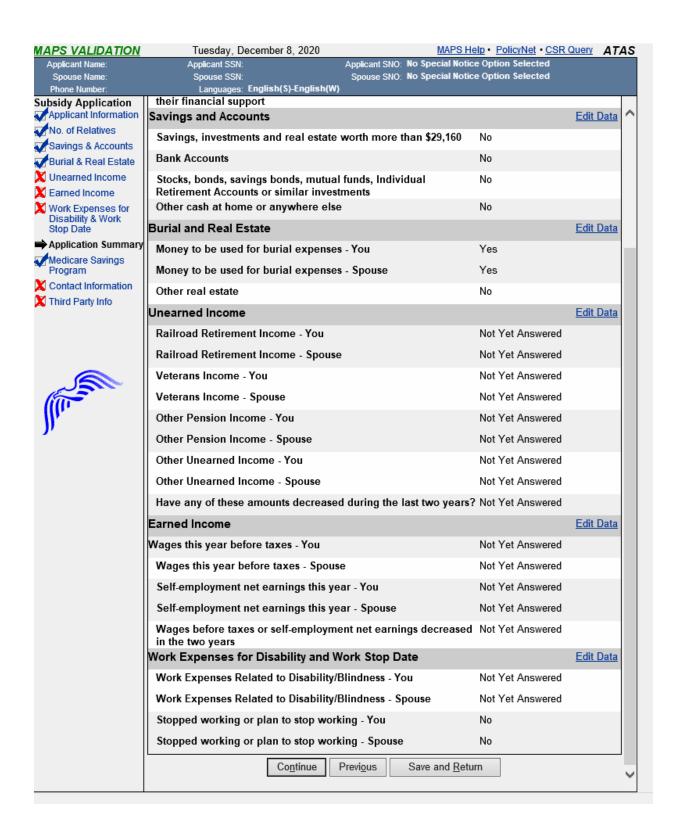


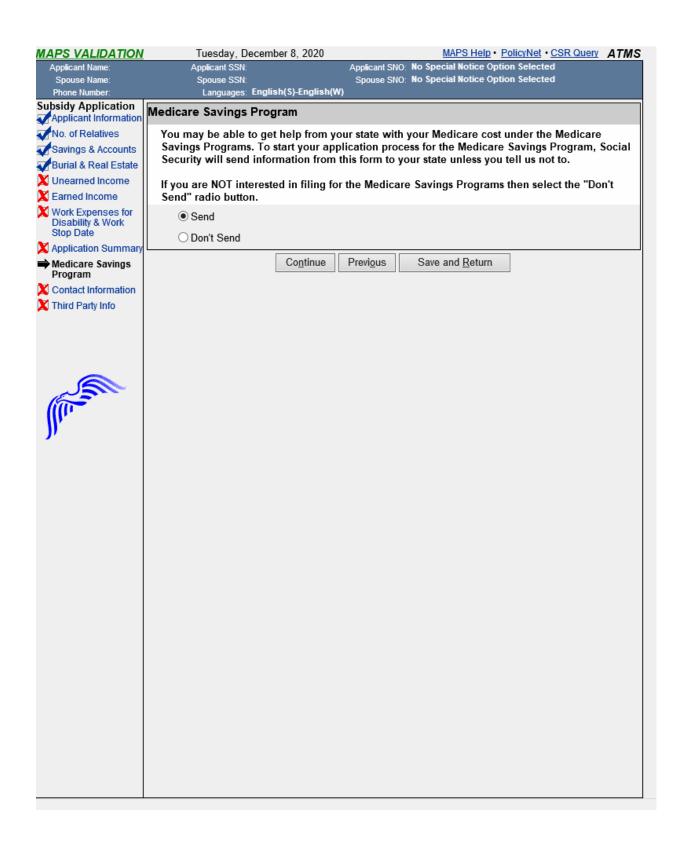
MAPS VALIDATION		\TUI			
Applicant Name:	Applicant SSN: Applicant SNO: No Special Notice Option Selected				
Spouse Name:	Spouse SSN: Spouse SNO: No Special Notice Option Selected				
Phone Number:	Languages: English(S)-English(W)				
Subsidy Application	If yes, average monthly amount				
Applicant Information	Agency Reported Amount \$0				
No. of Relatives	Agency Reported Amount 10				
Savings & Accounts	Total Railroad Retirement s				
Burial & Real Estate	W. B. G. B. C. B. L. d.				
Unearned Income	Veterans Benefits Before Deductions				
X Earned Income	You Yes No				
Work Expenses for Disability & Work	Agency Reported Amount \$0				
Stop Date	Spouse ○ Yes • No				
Application Summary Medicare Savings	Agency Reported Amount \$0				
Program Contact Information	Total Veterans \$0				
X Third Party Info	Other Pensions or Annuities Before Deductions. Do Not include money from the accounts listed earlier.				
	You ○ Yes ○ No ● Not Yet Answered				
	If yes, average monthly amount				
	Agency Reported Amount \$0				
	Spouse ○ Yes ○ No ● Not Yet Answered				
(fr.	If yes, average monthly amount				
)'	Agency Reported Amount \$0				
	Total Pensions and Annuities \$				
	Other unearned income, including alimony, net rental income, worker's compensation, unemployment, private or state disability payments, etc.				
	You ○ Yes ○ No ● Not Yet Answered				
	O 165 O 166 O 166 Tet/Misweled				
	If Yes, specify type of income				
	Enter average monthly amount				
	Agency Reported Amount \$0				
	Spouse ○ Yes ○ No ● Not Yet Answered				
	If Yes, specify type of income				
	Enter average monthly amount \$				
	Agency Reported Amount \$0				
	Total Other Income ©				
	Total Other Income \$				
	Have any of these amounts decreased during the last two years?				
	○ Yes ○ No ● Not Yet Answered				
	Continue Previous Save and Return				
	out and Hotali	~			

