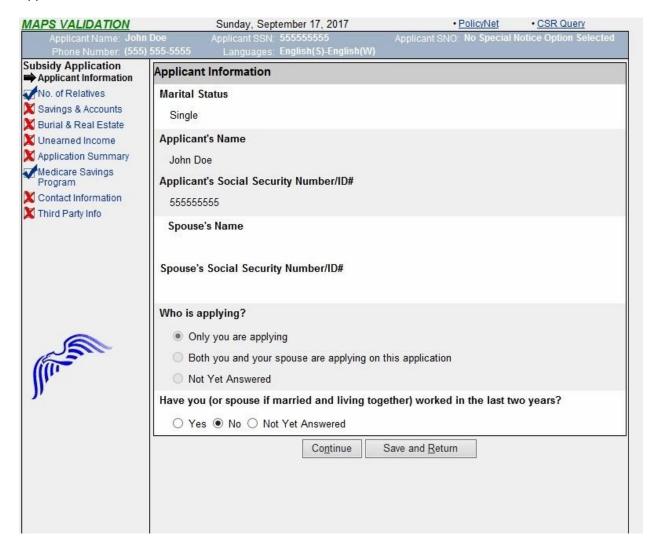
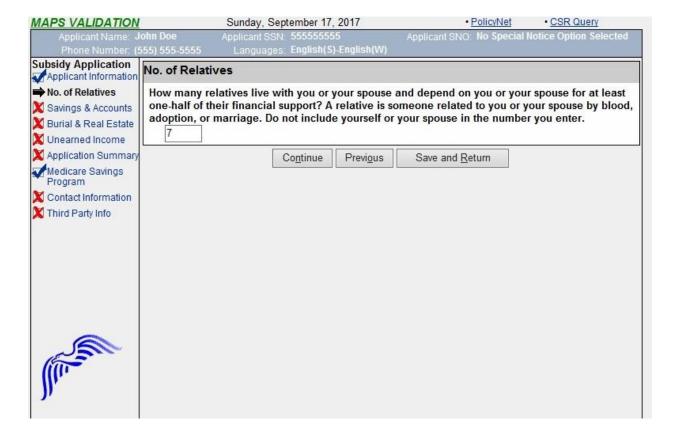
## MAPS Application Taking Screens (1020)

# **Applicant Information**



#### **Number of Relatives**



# Savings and Accounts

MAPS VALIDATION		Sunday, September 17	2017	PolicyNet	CSR Query
Applicant Name: Jo		Applicant SSN: 55555555		Applicant SNO: No Special	Notice Option Selected
Phone Number: (5	55) 555-5555	Languages: English(S	-English(W)	350	
Subsidy Application Applicant Information	Savings and	Accounts			
✓No. of Relatives  ⇒ Savings & Accounts				e, If you are Married and li al Estate worth more than	
Burial & Real Estate	The state of the s				
Unearned Income Application Summary Medicare Savings Program  Do you (and your spouse if married and living together) own any of the following it including items that either of you own separately, jointly or with another person? It count your home, vehicles, personal possessions, life insurance, burial plots, irrevenue.				erson? Do NOT	
Contact Information	Bank Accour	nts (checking, savings an	d certificates	of deposit)	
Third Party Info	○ Yes ○ No ● Not Yet Answered				
	1977 October 1977	ter the combined total \$			
	Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or similar investments				
	○ Yes ○ No ● Not Yet Answered				
	If Yes, enter the combined total \$				
		sh at home or anywhere  No  Not Yet Answere			
(ltr.	If Yes, er	ter the combined total \$			
10		Continue	Previ <u>o</u> us	Save and Return	
		· · · · · · · · · · · · · · · · · · ·			

