

# **Social Security Administration**

**What You Need To Know About Extra Help  
With Medicare Prescription Drug Plan Costs**

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## I. Background

This guide provides information about Social Security's *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020). Under the Medicare prescription drug program, the States take and process applications for assistance with prescription drug costs. Please refer questions about your State's process to your State's Medicaid agency.

Medicare beneficiaries entitled to or enrolled in Medicare hospital insurance (Part A) or Medicare supplemental medical insurance (Part B) can enroll in the voluntary Medicare prescription drug program. To get this prescription drug coverage, Medicare beneficiaries must join a plan run by an insurance company or other private company approved by Medicare. Medicare-approved prescription drug plans can vary in cost. Medicare beneficiaries are responsible for the monthly premiums, annual deductibles, and prescription co-payments related to their Medicare prescription drug coverage. Medicare beneficiaries with limited resources and income are eligible for Extra Help to pay for their share of the prescription drug coverage. Individuals eligible for Extra Help receive a full or partial subsidy up to the benchmark premium for a base plan. To get Extra Help, Medicare beneficiaries must enroll in a Medicare-approved prescription drug plan.

Some Medicare beneficiaries are automatically eligible for Extra Help and do not need to apply. These beneficiaries are "deemed eligible" as long as they:

- Are entitled to Medicare Part A, Medicare Part B, or both; and
- Receive Supplemental Security Income (SSI), including 1619 (b);
- Receive full Medicaid; or
- Are Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), or Qualifying Individuals (QI).

Medicare beneficiaries who do not meet the deemed eligible criteria still may be eligible for the subsidy (also known as Extra Help) based on their resources, income, and household size. These beneficiaries must file an application for Extra Help to see if they qualify.

The best way for Medicare beneficiaries to file for Extra Help is online at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp). The online application, known as the i1020, is available in English and Spanish. It takes applicants through the process, step by step, with a series of self-help screens. The screens indicate what information they need to complete. They can start and stop at any time during the process. They can leave the application and go back later to update or complete any of the required information until they finally submit it. Applications filed online are generally complete when we receive them at Social Security. Also, we can provide faster decisions, because there is no mail time.

If preferred, Medicare beneficiaries can complete an original paper application, which also is available in English and Spanish. However, we sometimes receive paper applications with incomplete or unanswered questions. When Social Security receives an incomplete application, we need to contact the applicant, which causes delays. If you need a paper application, call Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) to request an original paper *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020).

## II. Criteria of eligibility for Extra Help

Individuals must meet the following criteria to receive a full or partial subsidy. They must:

- Be entitled or enrolled in Medicare Part A or Medicare Part B;
- Reside in one the 50 States or the District of Columbia;
- Have an annual income (including the income of their spouse if married and living together) of less than 150% of the Federal Poverty Level based on household size;
- Have resources (including the income of their spouse if married and living together) within the limits established by statute; and
- File a low-income subsidy (Extra Help) application or be deemed eligible.

Medicare beneficiaries do not need to be enrolled in a Prescription Drug Plan (PDP) or Medicare Advantage Plan with Drug Coverage (MA-PD) to file for Extra Help; they can file for Extra Help first. However, Extra Help assistance does not start until the beneficiary is enrolled in a plan. The Centers for Medicare & Medicaid Services (CMS) automatically will enroll beneficiaries who are approved for Extra Help and have not selected a plan. If the beneficiary does not like the plan selected, he or she can select another plan or refuse enrollment.

## III. What is the resource limit?

To get Extra Help in 2013, beneficiaries must have resources limited to \$13,300 for an individual or \$26,580 for a married couple living together. Of that amount, \$1,500 per person is allowed for burial expenses. Social Security counts the individual's resources, including those of a spouse if they are living together, based on what they have at the start of the month. It is important to remember that the subsidy coverage varies depending on the Medicare beneficiaries' resources and income. For example, in 2013 a person who receives a 100 percent *premium* subsidy still may be required to pay an annual deductible and higher prescription co-payments than a person eligible for a *full* subsidy if his or her resources are above the lower resource level of \$8,580 for an individual and \$13,620 for a couple with burial exclusion.

Resource limits can change each year. These changes can be found at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp).

Resources **include** the value of the things beneficiaries own. Some examples are:

- Real estate (other than the beneficiary's primary residence);
- Bank accounts, including checking, savings and certificates of deposit;
- Stocks;
- Bonds, including U.S. Savings Bonds;
- Mutual funds;
- Individual Retirement Accounts (IRAs); or
- Cash at home or anywhere else.

If the applicant for Extra Help has a joint account, we presume that all of the funds in the account belong to the applicant unless the other account holder also is applying for Extra Help.

#### IV. What does not count as a resource?

We do not count:

- The primary residence;
- Personal possessions;
- Vehicle(s);
- Things that could not easily be converted to cash, such as jewelry or home furnishings;
- Property needed for self-support, such as rental property or land used to grow produce for home consumption;
- Non-business property essential to self-support;
- Life insurance policies;
- Burial plots or spaces;
- Interest earned on money set aside for burial expenses;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or Tribe; and
- Funds held in trust by the Secretary of the Interior for an Indian Tribe and distributed per capita to members of the Tribe.

Also, certain other funds Medicare beneficiaries may have are not counted for nine months, such as:

- Retroactive Social Security or Supplemental Security Income (SSI) payments;
- Housing assistance;
- Tax advances and refunds related to earned income tax credits and child tax credits;
- Compensation received for being a victim of a crime; and
- Relocation assistance from a State or local government.

You should contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) for other resource exclusions.

#### V. What is the income limit?

To get Extra Help in 2013, total annual income must be limited to \$16,245 for an individual or \$21,855 for a married couple living together. Income limits are subject to change annually based on Federal Poverty Levels (FPLs). The current FPLs are in Appendix A of this document. Changes to income limits can be found at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp).

Even if annual income is higher, beneficiaries still may be able to get some help. As examples, income may be higher if they or their spouses (if they are living together):

- Support other family members living in the same household;
- Have earnings from work; or
- Live in Alaska or Hawaii. The income limit for Alaska is \$20,295 for an individual or \$27,315 for a married couple living together. The income limit for Hawaii is \$18,690 for an individual or \$25,140 for a married couple living together.

## VI. What does not count as income?

### We do not count:

- Supplemental Nutrition Assistance Program (SNAP);
- Housing assistance;
- Home energy assistance;
- Medical treatment and drugs;
- Disaster assistance;
- Earned income tax credit payments;
- Assistance from others to pay for household expenses;
- Victim's compensation payments; and
- Scholarships and education grants.

