you return to your application for benefits.

Information About Applicant

Your Name:
Please provide the name as it appears on the most recent Social Security card.

First Middle Last Suffix

Social Security Number (SSN):
-**-*

Date of Birth:
MM/DD/YYYY

Gender:
☐ Male ☒ Female

Are you blind or do you have low vision even with glasses or contacts?
☐ Yes ☒ No

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)
☐ Yes ☐ No

Next Exit

Then click "Next"

Fill in all the information

Usually the answer is "No"

Usually the answer is "No"



Social Security

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

Apply for Benefits

Identification

General

Other Benefits

Remarks & Options

Review & Sign

Contact Information for [REDACTED]

Mailing Address:

Country:

United States or U.S. Territory ▼

Street Address:

Street Line 1:

Street Line 2: [+ Add Line](#)

City/Town:

State/Territory:

-- ▼

ZIP Code:

Do you live at this address?

☐ Yes ☐ No

Daytime Phone Number:

☒ U.S. ☐ International

10-digit Number

-- ▼

Phone Type

What is the best time to call?

☐ 9 a.m. to Noon ☐ Noon to 5 p.m. ☐ Anytime between 9 a.m. and 5 p.m.

Email Address:

We will send an acknowledgement to this address.

Confirm Email Address:

Please return to confirm your email address.

In this section...

✓ Applicant Identification

Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names

When putting in addresses etc. do not use any dots or dashes or the form might not let you click next and continue. For example if you live on ST. John ave. Don't put the period after ST or after ave.

Please answer all questions

Street Address:Street Line 1: Street Line 2: [+ Add Line](#)**City/Town:****State/Territory:****ZIP Code:****Do you live at this address?**☒ Yes ☐ No**Daytime Phone Number:**☒ U.S. ☐ International

10-digit Number

Mobile

Phone Type

What is the best time to call?☒ 9 a.m. to Noon ☐ Noon to 5 p.m. ☐ Anytime between 9 a.m. and 5 p.m.**Email Address:**

We will send an acknowledgement to this address.

Confirm Email Address:

Please retype to confirm your email address.

☒ Emails match.**Language Preferences for** **Language preferred for speaking:****Language preferred for reading:****Next**

Previous

Click the "Next" button

Individual Information

Re-entry Number

Other SSNs and Names

This is a
continuation
from the last
page

So here next



Social Security

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

Apply for Benefits



Identification

General

Other Benefits

Remarks & Options

Review & Sign

Birth and Citizenship Information for [REDACTED]

Place of Birth: [More Info](#)

Provide place of birth as it was known at the time of your birth.

☒ United States or U.S. Territory ☐ Other

City/Town

--

State/Territory

Are you a U.S. citizen? [More Info](#)

☐ Yes ☐ No

Answer all questions

In this section...

☒ Applicant Identification

☒ Contact Information

Birth and Citizenship

Medicare Information

Re-entry Number

Other SSNs and Names


Next

Previous

Then click "Next"

If you are a U.S. citizen it will ask for type. For example: Born in the United States; or another would be Naturalized (as in you moved here and later became a citizen).

Text Size Accessibility Help

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

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Medicare Information for [REDACTED]

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits?

[? Things to Consider](#)

☒ Yes ☐ No

Answer the question

Next Previous

Then click "Next"

In this section...

- ✓ Applicant Identification
- ✓ Contact Information
- ✓ Birth and Citizenship
- Medicare Information**
- Re-entry Number
- Other SSNs and Names

If you also want to start claiming social security benefits (monthly retirement cash benefits), that will complicate things. Best to do that separate. So for most people the answer is yes. [Of course if you are already getting Social Security, you don't need to enroll in Parts A and B because it will be automatic.]

If you see the Red message, “You do not meet one or more qualifications to apply for Medicare only benefits on the internet...blah blah blah”, this does not mean you are rejected from getting Medicare, it simply means your case is a little more complicated and they will probably want additional information from you, so you will have to call them and set up an appointment for a phone interview, or in person if they lift the COVID restrictions. **An example of why you can’t continue applying online** would be that you don’t qualify under your own work history, but rather through the work history of your spouse. If that is the case, be prepared to show an official copy of your marriage certificate. That is only one example, there could be other reasons you can’t continue online.

