Social Security

The Official Website of the U.S. Social Security Administration

Extra Help With Medicare Prescription Drug Plan Costs

1 Complete Application 2 Review 3 Submit 4 Print Receipt

About You And Your Spouse

We need some basic information about how to contact you and your spouse in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

If you need help completing this application, call Social Security toll-free at:
1-800-772-1213 or
TTY **1-800-325-0778**,
Monday-Friday 7am-7pm

Need Help?

About You

Your Name: More Info
Enter your name as it appears on your most recent Social Security card.

First | M.I. | Last | Suffix

Your Social Security Number (SSN): More Info

What is your date of birth? More Info

Month | Day | Year

Have you worked in 2021 or 2022? More Info

○ No ○ Yes

About Your Spouse

Spouse's Name: More Info
Enter your spouse's name as it appears on his or her most recent Social Security card.

First | M.I. | Last | Suffix

Spouse's Social Security Number (SSN): More Info

What is your spouse's date of birth? More Info

Month | Day | Year

Has your spouse worked in 2021 or 2022? More Info

○ No ○ Yes

Contact Information

☐ We have changed our address within the last three months.

Your Mailing Address: More Info

Street Line 1:

Street Line 2: Add Line

City/Town: **State:** **ZIP Code:**

--

Your Phone Number: More Info

10-digit Number

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? More Info

○ No ○ Yes

Do you have combined savings, investments and real estate worth more than $30,950? More Info

Include the things you own by yourself, with your spouse, or with another person.**Do NOT count your home, 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 the 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 from this form 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.

OPTIONAL: If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. More Info

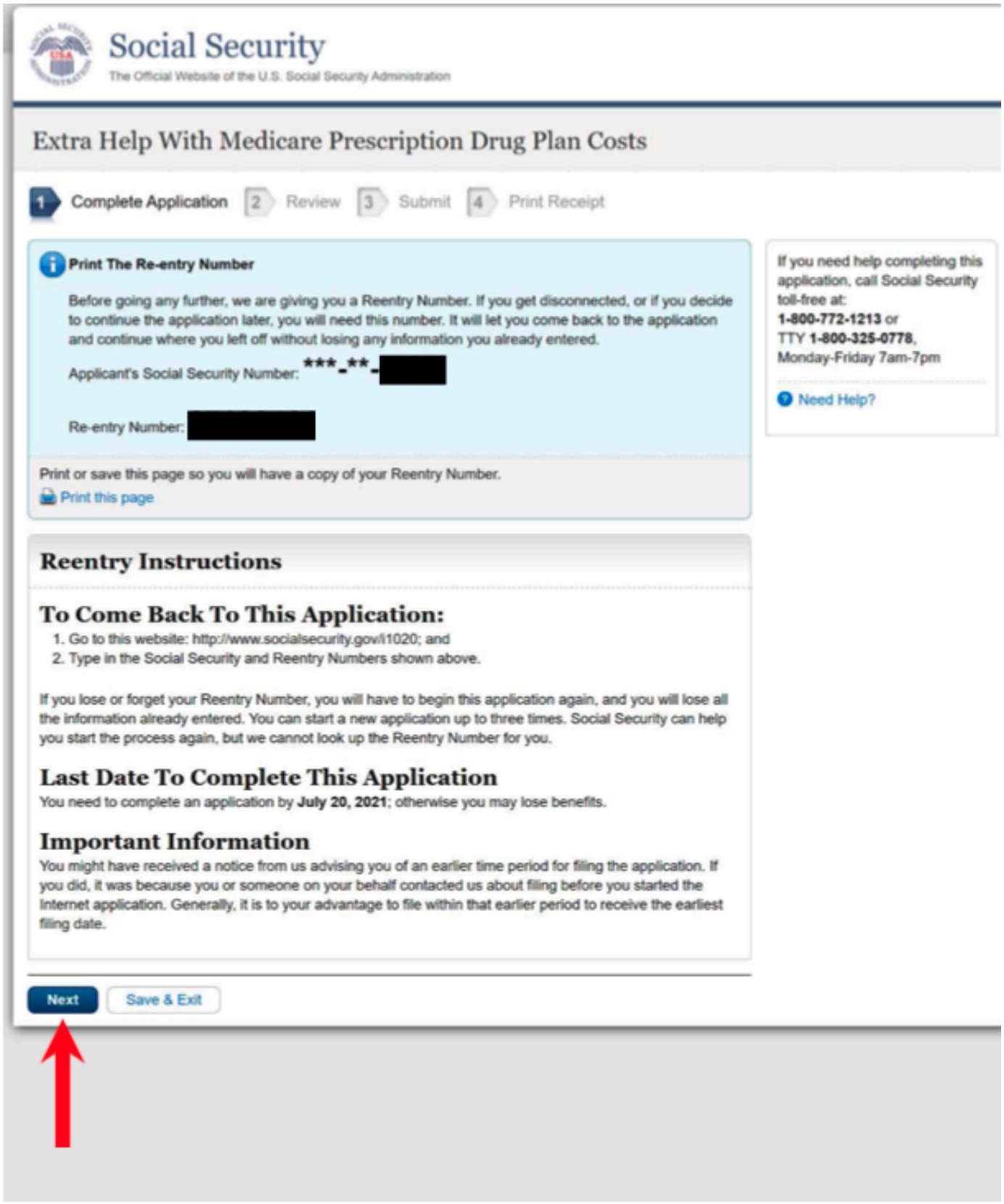
Contact Person's Name:

First Last

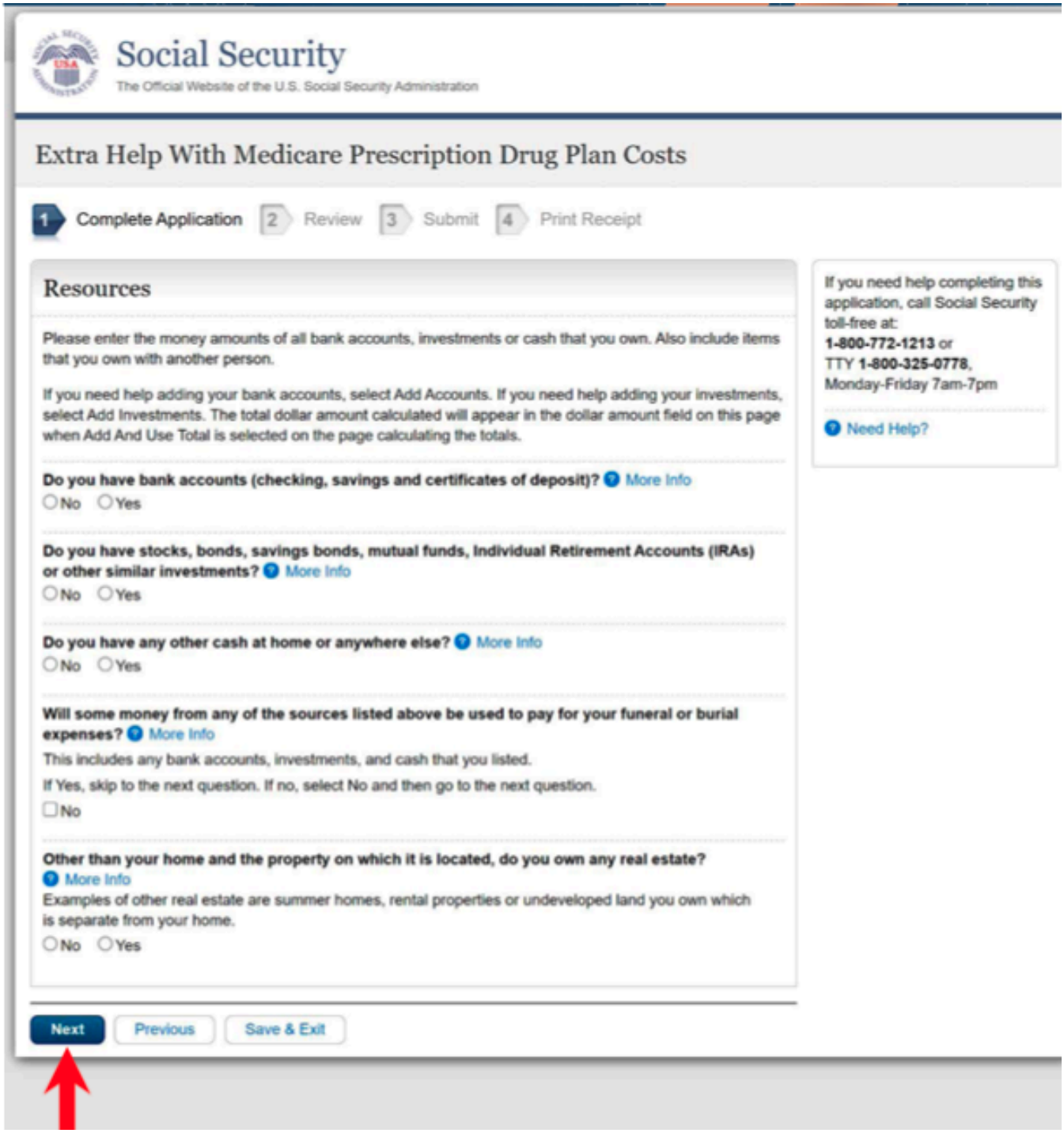
Contact's Phone Number: More Info

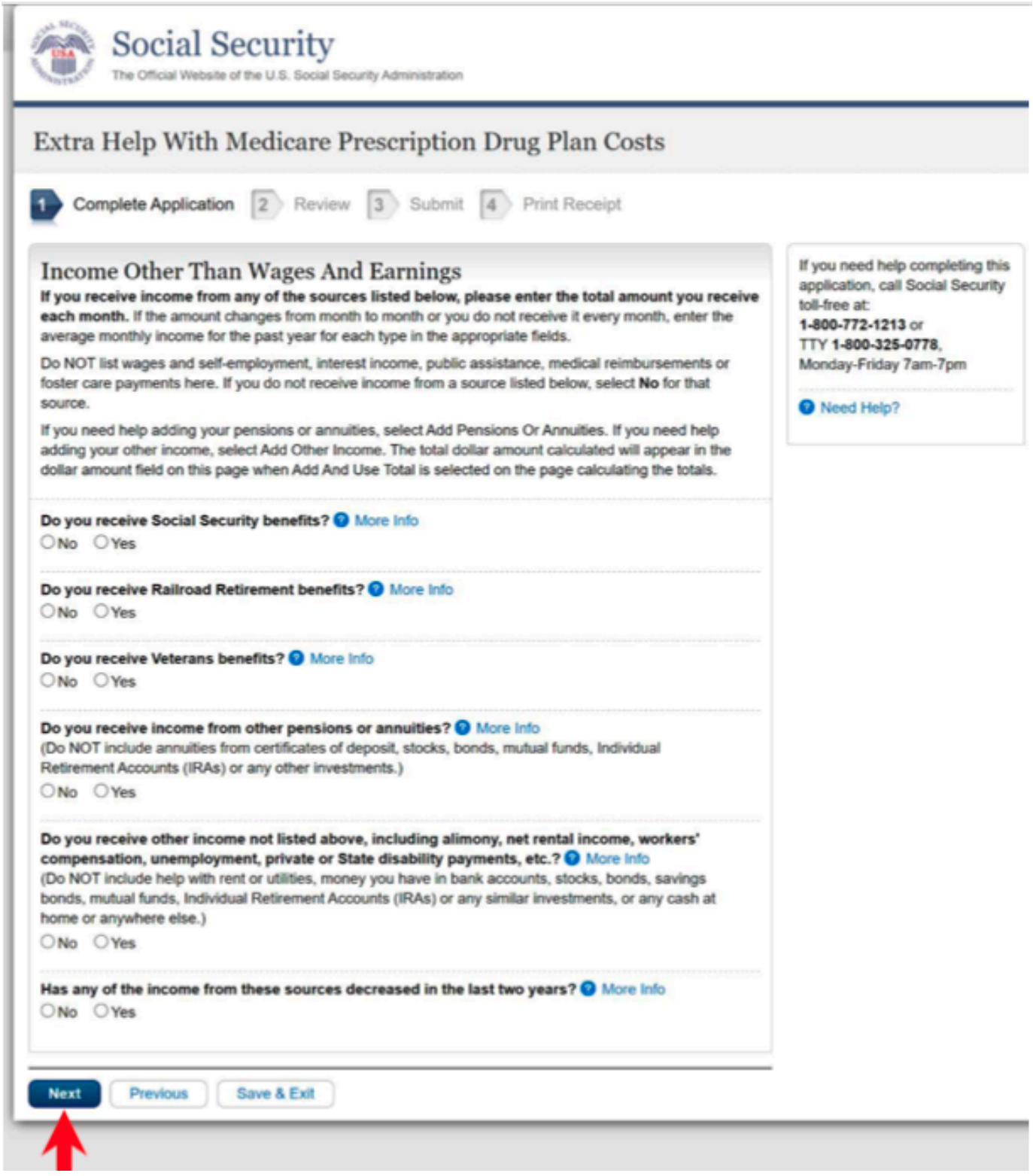
10-digit Number

Next


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1 Complete Application
2 Review
3 Submit
4 Print Receipt
Print The Re-entry Number
Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to continue the application later, you will need this number. It will let you come back to the application and continue where you left off without losing any information you already entered.
Applicant's Social Security Number: ***-**-[redacted]
Re-entry Number: [redacted]
Print or save this page so you will have a copy of your Reentry Number.
Print this page
If you need help completing this application, call Social Security toll-free at:
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Need Help?
Reentry Instructions
To Come Back To This Application:
1. Go to this website: http://www.socialsecurity.gov/i1020; and
2. Type in the Social Security and Reentry Numbers shown above.
If you lose or forget your Reentry Number, you will have to begin this application again, and you will lose all the information already entered. You can start a new application up to three times. Social Security can help you start the process again, but we cannot look up the Reentry Number for you.
Last Date To Complete This Application
You need to complete an application by July 20, 2021; otherwise you may lose benefits.
Important Information
You might have received a notice from us advising you of an earlier time period for filing the application. If you did, it was because you or someone on your behalf contacted us about filing before you started the Internet application. Generally, it is to your advantage to file within that earlier period to receive the earliest filing date.
Next
Save & Exit


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Extra Help With Medicare Prescription Drug Plan Costs
1 Complete Application
2 Review
3 Submit
4 Print Receipt
About Your Living Situation