You should contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**) for other income exclusions.

## VII. Household size

### What does “household size” mean?

Household size includes beneficiaries, their spouses (if they are living together), and any relatives who live with them and depend on them for at least one-half of their financial support. For the Extra Help application, a relative is anyone related to the beneficiary by blood, marriage, or adoption.

### What is the significance of household size?

The size of a beneficiary's household affects the income amount we use to determine eligibility for Extra Help with drug plan costs. We use the FPL guidelines to make this determination. After we know the household size, we use the appropriate income level on the chart in Appendix A when we make the determination of eligibility for Extra Help. These tables may change annually. Updated tables can be found at [www.aspe.hhs.gov/poverty](http://www.aspe.hhs.gov/poverty).

## VIII. Medicare Savings Programs

Beneficiaries may be able to get help with Medicare costs from their State under the Medicare Savings Programs (MSP). Social Security can start a beneficiary's application process for MSP automatically when the beneficiary completes an *Application for Extra Help with Medicare Prescription Drug Plan Costs* (Form SSA-1020). Social Security will send information to the beneficiary's State to begin the MSP application process unless the beneficiary tells Social Security not to by answering the MSP question. If the beneficiary specifically opts out by selecting the “No” block, we will not send any information to the State for MSP purposes. The beneficiary can still file for MSP by contacting the State directly.

For MSP purposes, Social Security will send States the data used in making the beneficiary's Extra Help determination. Social Security will not send data on beneficiaries who already are deemed eligible or on duplicate applications. We only transmit data on initial determinations, not redeterminations. We send data Monday through Friday, except Federal holidays, to the

State Medicaid agencies that receive Bendex data from Social Security. We will not transmit a file if there are no cases for a State on a particular day.

We will send data in either connect direct, cyber fusion, or Internet encryption protocols format, depending on what your State uses. You can find a description of the data we provide to the States in Appendix B of this document. When we transmit the data, our role in the MSP application process ends. We then refer beneficiaries to the States for any information concerning the status of their MSP applications.

***NOTE: Beneficiaries already receiving Medicaid or an MSP have assistance with their Medicare prescription drug costs and will not receive any additional assistance with their prescription drug costs by filing with Social Security. These beneficiaries do not need to file for Extra Help.***

## **IX. What happens after Social Security receives an application?**

Social Security will review the application, request information from the Internal Revenue Service (IRS) to verify resources and income information reported on the application, and we will send the beneficiary a letter regarding eligibility. Beneficiaries who are found eligible for Extra Help need to select a Medicare-approved prescription drug plan if they have not done so already. If beneficiaries do not select a plan, CMS will do it for them.

Beneficiaries who are not eligible for Extra Help still may be able to enroll in Medicare prescription drug coverage. Beneficiaries can enroll in Medicare prescription drug coverage during a 7-month initial enrollment period that begins 3 months before the month they are first eligible for Medicare and ends 3 months after they are first eligible for Medicare.

Beneficiaries also can enroll or switch plans every October 15 – December 7 during the annual enrollment period. Beneficiaries who are not receiving Extra Help and who do not enroll in prescription drug coverage during their initial enrollment period will be subject to a late enrollment penalty, unless they meet certain exceptions. Questions about enrollment periods should be directed to CMS at [www.medicare.gov](http://www.medicare.gov) or **1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048)**.

## **X. Appeals**

The appeals process enables beneficiaries who disagree with Social Security's Extra Help determinations to get a new decision by an independent reviewer. The appeals process has just one formal administrative step. Beneficiaries can choose either a hearing by telephone or a case review. Beneficiaries still dissatisfied with Social Security's final decision can file an action in Federal district court.

## XI. Redeterminations

The law requires Social Security to review a beneficiary's eligibility for Extra Help periodically. We review the beneficiary's resources, income, and household composition to see if anything has changed. It is important that we make sure beneficiaries still are eligible for Extra Help and getting all the benefits they deserve. Many times, there will be no change in the amount of Extra Help people receive. Other times, the Extra Help could increase because beneficiaries have fewer resources, less income or more people dependent on them for financial support. It's also possible the amount of Extra Help could decrease or end altogether if resources, income, or both, have increased.

Generally, we will select new recipients of Extra Help for review in August after their eligibility begins. The initial selection covers people who became eligible from May of the prior year through April of the year in which we are reviewing eligibility. For example, our initial review process in August 2013 will include people who became eligible from May 2012 through April 2013.

For these initial reviews, we compare the information provided by beneficiaries in their initial applications to current information we have in our records. If this comparison points to a change in the level of Extra Help, we will send them a form called ***Social Security Administration Review of Your Eligibility for Extra Help*** (Form SSA-1026). After the first year, we will periodically select beneficiaries for review. Beneficiaries have 30 days to complete the review form. We will make any necessary adjustments to the Extra Help effective in January of the following year.

## XII. Completing the online application for Extra Help (Form SSA-i1020)

To apply online, go to [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp) and select "See if you qualify for Extra Help and apply." This will bring you to the first screen, and you can begin the application process for Extra Help.

***NOTE: These instructions are for the completion of the i1020 form. Medicare beneficiaries or their representatives must answer a few questions to help determine if they should use this online form. This questionnaire is at the beginning of the i1020 form. Any time there is a link that says "More Info" at the end of a question, the applicants can follow that link to get help with the question.***

The i1020 form and the paper SSA-1020 are self-help forms and may be filed by:

- A single individual;
- A married individual filing only for themselves;
- A married couple filing at the same time; or
- Anyone assisting the above individuals.

Remember, individuals deemed eligible do not need to apply for the subsidy. Individuals deemed eligible are SSI recipients eligible for Medicare, individuals eligible for both Medicaid and Medicare, and MSP (QMB, SLMB and QI) participants. Individuals deemed eligible for 2013, but not for 2014, will receive paper applications in the mail, so they can apply for Extra Help effective January 2014 when their deemed eligibility ends.

## How the online application works

This application does not have to be completed all at once. After the applicant's name and address are filled out, we will issue a **Reentry number**. The applicant will be able to stop working on the application at any point, and then use this Reentry number to come back. Each application has its own Reentry number that can be used only for that application on the website.

Applicant's Social Security Number: **743997062**  
Reentry Number: **33347788**

Applicants will get a full summary of the information entered when they complete the application. They can make changes at any time before submitting the application. After submitting, they can print or save a receipt.