If you don’t see the red message, click next and proceed to the next page.


The screenshot shows the Social Security Administration's 'Apply for Benefits' form. At the top, the Social Security logo and 'The Official Website of the U.S. Social Security Administration' are visible. Below the header, there are tabs for 'Identification', 'General', 'Other Benefits', 'Remarks & Options', and 'Review & Sign'. A red error message box is displayed, stating 'There is 1 error on the page.' and 'Please correct the error marked with a ✖.' The error is 'Error: File for Medicare Only, excluding monthly retirement cash benefits'. Below the error message, the 'Medicare Information for [redacted]' section is shown. It asks 'Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits?' and provides a 'Things to Consider' link. A red message is displayed: '✖ You do not meet one or more qualifications to apply for Medicare Only benefits on the Internet. However, you may file for monthly cash retirement benefits online if you change your response to the Medicare Only question from Yes to No.' There are 'Yes' and 'No' radio buttons. At the bottom, there are 'Next' and 'Previous' buttons. A red arrow points from the 'Next' button to the text 'If you don't get the Red message, click "Next"'. Another red arrow points from the 'Red message' text to the red error message box.

Red message

If you don't get the Red message, click "Next"

It's hard to get access to the full application unless a person is actually enrolling, so we are doing this piecemeal and guessing a little on the order.

At some point you will see a screen like this following one about your reentry number (the one you see here is just a sample. Save that number in case you need it during the application process over the next week or more.

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

Apply for Benefits


⚠ Identification General Other Benefits Remarks & Options Review & Sign

i You must print this page or write down the re-entry number.

Re-entry Number: **35467647**

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose your re-entry number, sign in to your *my Social Security* account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.

 Print this page

In this section...

- ✓ Applicant Identification
- ✓ Contact Information
- ✓ Birth and Citizenship
- ✓ Medicare Information
- Re-entry Number**

Somewhere it will also ask you if you also want Part B. The answer is yes. You must have Part B in order to get the rest of Medicare including a Supplement or Advantage plan.

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

Apply for Benefits

Identification General **Other Benefits** Remarks & Options Review & Sign

Group Health Plan Information for Joan Public

Are you covered under a Group Health Plan? [More Info](#)
☒ Yes ☐ No **Usually "No"**

Are you covered under a Group Health Plan through your own current employment?
☒ Yes ☐ No

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

What date did employment end? [More Info](#)
 -- / -- / --
 Month Day Year

☐ Employment has not ended

Health Insurance Information

What date did health insurance start? [More Info](#)
 -- / --
 Month Year

What date did health insurance end? [More Info](#)
 -- / --
 Month Year

☐ Health insurance has not ended

Next Previous Save & Exit **Then click "Next"**

The exception would be that of you have full group insurance where you or your spouse (if it's through them) are actively working there and they employ more than 20 people. Then you don't need all of Medicare for now.

It will also ask you if you have group health insurance. THE ANSWER IS NO. Do NOT answer yes, even if you current have group health. The answer should be no—unless you will continue to work past age 65 and will have group health under the conditions listed on the previous page. That is the only way you would answer yes. So again to repeat, it's not about what you currently have it's about what you will have after turning 65.

Upon answering no, you should NOT have all those other questions to answer about your employer and health insurance. I believe you won't even see those questions.

At the end
you will get
a page like
this one.

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

Apply for Benefits

Identification General Other Benefits Remarks Review & Sign

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I 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. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

☐ I agree with the Electronic Signature Agreement above.

! You will no longer be able to change this information once you continue.

When you select "Submit Now" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Submit Now Previous Save & Exit

Click the
box to
agree

Then
click
"Submit
Now"

Once clicked on “Submit Now” the next (and last page) should say you have successfully completed the application.

You want to read the page to make sure there is no message about further requirements they could ask for.

Please note that for newcomers to Medicare, Part B costs (in 2022) \$170 per month. If you are not yet getting Social Security, they will send you a quarterly bill.