# **Burial and Real Estate**

VAPS VALIDATION	Sunday, September 17, 2017 • PolicyNet • CSR Query				
Applicant Name: J					
Phone Number: (	555) 555-5555 Languages: English(S)-English(W)				
Subsidy Application Applicant Information	Burial and Real Estate				
No. of Relatives	Will some money from the sources listed in questions above be used to pay for funeral or				
Savings & Accounts	burial expenses? If yes, skip to the next question. Otherwise, enter no.				
Burial & Real Estate	You ● Yes ○ No				
X Unearned Income	Spouse ● Yes ○ No				
X Application Summary					
Medicare Savings Program	Other than your home and the property on which it is located, do you (and your spouse if married and living together) own any real estate? Examples of other Real Estate are Summer				
Contact Information	homes, rental properties, or undeveloped land you own.				
X Third Party Info	O Yes O No ● Not Yet Answered				
	Current Market Value s				
	Amount Owed				
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	Continue Previous Save and Return				
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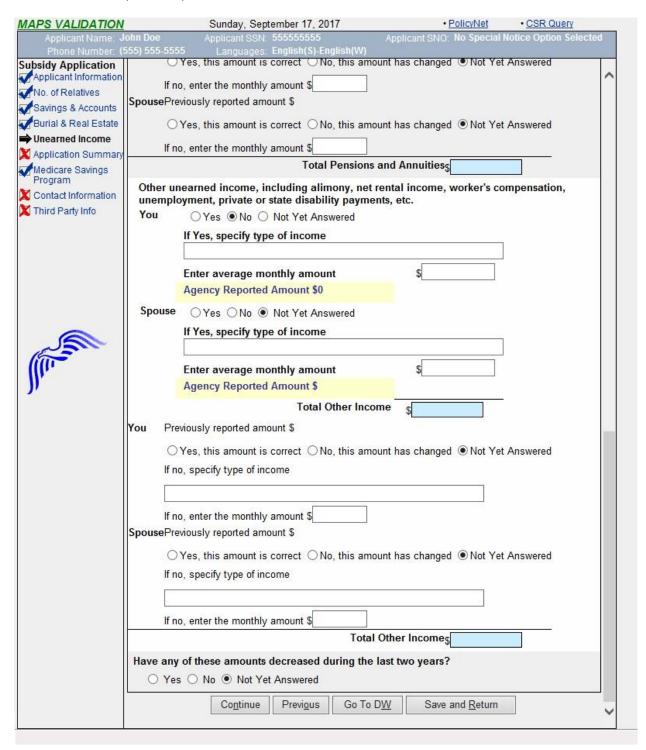
## **Unearned Income**

Sunday, September 17, 2017 • PolicyNet • CSR Query					
e Applicant SSN: 555555555 Applicant SNO: No Special Notice Option Selected 5-5555 Languages: English(S)-English(W)					
arned Income					
you (and your spouse if married and living together) receive income from any of the lowing 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 or you do not receive it every 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.					
Iroad Retirement Benefits Before Deductions					
Yes ● No ○ Not Yet Answered					
If yes, average monthly amount \$  Agency Reported Amount \$0					
Duse OYes ONo ● Not Yet Answered					
If yes, average monthly amount \$ Agency Reported Amount \$					
Total Railroad Retirement					
You Previously reported amount \$					
○ Yes, this amount is correct ○ No, this amount has changed ● Not Yet Answered					
If no, enter the monthly amount \$					
SpousePreviously reported amount \$					
○ Yes, this amount is correct ○ No, this amount has changed ● Not Yet Answered					
If no, enter the monthly amount \$					
Total Railroad Retirements					
erans Benefits Before Deductions					
Yes • No					
Agency Reported Amount \$0					
puse Yes No					
Agency Reported Amount \$					
Total Veterans \$0					
Agency Reported Amount \$					
Pro-Transport Assessment Systems (Control of Control of					
se Agency Reported Amount \$					