### Important information about using the electronic form:

- Select "Continue" to move forward or "Previous" to move backward. Both options are located at the bottom of the page.
- Do **NOT** use the Back button on your browser to move backward.
- Do not use the Enter key to move around in the application or to select from the drop-down lists.
- Additional buttons, other than "Continue" and "Previous," may appear at the bottom of a page. These buttons allow applicants to take an action such as returning to the Review page.
- Applicants must complete all required information before submitting the application.
- Additional information may appear in a pop-up window. Close this window to return to the application.
- Keyboard commands, hotkeys or access keys will vary based upon the browser and the version of that browser applicants use. A list of these commands is in the Help section of the browser. The Help feature can be located on the Menu bar or by using the F1 function key on the keyboard. Any assistive devices used also will have a list of these shortcut keys in the Help section.

### Time limits

There are time limits for each page. Applicants will receive a warning after 25 minutes and can extend the time on that page. After the third warning on a page, applicants must move to another page, or time will run out and all the work on that page will be lost.

## **Application entries with explanations**

### ***About you***

#### **Your name:**

To ensure the applicant's privacy, we must match the name entered on this application to the name on the applicant's most recent Social Security card. Therefore, it is very important to enter it exactly the same way. If we cannot match these names, the applicant will be unable to file online for Extra Help.

#### **Your Social Security number:**

We require the applicant's Social Security number as it appears on his or her Social Security card. If the applicant receives Social Security benefits based on someone else's Social Security number, such as a current, former, or deceased spouse, do not enter the other individual's Social Security number or Medicare claim number in this field.

#### **What is your date of birth?**

We require the applicant's date of birth.

#### **Have you worked in 2012 or 2013?**

If the applicant selects "Yes" to having gross wages or net earnings from self-employment for the years 2012 or 2013, we will ask for the amounts later in the application.

### ***Contact information***

#### **Your mailing address:**

Social Security will mail all notices to the applicant's address we currently have on file. If the applicant has moved in the last three months, check the box to indicate this is a new address. The applicant's mailing address must be within the 50 States or the District of Columbia.

#### **Your phone number:**

We only will accept phone numbers within the 50 States or the District of Columbia in this field.

### ***Other information***

#### ***OPTIONAL: (contact person)***

If applicants provide contact information for someone other than themselves, we will contact this person by phone only.

#### ***Contact's phone number:***

We will accept phone numbers within the 50 States or the District of Columbia in this field.

### **Screening guide and MSP:**

*Do you have combined savings, investments, and real estate worth more than \$13,300? (\$26,580 will appear in couples' cases.)*

*Include the things you own by yourself, with your spouse or with another person. **DO NOT include the home you live in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.***

**No or Not Sure      Yes      If you selected YES, you are not eligible for the Extra Help. But, your State may be able to help you with your Medicare costs through their Medicare Savings Programs. To start your application process for Medicare Savings Programs, please see the information below.**

**Information about Medicare Savings Programs:** You may be able to get help from your State with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information to your State unless you tell us not to. **If you want help from the Medicare Savings Programs, do not complete the question below. Just complete and submit your application and your State will contact you.**

*If you are **not** interested in filing for the Medicare Savings Programs, please select below.*

*No, do not send the information to the State.*

This is an important section. The first question serves as a screening guide for the applicant. By indicating the maximum resource limits, which include the burial expense exclusion, the applicant(s) can decide whether to pursue the claim. If the answer is "Yes," the applicant is not eligible for the subsidy. The "Yes" entry indicates the applicant does not need to complete the application unless he or she wants a formal decision. Following this question is information on the MSP and includes the MSP opt-out question. If applicants do *not* want Social Security to send their data to the State to initiate an MSP application, they must put an "X" in the "No" box. If they do not answer this question, Social Security will share their information with the State to initiate an MSP application. The State will be responsible for contacting the applicant to get any additional information needed to make an MSP determination.

### **About your spouse**

#### **Spouse's name:**

To ensure the spouse's privacy, we must match the name entered on this application to the name on his or her most recent Social Security card. Therefore, it is very important to enter it exactly the same way. If we cannot match these names, the spouse will be unable to file online for Extra Help.

#### **Spouse's Social Security number:**

We require the spouse's Social Security number as it appears on the Social Security card. If the spouse does not have a Social Security number, the applicant should be referred to Social Security.

#### **What is your spouse's date of birth?**

We require the spouse's date of birth.

***Has your spouse worked in 2012 or 2013?***

If the spouse had gross wages or net earnings from self-employment for the years 2012 or 2013, we will ask for the amounts later in the application.

***Contact information***

***Your mailing address:***

Social Security will mail all notices to the applicant's address we currently have on file. If the applicant has moved in the last three months, check the box to indicate this is a new address. The applicant's mailing address must be within the 50 States or the District of Columbia.

***Your phone number:***

We will accept phone numbers only within the 50 States or the District of Columbia in this field.

***Other information***

***If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?***

Both the applicant and their spouse may apply for Extra Help on the same application if they have Medicare (or expect to have it in the next three months). Select "Yes" if the applicant's spouse also is applying. Select "No" if the applicant's spouse is not applying.

***OPTIONAL: (contact person)***

If the applicant provides contact information for someone other than themselves, we will contact this person by phone only.

***Contact's phone number:***

We will accept phone numbers only within the 50 States or the District of Columbia in this field.

***About the person completing the form***

**Relationship to applicant:**

If someone else is filing on behalf of the applicant, we need to understand who is completing this form and their relationship to the people for whom they are applying. Please select the choice from the drop-down menu that best reflects their relationship to the people for whom they are applying.

- Family member refers to anyone related to the beneficiary by blood, adoption, or marriage.
- Friend is a non-relative helping the beneficiary in a nonprofessional capacity.
- Attorney only refers to the claimant's own legal representative. Attorneys who are not the claimant's own legal representative should select another box.
- Agency (government) refers to a government caseworker who is completing the application as part of a public assistance effort. If you are completing the application on behalf of a State pharmaceutical assistance program, see "Other" below.
- Other advocate means someone completing the application at a Senior Center or other public facility who is not a caseworker or a social worker.

- Social worker is for someone who is completing the application as part of a mission for the protection and advocacy of those in need.
- Other is for anyone not described above. When you place an “X” in the box next to “Other,” please use the following.

Use...	If you are an...	Use...	If you are an...
AARP	Employee or volunteer of AARP not representing AARP-sponsored drug coverage	PHARM	Employee of a pharmacy
DPAP	Employee of a pharmacy assistance program sponsored by a drug company	SHIP	Employee of a State Health Insurance Counseling and Assistance Program
NCOA	Employee or volunteer with the National Council on Aging	SPAP	Employee representing a State pharmaceutical assistance program
PDP	Employee of a prescription drug plan sponsor		

**Form completer’s address:**

If the person completing the form is working for an organization or agency on behalf of another individual, enter the business address in this field. Otherwise, enter the address of the person completing the form. The mailing address must be within the 50 States or the District of Columbia.

