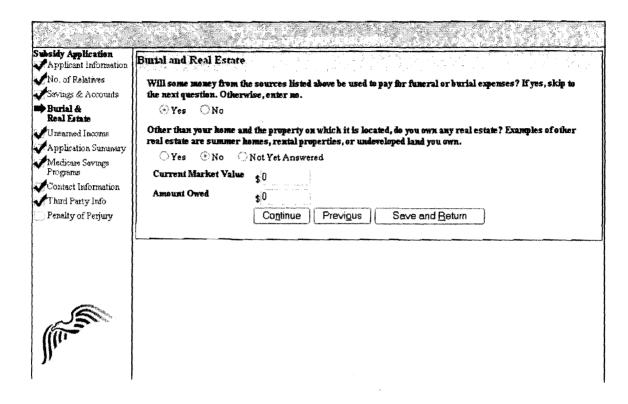
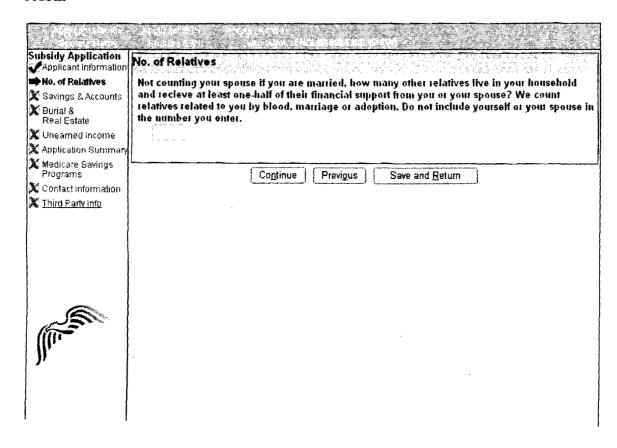
Subsidy Application  Applicant Information	Applicant Information
No. of Relatives &	Marital Status
X Savings 8. Accounts	Single
Burial & Real Estate	1
Munearned Income	Applicant's Name
Application Summary	
Medicare Savings Programs	Applicant's Social Security Number/ID#
Contact Information	
Third Party Info	Spouse's Name
	Spouse's Social Security Number/ID≑
	Who is applying?
6	Only you are applying
	Both you and your spouse are applying on this application
Mi	Not Yet Answered
	Have you (or spouse if married and living together) worked in the last two years?
	○ Yes ○ No ⑤ Not Yet Answered
	Continue Save and Return
	•

Subsidy Application Applicant information	Savings and Accounts					
No. of Relatives Savings & Accounts	If you are married and living with your spouse, do you have savings, investments, or real estate (other than your home) worth more than \$23,970?					
Burial & Real Estate	○ Yes ⊘ No ○ Not Sure					
X Unearned Income X Application Summary	Do you (and your spouse if married and living together) own any of the following items, including items that either of you own separately, jointly or with another person?					
Medicare Sevings Programs	Bank Accounts (checking, savings and certificates of deposit)  Yes ② No ○ Not Yet Answered					
Contact Information Third Party Info	If Yes, enter the combined total value \$					
	Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments  Yes No Not Yet Answered  If Yes, enter the combined total value \$  Any other cash at home or anywhere else  Yes No Not Yet Answered  If Yes, enter the combined total value \$					
	Continue Previous Save and Beturn					

