

Revisions to Form CMS 4040 (OMB 0938-0245) Request for Enrollment in Medicare Part B (Medical Insurance)

The form was revised to add a new citizenship section to verify the applicant's citizenship or immigration status, in alignment with the addition of Section 1899C of the Social Security Act, as amended by Section 71201 of the Working Families Tax Cut (WFTC) (Pub. L. 119-21). The form was also updated to add the optional collection of email addresses. CMS' Office of Communications provided feedback on the form design and the layout of the questions. The form was redesigned to give the applicants a more user-friendly experience. No additional changes were made, and the burden was not impacted by the changes.

Changes

Changes	Updated Form	Original Form	Reason for Change	Burden Effect
Numbered section added	Section 1: Basic Information	N/A	Section label added to better organize the content and align with other Medicare Part A and Part B enrollment forms.	N/A
Added Section 2: Citizenship Revised citizenship questions.	Section 2: Citizenship 1. Select the citizenship or immigration status that best describes you: U.S. Citizen or National: I am a citizen or national of the United States. (If selected, skip to Section 4.) Lawful Permanent Resident: I am an alien lawfully admitted for permanent residence under the Immigration and Nationality Act. Cuban/Haitian Entrant: I have been granted status as a Cuban or Haitian entrant.	Are you currently a resident of the U.S.? Are you a U.S. citizen or	In alignment with the addition of Section 1899C, the Form CMS-4040 has been updated to include a citizenship	N/A

	Compact of Free Association Resident: I lawfully reside in the United States under a Compact of Free Association (Marshall Islands, Micronesia, or Palau). Other: I do not meet any of the above categories. (If you select this status, you may not be eligible for Medicare under current federal law.) If you selected Lawful Permanent Resident, Cuban/Haitian Entrant, or Compact of Free Association Resident, complete items 2–7 below: 2. Alien Registration Number (A-Number), if issued: 3. When were you granted your immigration or citizenship status? (mm/dd/yyyy) 4. Are you currently a resident of the U.S.?..... Yes No 5. When did you become a resident of the U.S.? (mm/dd/yyyy) 6. Have you resided in the U.S. without a break for the past 5 years?..... Yes No	U.S. national? Are you lawfully present in the U.S.?	section to verify the applicant's citizenship or immigration status.	
Numbered section	Section 3: Part B Enrollment Information	N/A	Section labels added to better organize the content and align with other Medicare Part A and Part B	N/A

			enrollment forms.	
Numbered Section	Section 3: Remarks	Remarks	Section labels added to better organize the content and align with other Medicare Part A and Part B enrollment forms.	N/A
Numbered section	Section 4: Sign Your Application	No section number	Section labels added to better organize the content and align with other Medicare Part A and Part B enrollment forms.	N/A