***About your and your spouse’s living situation***

*For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for at least one-half of their financial support?*

***Please do not include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter “0.”***

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the FPL guidelines’ dollar amount. The applicant should not count his or her spouse as a relative.

***Wages and earnings***

**Wages**

Enter the expected annual amount of gross wages for the applicant (and living-with spouse, if applicable) for the current year.

**What do you or your spouse expect to earn in wages before taxes and deductions this calendar year?**

If the applicant or spouse expect to earn money for any labor or services provided on an hourly, daily, or piecework basis during this calendar year, select “Wages of:” and enter the

amount BEFORE taxes and deductions the applicant (and living-with spouse, if applicable) expects to earn in the field provided. If the applicant (and living-with spouse, if applicable) did not, and does not expect to earn wages, select “None.” Do NOT include earned income tax credit payments they may have received.

**What do you or your spouse expect your net earnings from self-employment to be this calendar year?**

Enter the net earnings from self-employment (NESE) for the applicant (and living-with spouse, if applicable) here. If wages are involved and there is a net loss from self-employment, we automatically will deduct the loss from the wages.

**Have these wages or self-employment earnings decreased in the last two years?**

Earned income posted to Social Security’s records may not be current. If this question is answered “Yes,” the response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security’s records without contacting the beneficiary for verification.

**Have you or your spouse stopped working in 2012 or 2013, or plan to stop working in 2013 or 2014?**

This information will allow us to project wages for the coming year (2014) or to reconcile discrepancies with Social Security’s data for a prior year.

**Are you under 65 years old?**

If applicant is under age 65, select “Yes.”

**Is your spouse under 65 years old?**

If applicant’s spouse is under age 65, select “Yes.”

**Do you or your spouse have to pay for things related to a disability or blindness that enable you to work?**

We will count only part of the applicant’s earnings toward the income limit if the applicant:

- Works;
- Receives Social Security benefits based on a disability or blindness; and
- Has work-related expenses that are not reimbursed.

If the applicant or spouse has work-related expenses, select “Yes.” We do not need to know the amount of these expenses. We will not count a percentage of the earnings. When we send a letter informing the applicant of our decision regarding Extra Help, we also will include information about how much of the earnings we did not count. If the applicant thinks the amount of work-related expenses we used was less than the actual work-related expenses, the applicant may contact us to tell us the actual expense amount.

***Income other than earnings***

**Do you or your spouse receive Social Security benefits?**

If the applicant or spouse currently receive benefits from Social Security, enter the total amount received each month in this field. This is the amount BEFORE we deduct the premium for Medicare medical insurance. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is NOT an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

**Do you or your spouse receive Railroad Retirement benefits?**

If the applicant or spouse currently receives benefits from the Railroad Retirement Board, enter the total amount received each month in this field. This is the amount BEFORE the premium for Medicare medical insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is NOT an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

**Do you or your spouse receive Veterans benefits?**

If the applicant or spouse currently receives benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is NOT an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

**Do you or your spouse receive income from other pensions or annuities?**

If the applicant or spouse currently receives income from a pension, enter the total amount received each month in this field. If the applicant or spouse receives money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount in this field as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is NOT an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

*Note: The entries in these fields will automatically be multiplied by 12 to obtain the yearly income amount.*

**Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?**

Indicate whether the applicant or spouse receive income from any other source. If the amount changes from month to month or the applicant does not receive it every month, enter the average monthly income for the past year.

Do NOT include help with rent or utilities, money the applicant has in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should NOT be counted are:

- Supplemental Nutrition Assistance Program (SNAP);
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment, and drugs;
- Housing assistance;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;

- Soup kitchens;
- Earned income tax credit payments;
- Victim’s compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or Tribe;
- Funds held in trust by the Secretary of the Interior for an Indian Tribe and distributed per capita to members of the Tribe;
- Payments to members of specific Indian Tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

**Has any of the income from these sources decreased in the last two years?**

We will be comparing the information provided about the applicant’s and spouse’s income with information from other Federal, State and local government agencies. Since some of that information may be outdated, it will help us process the application if we know that the information we receive from the other agencies is too high. If the amount of the income the applicant listed in the questions above has decreased in the last two calendar years, select “Yes.”

***Resources***

**Do you or your spouse have any of the following resources? If yes, enter the combined total for those items.**

We need to know the amount of resources an individual has in order to determine eligibility for the subsidy. If the applicant is single, we count only that person’s resources, unless they share a joint account with someone not filing for Extra Help. If the applicant is married and lives with his or her spouse, we count the couple’s resources. This includes bank accounts, investments, and cash.

**Money for burial expenses**

Social Security expects most beneficiaries to use funds toward burial expenses and excludes \$1,500 for an individual (\$3,000 for a couple) as a resource for this expense. Beneficiaries don’t need to answer this question on the i1020 application if they will use the funds for burial expenses. If question 6 is left blank on the application, Social Security will assume a “Yes” answer.

**Non-home real estate**

If the answer is “Yes,” Social Security will contact the beneficiary for further information about the property value.

**Asks about the applicant’s living situation to determine household size**

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the Federal poverty guidelines’ dollar amount. Applicants should not count themselves and their spouses when they indicate the number in the household.

### **List total monthly unearned income**

When making a subsidy income determination, we consider the applicant's (and living-with spouse, if applicable) income or expected income for the year. The applicant is instructed to average the monthly income if the amount changes from month to month. Social Security, Railroad Retirement, and Veterans benefits should be counted as the full amount before Medicare or other deductions are taken from the check.

### **Asks if unearned income has decreased in the last two years**

The information that is available to us via data exchange may not be current. If this question is answered "Yes," the response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security's records without contacting the applicant for verification. A decrease in income could affect the eligibility for and amount of a subsidy.

### *Signatures*

#### **To the best of my knowledge**

If the information the applicant entered on the application is true and correct to the best of his or her knowledge, check the box next to the applicant's name and select "Submit Now" to finish this application.

## **XIII. Completing the original paper application for Extra Help (Form SSA-1020)**

The following instructions are for completing the original paper application for Extra Help (Form SSA-1020). We designed the Extra Help application to be used with scanning equipment in order to process forms quickly using current technology. **We cannot scan a photocopied, faxed, or downloaded copy of the paper application.** Please ensure applicants **ONLY** submit original paper applications issued by Social Security.