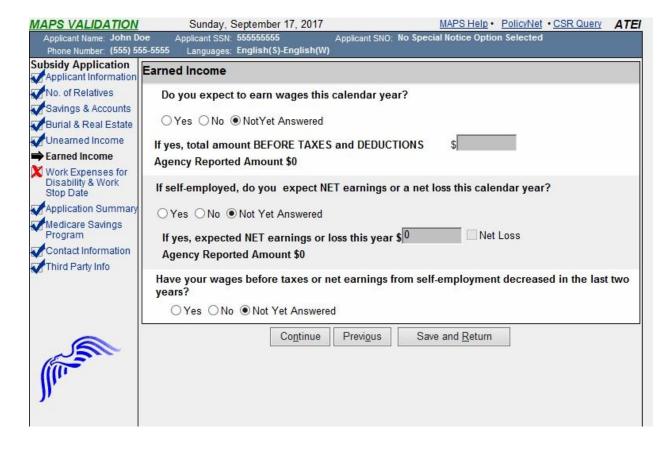
# Unearned Income (continue)

MAPS VALIDATION	Sunday, September 17, 2017	• PolicyNet • 0	CSR Query
Applicant Name: John Do	e Applicant SSN: 55555555	Applicant SNO: No Special Notice	Option Selected
Phone Number: (555) 55	55-5555 Languages: English(S)-English(W)		
A Applicant Information	ner Pensions or Annuities Before Deductions.	Do Not include money from the	accounts
No. of Relatives	ed earlier.		
Savings & Accounts	U Yes ● No ○ Not Yet Answered		
Burial & Real Estate	If yes, average monthly amount	\$	
Unearned Income	Agency Reported Amount \$0		
Application Summary  Medicare Savings	ouse O Yes O No   Not Yet Answered		
Program	If yes, average monthly amount	\$	
Contact Information Third Party Info	Agency Reported Amount \$		
Time i ary mo	Total Pensions and Annuitie	es \$	
You	Previously reported amount \$		
	○ Yes, this amount is correct ○ No, this am	ount has changed   Not Yet Answ	vered
	If no, enter the monthly amount \$		
Spou	sePreviously reported amount \$		
	○ Yes, this amount is correct ○ No, this am	ount has changed Not Vet Answ	warad
		ount has changed Short Fet Ansi	vereu
	If no, enter the monthly amount \$		
((h.	Total Pensions	s and Annuities <sub>\$</sub>	
	ner unearned income, including alimony, net employment, private or state disability paymo u OYes  No O Not Yet Answered		nsation,
	If Yes, specify type of income		
	Enter average monthly amount	\$	
	Agency Reported Amount \$0	**************************************	
Spo	ouse ○Yes ○No ● Not Yet Answered		
	O 100 O 110 O 1101 Total monored		
	If Voc enocify type of income		
	If Yes, specify type of income		
		•	
	Enter average monthly amount	\$	
	Enter average monthly amount Agency Reported Amount \$	\$	
	Enter average monthly amount	s some	
You	Enter average monthly amount Agency Reported Amount \$	s ome s	
You	Enter average monthly amount Agency Reported Amount \$  Total Other Inco		vered
You	Enter average monthly amount Agency Reported Amount \$  Total Other Inco Previously reported amount \$  Yes, this amount is correct ONo, this amount is correct.		vered
You	Enter average monthly amount Agency Reported Amount \$  Total Other Inco		vered
You	Enter average monthly amount Agency Reported Amount \$  Total Other Inco Previously reported amount \$  Yes, this amount is correct ONo, this amount is correct.		vered