MAPS VALIDATION	Tuesday, December 8, 2020 MAPS Help • PolicyNet • CSR Query ATEI					
Applicant Name:	Applicant SSN: Applicant SNO: No Special Notice Option Selected					
Spouse Name:	Spouse SSN: Spouse SNO: No Special Notice Option Selected					
Phone Number:	Languages: English(S)-English(W)					
Subsidy Application Applicant Information	Earned Income					
√No. of Relatives	Do you (or your spouse if married and living together) expect to earn wages this calendar					
Savings & Accounts	year?					
Burial & Real Estate	You ○ Yes ○ No ● Not Yet Answered					
X Unearned Income	TES ONG MOLIELANSWEIGH					
Earned Income	If yes, total amount BEFORE TAXES and DEDUCTIONS \$					
Work Expenses for	Agency Reported Amount \$0					
Disability & Work Stop Date	Spouse ⊝Yes ⊝No ● Not Yet Answered					
X Application Summary	If yes, total amount BEFORE TAXES and DEDUCTIONS \$					
Medicare Savings	Total Wages Before Taxes					
Program						
Contact Information Third Party Info	Agency Reported Amount \$0					
	If self-employed, do you (or your spouse if married and living together) expect NET earnings or a net loss this calendar year?					
	You ○Yes ○No Not Yet Answered					
	If yes, expected NET earnings or loss this year \$ \qquad \text{Net Loss}					
Agency Reported Amount \$0						
Mb.	Spouse ○ Yes ○ No ● Not Yet Answered					
ינ	If yes, expected NET earnings or loss this year \$ \qquad \text{Net Loss}					
	Agency Reported Amount \$0					
Total Self-employment Net Earnings \$						
	Have your (or your spouse's if married and living together) wages before taxes or net earnings from self-employment decreased in the last two years?					
	○ Yes ○ No ● Not Yet Answered					
	Continue Province Cove and Pature					
	Continue Previous Save and Return					