Social Security will receive some paper applications which have unanswered questions, multiple responses to the same question or illegible answers. If the scanner cannot read a response to a question on the application, it will cause an exception. Beneficiaries may be contacted by phone or letter to complete or clarify the question(s).

After we complete the scanning process and resolve any exceptions, we match the claimant's attestation against IRS records. If we need further verification, we may contact the beneficiary during this part of the process.

Although Form SSA-1020 is a self-help form and we expect it to be completed by the applicant, we have provided guidelines for assistance. The SSA-1020 may be filed by:

- A single individual;
- A married individual filing only for him or herself; or
- A married couple filing at the same time.

Remember, **deemed eligible** individuals (i.e., SSI recipients with Medicare, individuals eligible for both Medicaid and Medicare, and MSP QMB, SLMB, and QI participants) do not need to apply for the subsidy.

## **Application entries with explanations**

### **1: The question asks for the applicant's name and Social Security number.**

We require the applicant's name and Social Security number as it appears on the Social Security card. For the individual not deemed eligible who will receive the application in the mail, the name and the last four digits of the Social Security number will be pre-filled. Enter the date of birth.

### **2: The question asks if the applicant is married and lives with spouse.**

We require the spouse's name and Social Security number as it appears on the Social Security card whenever the claimant is married and living with his or her spouse. This will enable us to match the spouse's data. You need to enter the spouse's date of birth and indicate if the spouse wishes to apply for Extra Help.

### **3: The question asks applicants who are married and living with their spouses whether they have savings, investments, or real estate worth more than \$26,580. If the applicant is not married or living with his or her spouse, the question asks whether the value of these things is worth more than \$13,300.**

This question serves as a screening guide for the applicants. If the applicants have resources higher than the maximum resource limits, which include the burial expense exclusion, the applicants can decide not to pursue the claim. If the answer is "YES," they are not eligible for the subsidy. The "YES" entry indicates the applicants do not need to complete the application unless they want a formal decision.

This question tells applicants to sign the application and return it to us unless they are not interested in the MSP. If they are not interested, they also need to answer question 15 before signing and returning the form.

### **4: The question asks about total value of liquid resources.**

We need to know the amount of resources an individual has in order to determine eligibility for the subsidy. If the applicant is single, we count only that person's resources unless the applicant has a joint account. If the applicant is married and lives with his or her spouse, we count the couple's resources. This includes bank accounts, investments, and cash.

### **5: The question asks about money used to pay for burial expenses.**

Social Security expects most beneficiaries to use funds toward burial expenses and excludes \$1,500 for an individual (\$3,000 for a couple) as a resource for this expense. Beneficiaries don't need to answer this question on the SSA-1020 if they will use the funds for burial expenses. If question 6 is left blank, Social Security will assume a "YES" answer.

### **6: The question asks about non-home real estate.**

If the answer is "YES," Social Security will contact the beneficiary for further information about the property value.

### **7: The question asks about the applicant's living situation to determine household size.**

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the Federal poverty guidelines' dollar amount. Applicants should not count themselves and their spouses when they indicate the number in the household.

**8: List total monthly unearned income.**

When making a limited income subsidy determination, we consider the applicant's (and living-with spouse's, if applicable) income or expected income for the year. The applicant is instructed to average the monthly income if the amount changes from month to month. They should report the full amount of their Social Security, Railroad Retirement, and Veterans benefits before Medicare or other deductions are taken from the check.

**9: The question asks if unearned income has decreased in the last two years.**

The information that is available to us may not be current. A decrease in income could affect eligibility and the amount of a subsidy.

If the applicant answers "YES," Social Security can reconcile discrepancies between the alleged income and the income shown in our records without the need to contact the applicant for verification. We may contact some people after our records are updated if the information still does not match.

**10: The question asks about wages.**

The applicant should enter the amount of his or her (and living-with spouse's, if applicable) annual gross wages for the current calendar year.

**11: The question asks about self-employment.**

The applicant should enter his or her (and living-with spouse's, if applicable) net earnings from self-employment (NESE) for the current calendar year. If wages are involved and there is a net loss from self-employment, we automatically will deduct the loss from the wages.

**12: The question asks about decrease in wages or NESE.**

Earned income posted to Social Security records may not be current. A "YES" response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security's records without contacting the beneficiary for verification if this matches our records at a later date.

**13: The question asks if work stopped or will stop.**

This information will allow us to project wages for this calendar year (2013) or next year (2014) and to reconcile discrepancies with Social Security's data for 2012.

**14: The question asks about work-related expenses for blind and disabled Medicare beneficiaries.**

The system will automatically exclude a percentage of the applicant's earned income if certain work-related expenses apply. The amount of the exclusion will be in the notice so the applicant can have an opportunity to disagree and ask for a higher amount, if applicable.

**15: This question provides information about Medicare Savings Program. It tells the applicant (s) they may be able to get help from their State with their Medicare costs under the Medicare Savings Programs.**

If applicants do **not** want Social Security to send their data to the State to initiate an MSP application they must put an "X" in the "NO" box. If they do **not** answer this question, Social Security will share their information with the State to initiate an application for MSP. The State will be responsible for any additional contacts to make the MSP determination.

**Signature page**

**Section A**

The SSA-1020 advises the applicant and living-with spouse to sign the application, even if a personal representative assists with completing the application. By signing the application, the applicant is stating the information provided is true. It also authorizes other agencies to disclose information through computer matches. We must obtain the residence and mailing addresses. If the applicants do not live within one of the 50 States or the District of Columbia, they may not be eligible for a subsidy.

**Section B**

Be sure to complete Section B if you are assisting someone with this process.

- Attorney only refers to the claimant’s own legal representative. Attorneys who are not the claimant’s own legal representative should select another box.
- Agency (government) refers to a government caseworker who is completing the application as part of a public assistance effort. If you are completing the application on behalf of a State pharmaceutical assistance program, see “OTHER” below.
- Other advocate is someone completing the application at a Senior Center or other public facility who is not a caseworker or a social worker.
- Social worker is for someone who is completing the application as part of a mission for the protection and advocacy of those in need.
- Other is for anyone not described above. When you place an “X” in the box next to “OTHER,” please use the following exact letters to describe your role in helping with this application:

<b>Use...</b>	<b>If you are an...</b>	<b>Use...</b>	<b>If you are an...</b>
AARP	Employee or volunteer of AARP not representing AARP-sponsored drug coverage	PHARM	Employee of a pharmacy
DPAP	Employee of a pharmacy assistance program sponsored by a drug company	SHIP	Employee of a State Health Insurance Counseling and Assistance Program
NCOA	Employee or volunteer with the National Council on Aging	SPAP	Employee representing a State pharmaceutical assistance program
PDP	Employee of a prescription drug plan sponsor		

**Returning the completed paper application:**

This form should be mailed to Social Security at the address on the enclosed postage-paid envelope:

Social Security Administration  
 Wilkes-Barre Data Operations Center  
 P.O. Box 1020  
 Wilkes-Barre, PA 18767-9910

## Appendix A: 2013 Health & Human Services poverty guidelines

Beneficiaries who have income at or below 150% of the FPLs may be eligible for a full or partial subsidy to help pay the costs related to their Medicare prescription drug coverage.