For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? Please do not include yourself in the number you enter. If your household consists only of you, enter "0". More Info
We ask this because your household size may affect the amount of help you can get.
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Need Help?
Next
Previous
Save & Exit


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1 Complete Application
2 Review
3 Submit
4 Print Receipt
Resources
Please enter the money amounts of all bank accounts, investments or cash that you own. Also include items that you own with another person.
If you need help adding your bank accounts, select Add Accounts. If you need help adding your investments, select Add Investments. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.
Do you have bank accounts (checking, savings and certificates of deposit)? More Info
No Yes
Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? More Info
No Yes
Do you have any other cash at home or anywhere else? More Info
No Yes
Will some money from any of the sources listed above be used to pay for your funeral or burial expenses? More Info
This includes any bank accounts, investments, and cash that you listed.
If Yes, skip to the next question. If no, select No and then go to the next question.
No
Other than your home and the property on which it is located, do you own any real estate?
More Info
Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.
No Yes
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Need Help?
Next
Previous
Save & Exit


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1 Complete Application
2 Review
3 Submit
4 Print Receipt
Income Other Than Wages And Earnings
If you receive income from any of the sources listed below, please enter the total amount you receive each month. 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 in the appropriate fields.
Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select No for that source.
If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.
Do you receive Social Security benefits? More Info
No Yes