MAPS VALIDATION	Tuesday, December 8, 2020 <u>MAPS Help</u> • <u>PolicyNet</u> • <u>CSR Query</u> ATWE				
Applicant Name:	Applicant SSN: Applicant SNO: No Special Notice Option Selected				
Spouse Name:	Spouse SSN: Spouse SNO: No Special Notice Option Selected				
Phone Number:	Languages: English(S)-English(W)				
Subsidy Application Applicant Information	Work Expenses for Disability and Work Stop Date				
No. of Relatives	If YOU recently stopped working or plan to stop working then enter the month and year that YOU				
Savings & Accounts	stopped or plan to stop.				
Burial & Real Estate Unearned Income					
X Earned Income	If YOUR SPOUSE (if married and living together) recently stopped working or plans to stop working then enter the month and year that YOUR SPOUSE stopped or plans to stop.				
■ Work Expenses for Disability & Work	Month (MM): Year (YYYY):				
Stop Date	Do you (or your spouse if married and living together) have to pay for things related to a				
Application Summary Medicare Savings	disability or blindness (as defined under the rules set by Social Security for blindness and disability) that enable you to work? Examples of such expenses include:				
Program	Cost of drugs and medical treatment for Personal attendant services				
Contact Information Third Party Info	AIDS, cancer, depression or epilepsy Vehicle modifications, driver assistance or other work-related transportation needs Sensory and Visual aids				
	Wheelchair Braille translations				
	You:				
	Spouse: ● Yes ○ No ○ Not Yet Answered				
	IRWE/BWE Money Amount - You: \$ Calculate IRWE/BWE				
	IRWE/BWE Money Amount - Spouse: \$				
J) ^r	Continue Previous Save and Return				

MAPS VALIDATION	2	elp • PolicyNet • CSR	Query AT	Ά
Applicant Name:	Applicant SSN: Applicant SNO: No Special Notice Spouse SSN: Spouse SNO: No Special Notice			
Spouse Name: Phone Number:	Spouse SSN: Spouse SNO: No Special Notic Languages: English(S)-English(W)	ce Option Selected		
Subsidy Application Applicant Information	Application Information		Edit Data	Ī
No. of Relatives	Marital Status	Married Living Toge	ther	1
Savings & Accounts	Applicant's Name			
Burial & Real Estate Unearned Income	Applicant's SSN			
Earned Income	Spouse's Name			1
Work Expenses for Disability & Work	Spouse's SSN	I		
Stop Date Application Summary	No. of Relatives		Edit Data	
➡ Application Summary ✓ Medicare Savings Program	Relatives who live with you and you provide at least one-half of their financial support	3		
Contact Information	Savings and Accounts		Edit Data	
X Third Party Info	Savings, investments and real estate worth more than \$29,160	No		
	Bank Accounts	No		
	Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments	No		
	Other cash at home or anywhere else	No		
	Burial and Real Estate		Edit Data	
((1))	Money to be used for burial expenses - You	Yes		
ינ	Money to be used for burial expenses - Spouse	Yes		
	Other real estate	No		
	Unearned Income		Edit Data	
	Railroad Retirement Income - You	Not Yet Answered		
	Railroad Retirement Income - Spouse	Not Yet Answered		
	Veterans Income - You	Not Yet Answered		
	Veterans Income - Spouse	Not Yet Answered		
	Other Pension Income - You	Not Yet Answered		
	Other Pension Income - Spouse	Not Yet Answered		
	Other Unearned Income - You	Not Yet Answered		1
	Other Unearned Income - Spouse	Not Yet Answered		
	Have any of these amounts decreased during the last two years'	? Not Yet Answered		
	Earned Income		Edit Data	
	Wages this year before taxes - You	Not Yet Answered		
	Wages this year before taxes - Spouse	Not Yet Answered		
	Self-employment net earnings this year - You	Not Yet Answered		
	Self-employment net earnings this year - Spouse	Not Yet Answered		





MAPS VALIDATION	Tuesday, December 8, 2020	MAPS Help • PolicyNet • CSR Query ATCI				
Applicant Name:	Applicant SSN:	Applicant SNO: No Special Notice Option Selected				
Spouse Name:	Spouse SSN:	Spouse SNO: No Special Notice Option Selected				
Phone Number:	Languages: English(S)-English(W)					
Subsidy Application Applicant Information	Contact Information					
No. of Relatives	Your Phone Number	Address Source: MBR				
Savings & Accounts						
Burial & Real Estate	Your Mailing Address					
X Unearned Income						
X Earned Income	Street Address					
Work Expenses for Disability & Work Stop Date	Apartment No.					
Application Summary	Address Line 3 Address Line 4					
Medicare Savings Program		tate Zip -				
Contact Information						
X Third Party Info	(To change the address/phone number on	the MDN, 1703 must be used)				
	If you prefer that we contact someone person's name and a daytime phone.	else if we have additional questions, please provide the				
	Contact Person's Name					
	First M.I. Last Suffix					
	Contact Person's Phone Number ()					
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