Understand that the “quarters” may not be the ol’ normal JAN FEB MAR—APR MAY JUN—JUL AUG SEP—OCT NOV DEC.

It may be something like DEC JAN FEB, and so forth. AND if you start in the middle of a quarter, the first bill may be for 4 or 5 months. Then later it will only be 3 months at a time.

Once you do collect Social Security, it will start to automatically be deducted from there each month.

If you don’t want to send in a payment in each quarter, there are other options.

The next two pages you won't see until you get a bill from Medicare. But these sample Medicare bills will explain your options, as well as other explanations about understanding the bill.

YOUR MEDICARE NUMBER

Found on your Medicare card. **Please write your Medicare number on your check or money order.**

BILLING INFORMATION

- Current amount due and coverage period for Part A and/or Part B, *If this is the first billing you received, it may also include premiums owed for previous months not already billed. May also include Part B late enrollment penalty and/or Part B IRMAA amounts if they apply to you.
- Past due amount and coverage period already billed for Part A and/or Part B.
- Current amount due for Part D IRMAA and coverage period.
- Past due amount and coverage period already billed for Part D IRMAA.

TERMINATION DATE

The date your Medicare Insurance will end if you do not send the 'past due amount' by the date shown. You'll only see a termination date(s) on a bill that says "Delinquent" at the top.

PAYMENT COUPON

Cut or tear off the bottom portion of the bill and return it with your payment (or credit or debit card information).

Note: if you don't send in this coupon, your payment could get delayed.

AMOUNT PAID

Write in the exact amount of your check, money order, or credit or debit card payment.

VISA/MASTERCARD/AMERICAN EXPRESS/ DISCOVER NUMBER

You may pay premiums with a Visa, MasterCard, American Express, or Discover credit or debit card. To use this option, write in your credit or debit card account number, expiration date, Billing ZIP Code, and sign the form. If you pay by credit or debit card, you must provide your signature and return the payment information in the return envelope we sent you.

CMS-500 (2/16)

U.S. DEPARTMENT OF HEALTH & HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES (CMS)**MEDICARE PREMIUM BILL**

DATE: mm/dd/yyyy

YOUR MEDICARE NUMBER: **Ways to pay your bill:**

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to "CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover

Send payment with the coupon at the bottom to:

Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

| Coverage Periods | Part A (Hospital Insurance) | Part B (Medical Insurance) | IRMAA Part D | = | Total Amount |
|--|--------------------------------|-------------------------------|-----------------|---|--------------|
| Amount due for Part A and/or Part B | mm/dd/yyyy-mm/dd/yyyy | \$0.00 | \$0.00 | | \$0.00 |
| Past due amount for Part A and/or Part B | mm/dd/yyyy-mm/dd/yyyy | \$0.00 | \$0.00 | | \$0.00 |
| Amount due for IRMAA Part D | mm/dd/yyyy-mm/dd/yyyy | | \$0.00 | | \$0.00 |
| Past due amount for IRMAA Part D | mm/dd/yyyy-mm/dd/yyyy | | \$0.00 | | \$0.00 |
| Part A termination date: | mm/dd/yyyy | | | | |
| Part B termination date: | mm/dd/yyyy | | | | |
| Part D termination date: | mm/dd/yyyy | | | | |
| Total amount due: | | | | | \$0.00 |
| Payment in full due by: | | | | | mm/dd/yyyy |

Please send your full payment by mm/dd/yyyy. Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.

We got your last payment of \$ 0.00 on mm/dd/yyyy

See other side for important information, including who to contact if you have questions.

▼ **Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment.** ▼

☐ Check here if your name or address has changed or is wrong, and complete the back of this paper.

☐ Check here if the person has died.

Medicare Number:

Write your Medicare number on your check or money order.