Do you receive Railroad Retirement benefits? More Info
No Yes
Do you receive Veterans benefits? More Info
No Yes
Do you receive income from other pensions or annuities? More Info
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs) or any other investments.)
No Yes
Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, private or State disability payments, etc.? More Info
(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)
No Yes
Has any of the income from these sources decreased in the last two years? More Info
No Yes
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Need Help?
Next
Previous
Save & Exit

About You

My Information

Name: [redacted]

Social Security Number: ***-**-[redacted]

Date of Birth: [redacted]

Edit

About You

Work Status:

I did not work in 2020 or 2021.

I do not have combined savings, investments, and real estate worth more than $14,790.

Medicare Savings Programs:

- *Since you did not respond to this question, our assumption is that you are interested in the Medicare Savings Programs. If this is not correct, select Edit to go back and change your answer.*

I am interested in the Medicare Savings Programs.

Mailing Address / Phone

Address: [redacted]

Phone: [redacted]

I have not changed my address within the last three months.

Contact Person: **None given**

Edit

About Your Living Situation

Number of Dependents: **0**

Edit

Resources

Bank accounts, investments, cash:

I have a combined total of $300.00 in all my bank accounts.

I have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs), or similar investments.

I have no cash at home or anywhere else.

Burial expenses:

No money from the sources mentioned will be used to pay for my funeral or burial expenses.

Real estate:

I do not own any real estate other than my home and the property on which it is located.

Edit

Income Other Than Wages And Earnings

Income from pensions, annuities, and other sources:

I receive $1,486.00 per month from Social Security benefits.

I do not receive Railroad Retirement benefits.

I do not receive Veterans benefits.