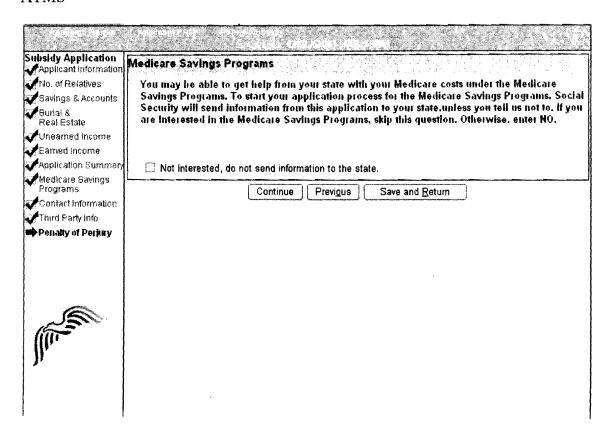


## **ATRE**

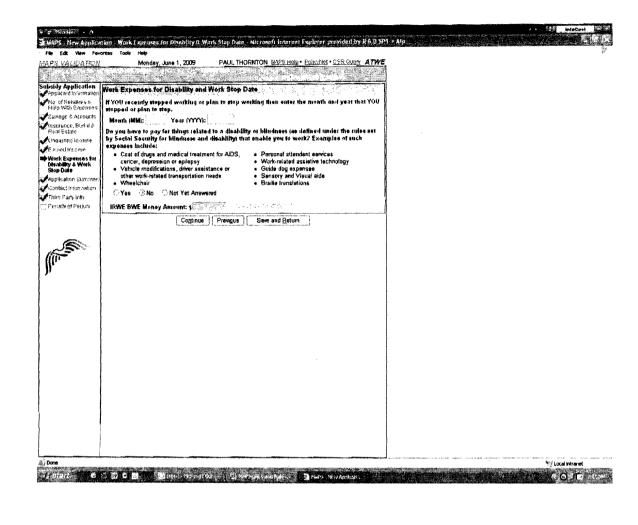


Subsidy Application Applicant Information	Unearne	d Income			
No. of Relatives Savings & Accounts Burial &	Do you (and your spouse if married and living together) receive income from any of the following sources?  If Yes, enter the TOTAL MONTHLY INCOME  If the amount for you and your spouse is combined, enter the total amount in the field for you  If the amount changes from month to month, enter the AVERAGE MONTHLY INCOME for the past year for each type  Do not list wages and self-employment, interest income, Public Assistance, Medical Reimbursements or Foster Care payments here.				
Real Estate Uncarned Income Application Summary Medicare Savings					
Programs Contact Information	ĺ	d Retirement Benefits Before Deductions			
Third Party Info	You	○Yes ○ No ② Not Yet Answered			
		If yes, average monthly amount Agency Reported Amount \$0	\$		
	Spouse	○Yes ○ No ③ Not Yet Answered			
		Hyes, average monthly amount Agency Reported Amount \$0	\$		
		Total Railread Retirement	\$		
	Veterans Benefits Before Deductions				
<b>)</b> '	You	○Yes ○ No ②Not Yet Answered			
		If yes, average monthly amount Agency Reported Amount \$0	\$		
	Spouse	○Yes ○ No ②Not Yet Answered			
		If yes, average monthly amount Agency Reported Amount \$0			
		Total Voterans	\$		
	Other pensions or annuities. Do Not include money from the accounts listed earlier.				
}	You	🔾 Yes 🔾 No 💿 Not Yet Answered			
		If yes, average monthly amount Agency Reported Amount \$0	\$		

	If yes, average monthly amount Agency Reported Amount \$0
	Total Pensions and Annuities
	nearned income, including alimony, net rental income, worker's compensator state disability payments etc.
You	Yes No & Not Yet Answered
	If Yes, specify type of income
	Enter average monthly amount
	Agency Reported Amount \$0
Spouse	Yes ONo ⊗ Not Yet Answered
	If Yes, specify type of income
	Enter average monthly amount
	Agency Reported Amount \$0
	Total Other Income
Have any	of these amounts decreased during the last two years?
୍ Y	es O No ② Not Yet Answered
	Continue Previous Save and Return