### 2013 FPL Tables

#### a. 48 States and District of Columbia

<b>Family Size</b>	<b>100%</b>	<b>135%</b>	<b>140%</b>	<b>145%</b>	<b>150%</b>
1	\$11,490.00	\$15,511.50	\$16,086.00	\$16,660.50	\$17,235.00
2	\$15,510.00	\$20,938.50	\$21,714.00	\$22,489.50	\$23,265.00
3	\$19,530.00	\$26,365.50	\$27,342.00	\$28,318.50	\$29,295.00
4	\$23,550.00	\$31,792.50	\$32,970.00	\$34,147.50	\$35,325.00
5	\$27,570.00	\$37,219.50	\$38,598.00	\$39,976.50	\$41,355.00
6	\$31,590.00	\$42,646.50	\$44,226.00	\$45,805.50	\$47,385.00
7	\$35,610.00	\$48,073.50	\$49,854.00	\$51,634.50	\$53,415.00
8	\$39,630.00	\$53,500.50	\$55,482.00	\$57,463.50	\$59,445.00
9	\$43,650.00	\$58,927.50	\$61,110.00	\$63,292.50	\$65,475.00
10	\$47,670.00	\$64,354.50	\$66,738.00	\$69,121.50	\$71,505.00
Additional	\$4,020.00	\$5,427.00	\$5,628.00	\$5,829.00	\$6,030.00

**b. Alaska**

<b>Family Size</b>	<b>100%</b>	<b>135%</b>	<b>140%</b>	<b>145%</b>	<b>150%</b>
1	\$14,350.00	\$19,372.50	\$20,090.00	\$20,807.50	\$21,525.00
2	\$19,380.00	\$26,163.00	\$27,132.00	\$28,101.00	\$29,070.00
3	\$24,410.00	\$32,953.50	\$34,174.00	\$35,394.50	\$36,615.00
4	\$29,440.00	\$39,744.00	\$41,216.00	\$42,688.00	\$44,160.00
5	\$34,470.00	\$46,534.50	\$48,258.00	\$49,981.50	\$51,705.00
6	\$39,500.00	\$53,325.00	\$55,300.00	\$57,275.00	\$59,250.00
7	\$44,530.00	\$60,115.50	\$62,342.00	\$64,568.50	\$66,795.00
8	\$49,560.00	\$66,906.00	\$69,384.00	\$71,862.00	\$74,340.00
9	\$54,590.00	\$73,696.50	\$76,426.00	\$79,155.50	\$81,885.00
10	\$59,620.00	\$80,487.00	\$83,468.00	\$86,449.00	\$89,430.00
Additional	\$5,030.00	\$6,790.50	\$7,042.00	\$7,293.50	\$7,545.00

**c. Hawaii**

<b>Family Size</b>	<b>100%</b>	<b>135%</b>	<b>140%</b>	<b>145%</b>	<b>150%</b>
1	\$13,230.00	\$17,860.50	\$18,522.00	\$19,183.50	\$19,845.00
2	\$17,850.00	\$24,097.50	\$24,990.00	\$25,882.50	\$26,775.00
3	\$22,470.00	\$30,334.50	\$31,458.00	\$32,581.50	\$33,705.00
4	\$27,090.00	\$36,571.50	\$37,926.00	\$39,280.50	\$40,635.00
5	\$31,710.00	\$42,808.50	\$44,394.00	\$45,979.50	\$47,565.00
6	\$36,330.00	\$49,045.50	\$50,862.00	\$52,678.50	\$54,495.00
7	\$40,950.00	\$55,282.50	\$57,330.00	\$59,377.50	\$61,425.00
8	\$45,570.00	\$61,519.50	\$63,798.00	\$66,076.50	\$68,355.00
9	\$50,190.00	\$67,756.50	\$70,266.00	\$72,775.50	\$75,285.00
10	\$54,810.00	\$73,993.50	\$76,734.00	\$79,474.50	\$82,215.00
Additional	\$4,620.00	\$6,237.00	\$6,468.00	\$6,699.00	\$6,930.00

**Appendix B: Explanation of the Limited Income Subsidy (LIS)  
data exchange output record layout**

<b>Record position number</b>	<b>Explanation of data</b>
<b>1-9</b>	This is the beneficiary's Social Security number.
<b>10-20</b>	This is the claim number the beneficiary's Medicare or Social Security benefits are filed under. It consists of a Social Security number and a suffix. Social Security determines this from our records.
<b>21-76</b>	This is the beneficiary's first name (15 spaces), middle name (15 spaces), last name (22 spaces), and suffix such as Sr (4 spaces). If the beneficiary is a Railroad Retirement Board annuitant or new applicant, we will show the full middle name. If the data is coming from Social Security's established records, we only will show the middle initial.
<b>77-84</b>	This is the beneficiary's date of birth in a two-digit month, two-digit day, and four-digit year format.
<b>85</b>	Gender of beneficiary—M or F displayed.
<b>86-89</b>	Question 5 on the application asks if some money will be used for burial expenses. If the beneficiary checked "NO," we will show a zero here. If the beneficiary did not check "NO," we will show \$1,500 here. This means we gave him or her a \$1,500 burial expense exclusion when we counted resources.
<b>90-98</b>	This is the spouse's own Social Security number.
<b>99-109</b>	This is the claim number the spouse's Medicare, Social Security, or Railroad Retirement benefits are filed under. It consists of a Social Security number and a suffix. Social Security determines this from our records.
<b>110-165</b>	This is the spouse's first name (15 spaces), middle name (15 spaces), last name (22 spaces), and suffix such as Sr (4 spaces). If the beneficiary is a Railroad Retirement Board annuitant or a new applicant, we will show the full middle name. If the data is coming from Social Security's established records, we only will show the middle initial.
<b>166-173</b>	This is the spouse's date of birth provided in a two-digit month, two-digit day, and a four-digit year format.
<b>174-177</b>	Question 5 on the application asks if some money will be used for burial expenses. If it is checked "NO," we will show a zero here. If the beneficiary did not check "NO," we will show \$1,500 here. This means we gave him or her a \$1,500 burial expense exclusion when we counted their resources.
<b>178-298</b>	This is the mailing address. It allows for 8 lines of data. The data is limited to 22 spaces per line, except that we show a 2-digit format for the State and the full zip code. Social Security uses the address on our records unless the beneficiary indicates on the application that they changed their address within the past three months. Then the address is taken off the application.
<b>299-313</b>	This is the telephone number on our records.
<b>314</b>	This field indicates whether the beneficiary or their spouse have been approved for Extra Help. Y= YES and N = NO.