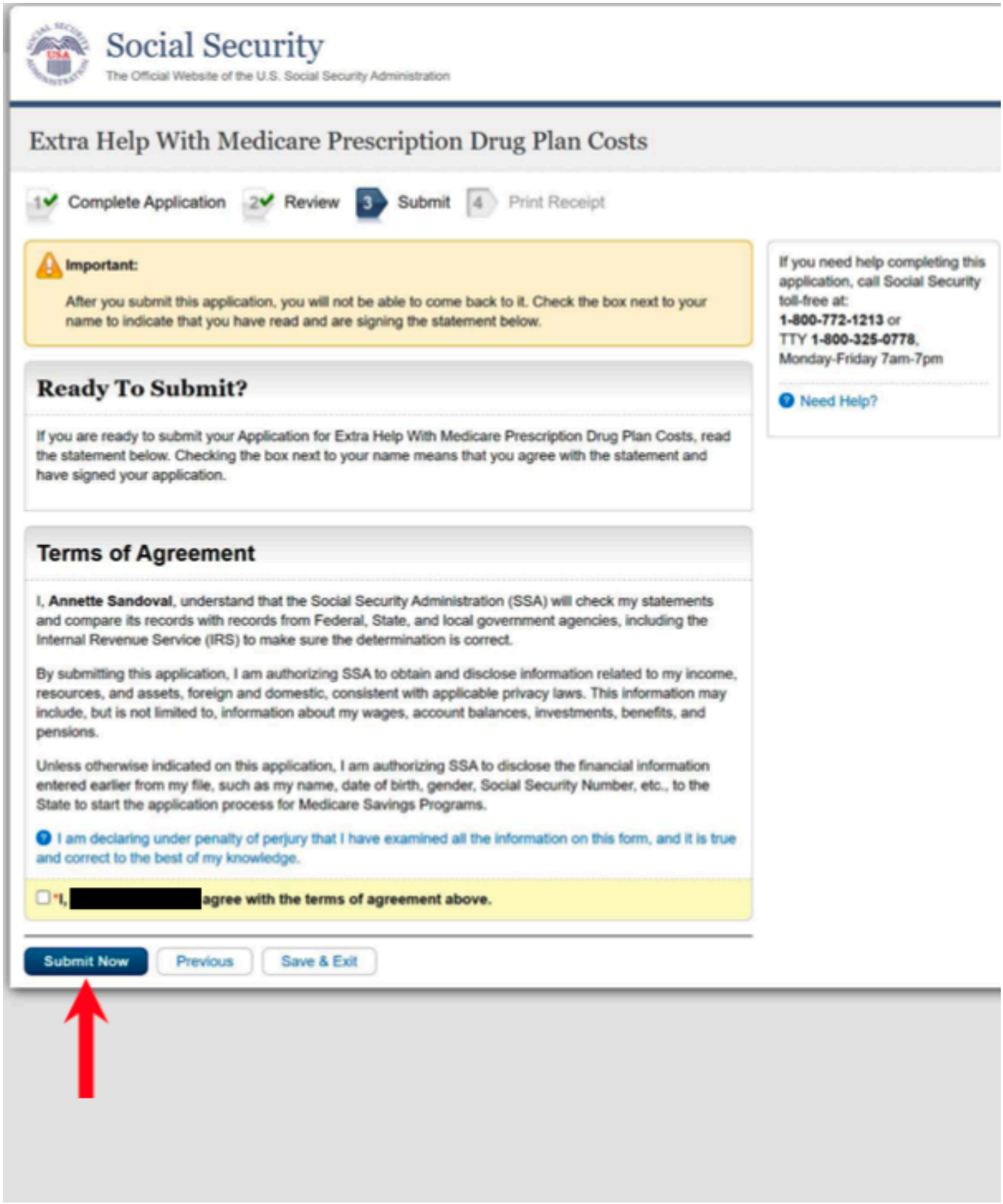
I do not receive other pensions or annuities.

I do not receive other income.

Decrease in income other than wages and earnings:

My income from these sources has not decreased in the last two years.

Next | Save & Exit


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1 Complete Application
2 Review
3 Submit
4 Print Receipt
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After you submit this application, you will not be able to come back to it. Check the box next to your name to indicate that you have read and are signing the statement below.
If you need help completing this application, call Social Security toll-free at:
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Ready To Submit?
If you are ready to submit your Application for Extra Help With Medicare Prescription Drug Plan Costs, read the statement below. Checking the box next to your name means that you agree with the statement and have signed your application.
Terms of Agreement
I, Annette Sandoval, understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.
By submitting this application, I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.
Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security Number, etc., to the State to start the application process for Medicare Savings Programs.
I am declaring under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.
*I, [redacted] agree with the terms of agreement above.
Submit Now
Previous
Save & Exit