

What You Need To Complete the Medicare Rx Extra Help Online Application

The Medicare Prescription Drug program (also known as Part D) offers Extra Help with prescription drug costs for people with Medicare who have limited incomes and resources. Depending on your income and resources, you may be able to get help paying for your premiums, annual deductible, and the cost of medications covered by your plan, with an average value of \$4,000 per year.

You should complete the application for extra help if:

- You have Medicare Part A (Hospital Insurance) and/or Medicare Part B (Supplementary Medical Insurance); and
- You live in one of the 50 states or the District of Columbia; and
- Your savings, investments, and real estate (other than your home) are not worth more than \$13,640, if you are single, or \$27,250 if you are married and living with your spouse. Depending on your situation, you still may be eligible for this extra help, even if you have more than those amounts.

You should not complete the application if:

- You receive Medicaid with prescription drug coverage and have Medicare; or
- Your state pays for your Medicare premiums (Medicare Savings Program); or
- You receive Supplemental Security Income (SSI) payments and have Medicare.

**If you are in one of the 3 groups
above, you are automatically eligible
for the extra help and do not need to
apply.**

Documents that may help you prepare include:

- Social Security card
- Bank account statements including checking, savings, and certificates of deposit (CDs)
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, and other investment statements
- Tax returns
- Payroll slips
- Your most recent award letters of statements for Railroad Retirement income, Veterans benefits, pensions and annuities
- Medicare Rx Extra Help Worksheet (see below)

Medicare Rx Extra Help Worksheet

Applicant Information	
First Name	
Middle Initial	
Last Name	
Social Security Number	
Date of Birth (Month, Day, and Year)	
Do you have Medicare?	
Have you worked in 2014-2015?	
Marital Status	
Spouse's First Name	
Spouse's Middle Initial	
Spouse's Last Name	
Spouse's Social Security Number	
Spouse's Date of Birth	
Does your spouse have Medicare?	
Has your spouse worked in 2014-2015?	
Street Address (with Apt. Number)	
City, State, and Zip	
Has your address changed in the last 3 months?	
Phone Number (with Area Code)	
Are both you and your spouse applying? If no, specify.	
Are you and your spouse currently receiving Medicaid, a Medicare Savings Program, or Supplemental Security Income? (Please specify who is receiving which benefit.)	
Have you or your spouse received Social Security Disability benefits for 24 months, disability benefits based on Lou Gehrig's disease, or renal dialysis treatments or a kidney transplant?	
Are you interested in filing for Medicare Savings Program?	
How many relatives who live with you depend on you or your spouse to provide at least one-half of their financial support?	

This worksheet is NOT an application.

Medicare Rx Extra Help Worksheet

Resources	Value
Bank accounts including checking, savings, and certificates of deposit	\$
Stocks, bonds, savings bonds, mutual funds, individual retirement accounts (IRAs), or other investments	\$
Cash at home or anywhere else	\$
Will some money from any of the sources listed above be used to pay for funeral or burial expenses for you or your spouse?	
Do you or your spouse own any real estate other than your home?	

Income (list your and your spouse's income separately)	Monthly Amount
Social Security (Retirement/Survivor or Disability Benefits) Income	\$
Railroad Retirement	\$
Veteran's Benefits	\$
Other pensions or annuities	\$
Other income NOT from wages and earnings (include type of income)	\$

Income from Wages and Earnings	Annual Amount
Wages	\$
Self-employment (net earnings)	\$
Has any of the income from these sources decreased in the last two years? If yes, specify.	
Have you or your spouse stopped working in 2014 or 2015 or plan to stop working in 2015 or 2016? If yes, specify.	

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