Amount due: \$0.00 Due in full by: mm/dd/yyyy

Don't send cash. **Make check/money order payable to:**
CMS Medicare Insurance

Send payment to:

MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

(over)

BILL TYPE

Some people with Medicare are billed either monthly or quarterly. If you are billed for Part A or IRMAA Part D, you will be billed monthly. If this box says:

- **FIRST BILL**, it means your last payment was received timely or this is your initial bill.
- **SECOND BILL**, it means a payment is late by at least 60 days.
- **DELINQUENT BILL**, it means a payment is late by at least 90 days and you could lose your Medicare coverage.
- **ESTATE BILL**, it means a payment is due for a deceased beneficiary.
- **THIS IS NOT A BILL**, it means a payment will be deducted from your bank account (usually occurs on the 20th of the month – known as Medicare Easy Pay).

PART A, PART B, & PART D COVERAGE

Some people with Medicare owe premium payments for:

- Hospital Insurance (Part A) only.
 - Medical Insurance (Part B) only. Note: You may **owe** more than the standard Part B premium if you enrolled late; disenrolled from Medicare and later reenrolled; and/or you have a higher yearly income that makes you **owe** a Part B Income Related Monthly Adjustment Amount (IRMAA).
 - Part D Income Related Monthly Adjustment Amount (IRMAA), an amount in addition to the Part D premium.
- Note: this isn't your Part D premium. If you have Part D, your Part D plan bills you for your regular premium amount.**
- More than one part (Part A, Part B, Part D IRMAA).

TOTAL AMOUNT DUE

This is the total amount due right now. It may include past due amounts from an earlier billing period.

PAYMENT IN FULL DUE BY

Your premium payment is due by the 25th of the month.

LAST PAYMENT RECEIVED

This is the date that we last received a payment from you. If your last payment was submitted close to the due date it may not be reflected on this bill.

PAYMENT ADDRESS

| Coverage Periods | Part A (Hospital Insurance) | Part B (Medical Insurance) | IRMAA Part D | = Total Amount |
|------------------|--------------------------------|-------------------------------|-----------------|----------------|
| 1/1/11-12/31/11 | \$0.00 | \$0.00 | | \$0.00 |
| 1/1/12-12/31/12 | \$0.00 | \$0.00 | | \$0.00 |
| 1/1/13-12/31/13 | | | \$0.00 | \$0.00 |
| 1/1/14-12/31/14 | | | \$0.00 | \$0.00 |

| | |
|-------------------------|------------|
| Total amount due: | \$0.00 |
| Payment in full due by: | mm/dd/yyyy |

____ Your payment is late if Medicare gets it after this date. If your bill is not in full by this date, or you could lose your coverage and you may **Partial payment may not stop you from losing your coverage.**

____ didn't get by your last bill's due date.

____ on mm/dd/yyyy

____, including who to contact if you have questions.

____. **ment. Cut at dotted line and return bottom with payment.**

☐ Check here if your name or address has changed or is wrong, and complete the back of this paper.

☐ Check here if the person has died.

Medicare Number: _____

Write your Medicare number on your check or money order.

Amount due: \$0.00 Due in full by: mm/dd/yyyy

Don't send cash. **Make check/money order payable to:**
CMS Medicare Insurance

Send payment to:

MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

INFORMATION ON HOW TO PAY

This section tells you about the different ways you can pay the amount due. **Note: You can't make payments by phone.**

CONTACT INFORMATION

This section provides information on who to contact or where to go to get answers for questions about the bill and/or assistance. Please don't write messages to CMS on your bill.

IMPORTANT MEDICARE COVERAGE INFORMATION

This section tells you what happens if you don't pay your premiums, about losing coverage, and how to reapply for coverage.

CHANGE OF NAME OR ADDRESS

To change or correct your name or address, write the new information in the boxes provided. Use capital (upper case) letters when writing in the new information, and write only one letter or number in each box.

To pay your bill online – Contact your bank for information on how to sign up for their Online Bill Pay Service and pay your premiums directly from a bank account. For more information on paying your bill online, visit Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227). Teletypewriter (TTY) users should call 1-877-486-2048.

If you use Medicare Easy Pay to pay your premiums, and the box on the front in the upper right says "This is not a bill," your premium payment will be deducted from your bank account around the 20th of the month. Keep this statement for your records. By signing up for Medicare Easy Pay, you can have your Medicare premiums automatically deducted from your checking or savings account each month. For information on how to sign up, visit Medicare.gov, or call 1-800-MEDICARE.