<b>Record position number</b>	<b>Explanation of data</b>
<b>315-322</b>	This is the date the Extra Help was approved or disapproved. We show a 2-digit month, 2-digit day, and 4-digit year format.
<b>323-330</b>	This is the effective date of the approved subsidy. If the beneficiary is already enrolled in a plan and has Medicare this will be the first month the beneficiary can use the Extra Help to save on their Medicare prescription drug coverage costs.
<b>331-347</b>	There are two resource limits in the LIS program. The lower level of resources provides greater assistance including help with prescription co-payments.
<b>348-350</b>	We will display either SNG if the income is for one individual or CPL if the income is for a couple.
<b>351-353</b>	We will display what percent of the FPL income was used on this subsidy determination.
<b>354-356</b>	Indicates the percent of subsidy awarded. This could be 0, 25, 50, 75 or 100%. A 000 is the equivalent of a denial since 0% (nothing) has been awarded, and a 050 would be a 50% partial subsidy award.
<b>357-488</b>	If the case is denied this is where we show the reason(s). We will show more than one code and explanation if applicable. If the beneficiary did not or will not have Medicare during the life of the application we show NAB. If the beneficiary did not provide the information Social Security requested to determine their eligibility, the denial code will be FTC for failure to cooperate. We display INC if denied for excess income and RES if denied for excess resources.
<b>489-496</b>	This is the date the application was filed.
<b>497</b>	This will tell you whether the beneficiary completed the entire application or stopped at question 3, self-screening themselves out of eligibility for Extra Help because their resources are too high. If there is a Y the beneficiary stopped at question 3. If the field is blank the entire application was completed.
<b>498-517</b>	This will give you the sum total of resources, before the burial exclusion is applied, for each of the 4 following categories—bank accounts; stocks, bonds, mutual funds, IRAs or other investments; cash; and value of real estate other than their home.
<b>518-519</b>	This is the number of people residing in the household with the beneficiary and their living-with spouse.
<b>520-544</b>	This is income that is not from work. The income shown is the full <b>monthly</b> amount before deductions. It does <b>not</b> reflect net amounts after deductions for premiums, overpayments, etc. Here we indicate separately the money from Social Security, Railroad Retirement Board, Veterans Administration, other pensions, and other income such as alimony or workers' compensation. We indicate the type of income by a three-digit code—Social Security is SSA, Railroad Retirement benefits is RRB, Veterans benefits is VAD, other pensions or annuities is OPA, and other income as OIN.
<b>545-549</b>	This will show the <b>annual</b> amount of the beneficiary's wages from work. The amount shown is before any deductions (for taxes, premiums, etc.).
<b>550-554</b>	This will show the annual amount of the spouse's wages from work. The amount shown is before any deductions (for taxes, premiums, etc.).
<b>555-559</b>	This will show the beneficiary's annual net earnings from self-employment.
<b>560-564</b>	This will show the spouse's annual net earnings from self-employment.

<b>Record position number</b>	<b>Explanation of data</b>
<b>565-569</b>	This will show the amount of any annual net loss in self-employment income for the beneficiary.
<b>570-574</b>	This will show the amount of any annual net loss in self-employment income for the spouse.
<b>575-1000</b>	Blank

We transmit data before we apply any exclusion to resources and income. When Social Security makes a subsidy determination, we exclude:

- The first \$20 of monthly income that is not from work. The figures shown on the previous chart are before the \$20 is taken off; and
- The first \$65 of earnings and one-half of all earnings over \$65 received in a month from work. The figures shown on the previous chart are before this is applied.

Additional exclusions may apply. For information about other exclusions, please contact Social Security at **1-800-772-1213** (TTY **1-800-325-0778**).

## Appendix C: LIS data exchange output record layout

We transmit information to the States Monday through Friday, except Federal holidays, when Social Security makes an initial determination about a person's eligibility or ineligibility for Extra Help. We will not send information on a person who is deemed eligible by CMS or has filed a duplicate application.

<b>RECORD POSITION</b>	<b>FIELD NAME</b>	<b>FIELD SIZE &amp; TYPE</b>	<b>DESCRIPTION</b>
1-9	<b>Claim own Social Security number (COSSN)</b>	PIC X(09)	Beneficiary's own Social Security number (SSN)
10-20	<b>Bene's HICN</b>	PIC X(11)	Beneficiary's Health Insurance Claim Number RRB Claim # (9) Prefix (1) Symbol (1)
21-35	<b>First name</b>	PIC X(15)	Beneficiary's first name
36-50	<b>Middle name</b>	PIC X(15)	Beneficiary's middle name
51-72	<b>Last name</b>	PIC X(22)	Beneficiary's last name
73-76	<b>Suffix</b>	PIC X(04)	Beneficiary's suffix
77-84	<b>Bene's date of birth</b>	PIC 9(08)	Beneficiary's date of birth Format: MMDDCCYY
85	<b>Bene's gender</b>	PIC X(01)	VALUES = <ul style="list-style-type: none"> <li>• F (Female)</li> <li>• M (Male)</li> </ul>
86-89	<b>Bene's burial/funeral expenses</b>	PIC 9(04)	VALUES = <ul style="list-style-type: none"> <li>• 0</li> <li>• 1500</li> </ul>
90-98	<b>Spouse's COSSN</b>	PIC X(09)	Spouse's Social Security number
99-109	<b>Spouse's HICN</b>	PIC X(11)	Health Insurance Claim Number RRB Claim # (9) Prefix (1) Symbol (1)
110-124	<b>Spouse's first name</b>	PIC X(15)	Spouse's first name