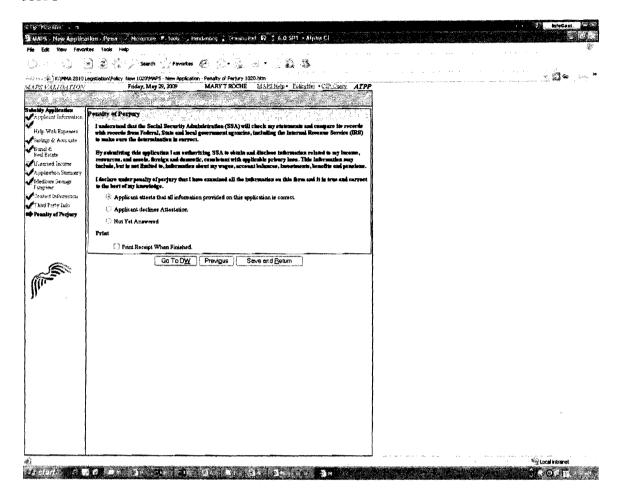


	The last of the second of the				
Subsidy Application Applicant Information	Earned Income				
No. of Relatives &	Do you expect to earn wages this calendar year?				
X Sevings & Accounts					
Burial & Real Estate	○Yes ○No ⓒ NotYet Answered				
Wunearmed Income	If yes, total amount BEFORE TAXES and DEDUCTIONS \$ 600000000000000000000000000000000000				
Earned Income	Agency Reported Amount \$0				
Work Expenses for Dissbility & Work Stop Date	If self-employed, do you expect NET earnings or a net loss this calendar year?				
Application Summary	○Yes ○No: ②Not Yet Answered				
Contact Information	If yes, expected NET carnings or less this year \$0. Net Loss				
X Thurd Party Info	Agency Reported Amount \$0				
	□ Net Loss  Have your wages before taxes or net earnings from self-employment decreased in the last two years?  ○ Yes ○ No ④ Not Yet Answered				
Mir San	Continue Previous Save and Return				



e de la companya de l	Applications of the second sec
Subsidy Application Applicant Information	Third Party Information
Savings & Accounts Burial & Real Estate Unearned Income Application Summary Medicare Savings Programs Contact Information Tilid Party Info	If you are assisting someone else, select the box that describes who you are and provide your daytime number and address.  Not Applicable  Family Member  Attorney  Agency  Advocate  Social Worker
	Other Specify Assisting Person Name First M.I. Last Suffix
	Phone Number ( ) - Assisting Person's Address Street Address
	Apartment No. Address Line 3 Address Line 4
	Chy State Zip -
	Continue Previous Go To DW Save and Return

Subsidy Application Applicant Information	Contact Information				
No. of Relatives & Savings & Accounts Durial &	Your Phone Number ( Your Mailing Address	aldress Source: Master Beneficiary Record			
Real Estate Unearned Income Application Summary	Street Address				
Medicare Savings Programs	Apartment No.				
Contact Information	Address Line 3				
X Third Party Info	Address Line 4				
)	Clty	Zip			
	(To change the address/phone number on the MBR, Po	OS must be used)			
	If you prefer that we contact someone else if we have additional questions, please provide the person's name and a daytime phone.				
	Contact Person's Name				
	Flist M.I. Last	Suffix			
	Contact Person's Phone Number (				
ן יי	Continue   Previous	Save and Return			



## Privacy Act Statement Collection and Use of Personal Information

## **Application for Extra Help with Medicare Prescription Drug Plan Costs**

Section 1860 D-14 of the Social Security Act, as amended, authorizes us to collect this information. We will use the information you provide to determine if you are eligible for help paying your share of the cost of a Medicare prescription drug plan.

Furnishing us this information is voluntary. However, failing to provide us with all or part of the information could prevent us from making an accurate and timely decision on your application.

We rarely use the information you supply for any purpose other than what we state above, however, we may use the information for the administration of our programs including sharing information:

- 1. To comply with Federal laws requiring the release of information from our records (e.g., to the Government Accountability Office and Department of Veterans Affairs); and,
- 2. To facilitate statistical research, audit, or investigative activities necessary to ensure the integrity and improvement of our programs (e.g., to the Bureau of the Census and to private entities under contract with us).

We may also use the information you provide in computer matching programs. Matching programs compare our records with records kept by other Federal, State, or local government agencies. Information from these matching programs can be used to establish or verify a person's eligibility for federally-funded or administered benefit programs and for repayment of payments or delinquent debts under these programs.

A complete list of when we may share your information with others, called routine uses, is available in our Privacy Act Systems of Records Notices 60-0090, entitled Master Beneficiary Record, and 60-0321, entitled Medicare Part D and Part D Subsidy File. Additional information about these and other system of records notices and our programs are available from our Internet website at www.socialsecurity.gov or at your local Social Security office.

## SSA will insert the following revised PRA Statement into the form at its next scheduled reprinting:

Paperwork Reduction Act Statement - This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. The OMB control number for this information collection is 0960-0696. We estimate that it will take about 30 minutes to read the instructions, gather the facts, and answer the questions. *Send only comments relating to our time estimate above to*: SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.