### Unearned Income (continue)



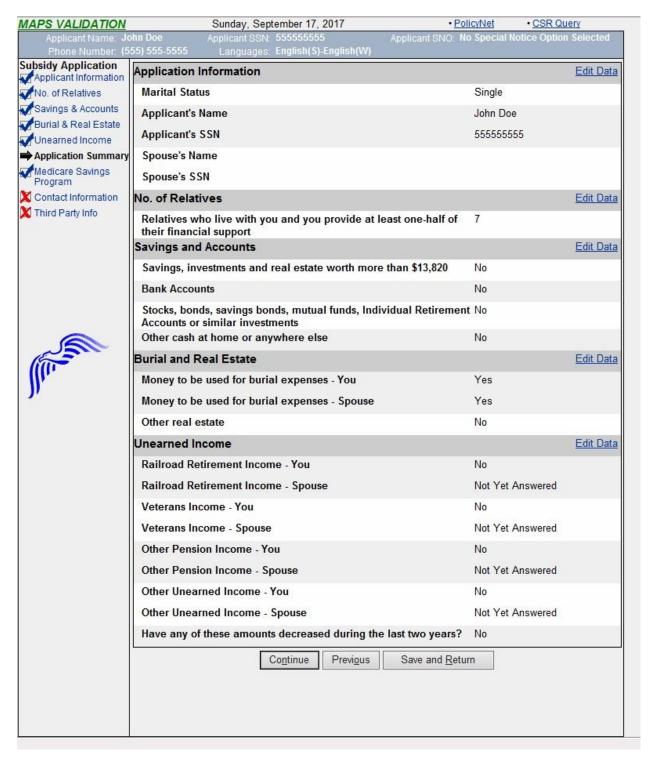
#### Earned Income



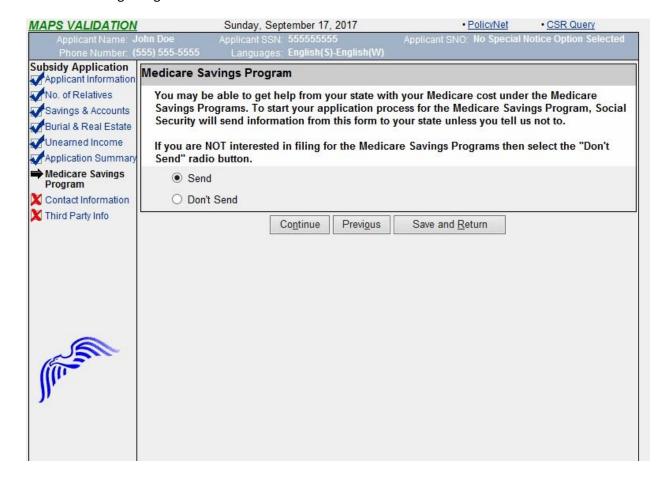
# Work Expenses for Disability and Work Stop Date