<b>RECORD POSITION</b>	<b>FIELD NAME</b>	<b>FIELD SIZE &amp; TYPE</b>	<b>DESCRIPTION</b>
125-139	<b>Spouse's middle name</b>	PIC X(15)	Spouse's middle name
140-161	<b>Spouse's last name</b>	PIC X(22)	Spouse's last name
162-165	<b>Spouse's suffix</b>	PIC X(04)	Spouse's suffix
166-173	<b>Spouse's date of birth</b>	PIC 9(08)	Spouse's date of birth Format: MMDDCCYY
174-177	<b>Spouse's burial/funeral expenses</b>	PIC 9(04)	VALUES = <ul style="list-style-type: none"> <li>• 0</li> <li>• 1500</li> </ul>
178-199	<b>Mailing address (8 lines)</b>	PIC X(22)	<ul style="list-style-type: none"> <li>• First line of address</li> <li>• Second line of address</li> <li>• Third line of address</li> <li>• Forth line of address</li> <li>• City</li> <li>• State</li> <li>• Zip + 5</li> <li>• Zip +4</li> </ul>
200-221	<b><u>Note: Total size of this mailing address block is 121 bytes</u></b>	PIC X(22)	
222-243		PIC X(22)	
244-265		PIC X(22)	
266-287		PIC X(22)	
288-289		PIC X(02)	
290-294		PIC X(05)	
295-298		PIC X(04) <b>Total size = 121 bytes</b>	
299-313	<b>Phone</b>	PIC X(15)	Phone number
314	<b>Subsidy approved</b>	PIC X(01)	VALUES = <ul style="list-style-type: none"> <li>• Y (Awd)</li> <li>• N (Den)</li> </ul>
315-322	<b>Subsidy approval/disapproval date</b>	PIC 9(08)	Format: MMDDCCYY
323-330	<b>Subsidy effective date</b>	PIC 9(08)	Format: MMDDCCYY

<b>RECORD POSITION</b>	<b>FIELD NAME</b>	<b>FIELD SIZE &amp; TYPE</b>	<b>DESCRIPTION</b>
331-347	<b>Level of resources</b>	PIC X(17)	VALUES = <ul style="list-style-type: none"> <li>• Reduced Co-Pay</li> <li>• No Reduced Co-Pay</li> </ul>
348-350	<b>Income used for determination</b>	PIC X(03)	VALUES = <ul style="list-style-type: none"> <li>• SNG = Individual</li> <li>• CPL = Couple</li> </ul>
351-353	<b>Income as percentage of FPL</b>	PIC X(03)	Numeric #'s – Can vary (EX: 050; 176; 300; etc.)
354-356	<b>Premium subsidy % of subsidy award</b>	PIC 9(03)	VALUES = <ul style="list-style-type: none"> <li>• 000</li> <li>• 025</li> <li>• 050</li> <li>• 075</li> <li>• 100</li> </ul>
357-359	<b>Denial reason code 1</b>	PIC X(3)	VALUES = <ul style="list-style-type: none"> <li>• <b>NAB</b></li> </ul>
360-389	<b>Denial reason description 1</b>	PIC X(30)	<ul style="list-style-type: none"> <li>• Not a A/B Medicare beneficiary</li> </ul>
390-392	<b>Denial reason code 2</b>	PIC X(3)	<ul style="list-style-type: none"> <li>• <b>FTC</b></li> </ul>
393-422	<b>Denial reason description 2</b>	PIC X(30)	<ul style="list-style-type: none"> <li>• Failure to cooperate</li> </ul>
423-425	<b>Denial reason code 3</b>	PIC X(3)	<ul style="list-style-type: none"> <li>• <b>RES</b></li> </ul>
426-455	<b>Denial reason description 3</b>	PIC X(30)	<ul style="list-style-type: none"> <li>• Resources</li> </ul>
456-458	<b>Denial reason code 4</b>	PIC X(3)	<ul style="list-style-type: none"> <li>• <b>INC</b></li> </ul>
459-488	<b>Denial reason description 4</b>	PIC X(30)  <b>Total Size = 132 bytes</b>	<ul style="list-style-type: none"> <li>• Income</li> </ul>

<b>RECORD POSITION</b>	<b>FIELD NAME</b>	<b>FIELD SIZE &amp; TYPE</b>	<b>DESCRIPTION</b>
489-496	<b>Application date</b>	PIC 9(08)	Format: <ul style="list-style-type: none"> <li>• <b>MMDDCCYY</b></li> </ul>
497	<b>Check "YES" on Question 3 (Y shown if applicable. Otherwise, position 293 will be blank if N or N/A applicable.)</b>	PIC X(01)	VALUES = <ul style="list-style-type: none"> <li>• Y (Yes)</li> </ul> BLANK SPACES = <ul style="list-style-type: none"> <li>• N (No)</li> <li>• N/A (Not Applicable)</li> </ul>
498-502 503-507 508-512 513-517	<b>Resources</b>	PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99	<ul style="list-style-type: none"> <li>• Bank accounts</li> <li>• Stocks, bonds, other investments</li> <li>• Cash</li> <li>• Fields are comp-3</li> <li>• Value of real estate other than beneficiary's home</li> </ul>
518-519	<b>Household size</b>	PIC 9(02)	<ul style="list-style-type: none"> <li>• Amount of other relatives (1 thru 99) living in the household - <b>Not including the beneficiary &amp; their spouse.</b> Otherwise, zeros in this space will represent no other relatives in the household.</li> </ul>
520-524 525-529 530-534 535-539 540-544	<b>Income not from work</b>	PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99	<ul style="list-style-type: none"> <li>• Social Security benefits (before deductions)</li> <li>• Railroad Retirement benefits (before deductions)</li> <li>• VA benefits (before deductions)</li> <li>• Pensions or annuities (before deductions)</li> <li>• Other income</li> </ul>

<b>RECORD POSITION</b>	<b>FIELD NAME</b>	<b>FIELD SIZE &amp; TYPE</b>	<b>DESCRIPTION</b>
545-549	<b>Earned income: (Wages)</b>	PIC S9(06) V99	<ul style="list-style-type: none"> <li>Beneficiaries wages (before deductions)</li> </ul>
550-554		PIC S9(06) V99	<ul style="list-style-type: none"> <li>Spouse's wages (before deductions)</li> </ul>
555-559	<b>(Net earnings from self –employment)</b>	PIC S9(06) V99	<ul style="list-style-type: none"> <li>Beneficiary's net earnings</li> </ul>
560-564		PIC S9(06) V99	<ul style="list-style-type: none"> <li>Spouse's net earnings</li> </ul>
565-569	<b>(Net loss from self – employment)</b>	PIC S9(06) V99	<ul style="list-style-type: none"> <li>Beneficiary's net losses</li> </ul>
570-574		PIC S9(06) V99	<ul style="list-style-type: none"> <li>Spouse's net losses</li> </ul>
575-1000	<b>FILLER</b>	PIC X(426)	<ul style="list-style-type: none"> <li>Blank spaces (future considerations)</li> </ul>