Payments by check or money order – Make a check or money order payable to "CMS Medicare Insurance." When you pay by check, you authorize the Medicare Premium Collection Center (MPCC) to use the information from your check to make a one-time electronic funds transfer from your bank account or to process the payment as a check transaction. Your bank statement will show the transaction as "CMS Medicare."

Payments by credit/debit card – Credit/debit card payments need a signature. Fill out the credit/debit card section in the coupon on the front of the bill and sign it. Medicare can't set up automatic monthly credit/debit card payments.

- **If you have questions about your Part A or Part B bill amount or Part A or Part B insurance**, call Social Security at 1-800-772-1213, or write or visit any Social Security office. TTY users should call 1-800-325-0778.
- **If you have questions about your IRMAA Part D bill amount**, call 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048.
- **If you need help paying your Medicare costs**, call or visit your State Medical Assistance (Medicaid) office, and ask for information on Medicare Savings Programs. You can also contact your State Health Insurance Assistance Program (SHIP). To get the phone numbers for your state, visit Medicare.gov/contacts, or call 1-800-MEDICARE.
- **For more information about this bill**, visit Medicare.gov and type "CMS-500" in the Search box.
- **CMS doesn't discriminate in its programs and activities**. To request this publication in an alternate format, please call 1-800-MEDICARE or email AltFormatRequest@cms.hhs.gov. TTY users should call 1-877-486-2048.

What if I don't pay my Part A or Part B premium? You'll lose your coverage, and you must still pay the total premium amount you owe. You can only reapply for Medicare during the General Enrollment Period from January 1 through March 31 each year. If you reapply, your coverage will start on July 1 of that year, and you may have to pay a higher monthly premium amount for Part A as well as a lifetime late enrollment penalty for Part B.

What's IRMAA & why do I pay for it? This bill may include an Income-Related Monthly Adjustment Amount (IRMAA). IRMAA is an extra amount you must pay for Part B and Part D coverage because you have a higher income. If you have IRMAA Part D, you're billed monthly and it's included in this bill. Your Part D plan premium is different, and you must pay the plan premiums to your Medicare drug plan. If you have IRMAA for Part B, it's included in your Part B premium amount. Your IRMAA can change each year. For more information about IRMAA, visit socialsecurity.gov.

What if I don't pay my IRMAA Part D amount? You'll lose your Part D coverage, even if it's part of your Medicare Advantage plan (like an HMO or PPO) or employer coverage. If you sign-up for Part D later, you'll still have to pay any IRMAA for Part D you owe, and you may have to pay a monthly penalty for as long as you have Part D coverage.

IF YOUR NAME OR ADDRESS HAS CHANGED (OR IS DIFFERENT FROM THE NAME OR ADDRESS SHOWN ON THE FRONT OF THIS BILL), PRINT THE CORRECT INFORMATION BELOW:

| | | |
|--|--|---|
| <p>Last Name</p> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> <p>Street Number</p> <div style="border: 1px solid black; height: 20px; width: 80px;"></div> <p>P.O. Box</p> <div style="border: 1px solid black; height: 20px; width: 100px;"></div> <p>City</p> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> | <p>First Name</p> <div style="border: 1px solid black; height: 20px; width: 180px;"></div> <p>Street Name</p> <div style="border: 1px solid black; height: 20px; width: 200px;"></div> <p>Apartment Number</p> <div style="border: 1px solid black; height: 20px; width: 80px;"></div> <p>State</p> <div style="border: 1px solid black; height: 20px; width: 40px;"></div> <p>Zip Code</p> <div style="border: 1px solid black; height: 20px; width: 100px;"></div> - <div style="border: 1px solid black; height: 20px; width: 40px;"></div> | <p>MI</p> <div style="border: 1px solid black; height: 20px; width: 20px;"></div> |
|--|--|---|

Throw some confetti, you have
completed another step on your
Medicare Path!