ohn Doe 555) 555-5555	Applicant SSN:		Applicant SNO: No Special	Notice Option Selected
		English(S)-English(W)		
Work Expens		lity and Work Stop D	ate	
If YOU recently stopped working or plan to stop working then enter the month and year that YOU stopped or plan to stop.				
stopped or plan to stop.  Month (MM): Year (YYYY): 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.				
				Month (MM):
disability or bedisability) that  Cost of all S, ca  Vehicle other we	olindness (as de tt enable you to drugs and med ancer, depressi modifications, ork-related tran	efined under the rules o work? Examples of s ical treatment for on or epilepsy driver assistance or	set by Social Security for uch expenses include:  Personal attendant s Work-related assistiv Guide dog expenses	blindness and ervices e technology
		<ul><li>Not Yet Answered</li><li>Not Yet Answered</li></ul>		
C. 2007 0000 0000 0000			Calculate IRWE/BWE	]
	С	continue Previous	Save and Return	
	If YOU recent stopped or pl Month (MM): If YOUR SPO! working then Month (MM): Do you (or you disability or the disability) that • Cost of a AIDS, ca • Vehicle other w. • Wheelct You: Spouse: (IRWE/BWE	If YOU recently stopped wor stopped or plan to stop.  Month (MM): Year If YOUR SPOUSE (if married working then enter the mon Month (MM): Year Do you (or your spouse if madisability or blindness (as dedisability) that enable you to Cost of drugs and med AIDS, cancer, depressi Vehicle modifications, other work-related trans Wheelchair  You: Yes No  Spouse: Yes No  IRWE/BWE Money Amount	If YOU recently stopped working or plan to stop we stopped or plan to stop.  Month (MM): Year (YYYY): If YOUR SPOUSE (if married and living together) reworking then enter the month and year that YOUR Month (MM): Year (YYYY):  Do you (or your spouse if married and living togeth disability or blindness (as defined under the rules disability) that enable you to work? Examples of self-substituting togeth disability) that enable you to work? Examples of self-substituting togeth disability) that enable you to work? Examples of self-substituting togeth disability) that enable you to work? Examples of self-substituting togeth disability) that enable you to work? Examples of self-substituting together) to your spouse if married and living together) reversing the your self-substituting together) reversing the your self-substituting together) reversing the your self-substituting together) reversing toget	If YOU recently stopped working or plan to stop working then enter the monstopped or plan to stop.  Month (MM): Year (YYYY): If YOUR SPOUSE (if married and living together) recently stopped working of working then enter the month and year that YOUR SPOUSE stopped or plans Month (MM): Year (YYYY): Do you (or your spouse if married and living together) have to pay for things disability or blindness (as defined under the rules set by Social Security for disability) that enable you to work? Examples of such expenses include:  • Cost of drugs and medical treatment for AIDS, cancer, depression or epilepsy  • Vehicle modifications, driver assistance or other work-related transportation needs  • Wheelchair  You: Yes No Not Yet Answered  Spouse: Yes No Not Yet Answered  IRWE/BWE Money Amount - You: \$ Calculate IRWE/BWE

## **Application Summary**



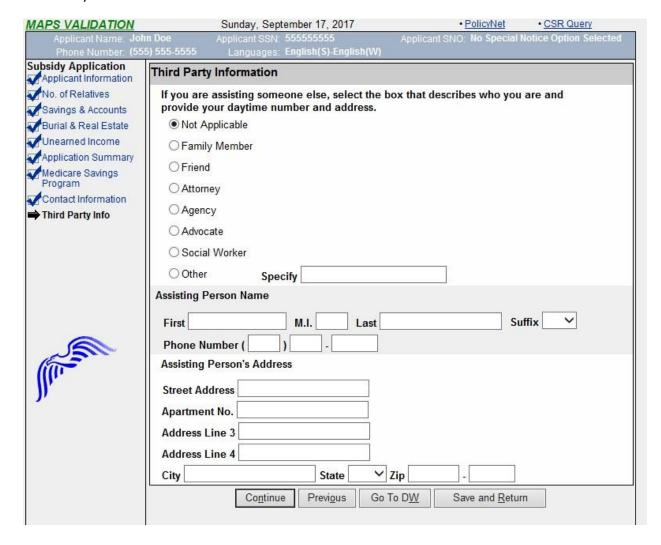
## **Medicare Savings Program**



# Contact Info

MAPS VALIDATION	Sunday, September 17, 2017	<ul> <li>PolicyNet</li> <li>CSR Query</li> </ul>
Applicant Name: J		Applicant SNO: No Special Notice Option Selected
Phone Number: (5	555) 555-5555 Languages; English(\$)-English(W)	
ubsidy Application Applicant Information	Contact Information	
No. of Relatives Savings & Accounts Burial & Real Estate	Your Phone Number ( )	Address Source: Master Beneficiary Record
Unearned Income Application Summary Medicare Savings Program	Street Address Apartment No.	
Contact Information Third Party Info	Address Line 3  Address Line 4  City  State  (To change the address/phone number on the MBR, F  If you prefer that we contact someone else if we person's name and a daytime phone.	
	Contact Person's Name  First M.I. Last  Contact Person's Phone Number ( )  Continue Previous	Suffix Save and Return

## Third Party Info



### Penalty of Perjury

