REQUEST FOR ENROLLMENT IN SUPPLEMENTARY MEDICAL INSURANCE

WHO CAN USE THIS APPLICATION?

People who wish to enroll in Medicare Part B.

WHEN DO YOU USE THIS APPLICATION? USE THIS FORM IF:

You wish to enroll in Medicare Part B, but you are NOT entitled to Social Security/Rail Road Retirement Board benefits.

WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?

YOU WILL NEED:

- Your Social Security Number
- Date of Birth
- Your current address and phone number
- Work History

WHAT HAPPENS NEXT?

Send your completed and signed application to your

local Social Security office. If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

HOW DO YOU GET HELP WITH THIS APPLICATION?

- Phone: Call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.
- En español: Llame a SSA gratis al 1-800-772-1213 y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- In person: Your local Social Security office. For an office near you check www.ssa.gov.

REMINDERS

- If you sign up for Part B, you must pay premiums for every month you have the coverage.
- If you sign up after your IEP, you may have to pay a late enrollment penalty (LEP) of 10% for each full 12-month period you don't have Part B but were eligible to sign up.

SPECIAL MESSAGE FOR INDIVIDUAL APPLYING FOR MEDICARE

This form is your application for Medicare Part B (Medical Insurance). You can use this form to sign up:

• During your Initial Enrollment Period (IEP) when you're first eligible for Medicare.

INITIAL ENROLLMENT PERIOD

Your IEP is the first chance you have to sign up for Part B. It lasts for 7 months. It begins 3 months before the month you reach 65, and it ends 3 months after you reach 65. If you have Medicare due to disability, your IEP begins 3 months before the 25th month of getting Social Security Disability

• Contributing to your HSA 6 months before applying for Medicare in order to not be penalized by the IRS. For more information about HSA penalties, visit https://www.irs.gov.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit https://www.medicare.gov/about-us/accessibility-nondiscrimination-notice, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.

Form CMS-4040 (08/20)

| REQUEST FOR I | ENROLLMENT IN SU | PPLEMENTARY MED | DICAL INSURANCE |
|--|---------------------------------------|---|--|
| 1. Print Your Name: (Last Name, First Name, Middle Name) | | 1a. If your name at birth was different, please enter your name at birth. | |
| | | | |
| 2. Sex - Select One | 3. Social Security Number: | 4. Date of Birth: | (MM/DD/YYYY) |
| ☐ Male ☐ Female | | _ | |
| 4a. State or Country of Birth | | 4b. Record of Birth | |
| | | | |
| E Have you aver before appelled in | C Do you or your mouse receiv | a a mathly appoint under the Fode | val Civil Camira Datirament Act or other |
| 5. Have you ever before enrolled in Medicare Part B? | law administered by the office | or your spouse receive a mothly annuity under the Federal Civil Service Retirement Act, or other istered by the office of Personnel Management? | |
| Yes No Unknown | Yes No If yes, please pr | provide | |
| 6a. If yes, provide the civil service annuity number for you or your | | 6b. If you provided your spouse's number, is he or she enrolled in | |
| spouse. | | | |
| 7. Are you a resident of the United States? This means that you've | | 8. Are you a US Citizen? Select One: | |
| made your home in the United States. Select One: | | ☐ Yes ☐ No | |
| Yes No | | | |
| 9. Are you lawfully admitted for per the United States? Select One: | manent residence in | | |
| ☐ Yes ☐ No | | | |
| 10. Write the address for your places need more space. | s of residence in the last 5 years st | arting with your current address. U | lse remarks section if you |
| | | Date Residence Began: MM/DD/YYY | Y Date Residence Ended: MM/DD/YYYY |
| a. | | | |
| b. | | | |
| | | | |
| c. | | | |
| 11. Remarks | | | |
| 11. Remarks | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 12. Written Signature | | 13. Date Signed | |
| | | | |
| 14. Address of Witness | | 14a City, State, Zip | |
| | | | |
| 15. Signature of Witness | | 15a. Date Signed | |
| - | | 3 | |
| ari all fact | | | |
| 15b. Address of Witness | | | |
| | | | |
| | | | |

STEP BY STEP INSTRUCTIONS

- **1. Name:** Write your name as you did when you applied for Social Security or Medicare. List last name, first name and middle name in that order. If you don't have a middle name, leave it blank.
- **1a.** If your name at birth was different, please enter your name at birth.
- 2. Sex: Select One: Male or Female
- **3. Your Social Security Number:** Write your 9 digit social security number.
- 4. Date of Birth: Write your date of birth (MM/DD/YYYY).
- **4a. State or Country of Birth:** Write the name of the state or foreign country in which you were born (NO abbreviations).
- **4b. Record of Birth:** If a public record of your birth was made before you were age 5 (i.e. birth certificate) you must submit proof. If you do not have a public record of your birth before age 5, submit a religious record of your birth before age 5, if applicable. If neither is known, select unknown.
- **5.** Have you ever before enrolled in Medicare Part B? Select YES, NO, or UNKNOWN
- **6.** Do you or your spouse receive a mothly annuity under the Federal Civil Service Retirement Act, or other law administered by the office of Personnel Management? Select YES or NO. If YES, provide
- **6a.** If yes, provide the civil service annuity number for you or your spouse.
- **6b.** If you provided your spouse's number, is he or she enrolled in
- **7.** Are you a resident of the United States? This means that you've made your home in the United States. Select

One: YES or NO

- 8. Are you a United States Citizen? Select: YES or NO.
- **9.** Are you lawfully admitted for permanent residence in the United States? Select One: YES or NO.
- **10.** Write the address for your places of residence in the last 5 years starting with your current address. Use remarks section if you need more space.
- **11.Remarks:** Write any remarks that you have regarding your application.
- **12. Written Signature:** Sign your name in this section in the same way you would sign it for any other official document. Do not print. If you're unable to sign, you may mark an "X" in this field. In this case, you will need a witness and the witness must complete question 23.
- **13. Date Signed:** Write the date that you signed the application.
- **14. Mailing Address:** Write the house number and street address of your current residence
- **14a.** City, State, Zip code, country: Write the city, state, zipcode and country of your current residence
- **15.** Signature of Witness:In the case that question 21 is signed by an "X" instead of a written signature, a witness signature is needed in question23 showing that the person who signs the application is the person represented on the application.
- **15a. Date Signed:** If a witness signs this application, the witness must provide the date of the signature.
- **15b.** Address of Witness: If a witness signs this application, provide the witness's address.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0245. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.