

Instructions to Complete Request for Waiver Of Overpayment Recovery Or Change In Repayment Rate (SSA-632 Form)

THIS IS NOT A FORM. YOU WILL FIND THE OVERPAYMENT RECOVERY OR CHANGE IN REPAYMENT RATE FORM (SSA-632-BK) IN THE DOWNLOADS SECTION OF THE REIMBURSING MEDICARE PAGE.

The following link may be used to access the Coordination of Benefits & Recovery Overview section's main page, <http://go.cms.gov/cobro>. Once on the main page, click the Reimbursing Medicare link on the left side menu and scroll to the Downloads area near the bottom of the page.

Below are helpful instructions on how to complete the Request for Waiver of Overpayment Recovery or Change in Repayment Rate Form (SSA-632-BK). Note: Medicare does not require that you complete each item on the form to process your request for Waiver of Medicare Debt. Please respond only to the questions **on the form** that are identified in these instructions.

General Section- Page 1

Question 1:

- **A.** Beneficiary Name
- **B.** Social Security Number

Section II- Your Financial Statement

Note: The Remarks Space, on Page 7, can be used to continue answering any questions that require more space. Please write the number and/or letter of the question for each continued response.

Questions 14-20: For additional assistance with these questions, please reference the Frequently Asked Questions section at the end of this document.

Question 22: This question only needs to be answered if your total monthly expenses are greater than monthly income. For example, you could write, "I am unable to pay all my bills."

Signature of Overpaid Person or Representative Payee- Page 8

The following fields in this section **MUST** be completed:

- **SIGN HERE** (This should be the signature of the overpaid person or their representative)
- **DATE**
- **HOME TELEPHONE NUMBER (including area code)**

- **MAILING ADDRESS (Number and street, Apt No., P.O. Box, or Rural Route)**
- **CITY AND STATE**
- **ZIP CODE**
- **NAME OF COUNTY (IF ANY)**

Note: It is important to include any information that supports and documents the financial burden. (Example: For loss of income due to not being able to work after your accident, please send a copy of your previous year's tax form or a statement from your employer documenting the loss of income.) The waiver decision will be based on the information provided on the Request form and any additional information submitted.

Frequently Asked Questions

What information should I include if I am requesting a waiver based on financial hardship?

The SSA-632 request form should be completed only if requesting a waiver based on financial hardship. The following fields must be completed: Question 1A and 1B, Questions 14-20, and the Signature of Overpaid Person or Representative Payee section on Page 8.

*Question 22 must only be answered if your total monthly expenses are greater than monthly income.

What information do I need to include about household income and expenses?

- The members of your household who provide financial income (Question 17C)
- Who do you provide financial support for? (Question 14)
- Your assets such as savings accounts, checking accounts, property, stocks etc. (Questions 15-16)
- Household income: Pay, other support, Social Security Benefits, SSI, Pensions, Child Support/Alimony, Food Stamps, other income from Real Estate (Questions 17-19)
- Household expenses: Rent or Mortgage, food, utilities, clothing, credit cards, taxes, etc. (Question 20)

What types of out of pocket expenses can be considered? (Question 20)

- Renovations to the home – If the beneficiary’s residence had to be modified to accommodate the beneficiary because of an accident-related injury. (Example: A ramp had to be built to accommodate a wheel chair.)
- Adult diapers - Where the accident caused loss of bladder control.
- Prescriptions for medication needed as a result of an accident-related injury.
- Private duty nursing or custodial care not covered by Medicare.
- Coinsurance and deductibles not covered by supplemental insurance.
- Expenses for dental work caused by the accident, etc.

This is not an all-inclusive list. If you have similar types of expenses you would like considered, please include a description of the expense and the need within the “Remarks Space” section at the end of Page 7 of the form. Documentation of these expenses can also be submitted for consideration.

What kind of expenses will not be considered? (Question 20)

- Funeral expenses.
- Travel for relatives (even if accident-related).