

You may be eligible for assistance to pay your Medicare Premium

Date:

Dear _____:

You recently applied to the Social Security Administration for Extra Help with your Medicare Part D prescription drug coverage. At that time, you agreed to have your application sent to the New York State Medicaid office to be evaluated for help with your Medicare costs through the Medicare Savings Program. The Medicare Savings Program is a benefit administered through the Medicaid Office.

In order for us to determine if you are eligible for this benefit we need some additional information:

Step 1: Please complete the attached "Request for Information" form.

Step 2: Make a photocopy of the front and back of your Medicare card (the red, white, and blue card).

Step 3: Collect proof of income, such as paychecks stubs, a letter from employer, income tax return, award letter for any unearned income benefit such as unemployment, or veteran's benefit, or letter from renter, boarder or tenant. Please include proof of your spouse's income if you are living with your spouse (even if your spouse is not applying).

Step 4: Collect proof of any other health insurance premium that you pay other than Medicare premiums. Proof of premiums can be a letter from employer, premium statement or pay stub. Your other paid premium amounts may be subtracted from your countable income and this may help you qualify for the Medicare Savings Program.

Step 5: If you are not a U.S. citizen, please collect copies of documents that indicate your current immigration status.

Step 6: Return the completed, signed, and dated application with copies of the documents described above in the envelope provided.

Please return by _____.

If we do not receive the requested information, you will be unable to receive benefits through the Medicare Savings Program and we will send you a notice informing you that you are not eligible for the Medicare Savings Program.

You may use the enclosed "Request for Information" form to ask to be considered for full Medicaid benefits. If you check "Yes" to this question on the form, we will send you a separate application packet to apply for Medicaid benefits.

If you need help with this form, you may contact the Medicaid office listed above or contact the Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501. TTY users should call 1-877-486-2048.