

**Revisions to Form CMS-43 (OMB 0938-0080) Application for Part A (Hospital Insurance) and Part B (Medical Insurance)
For People with End-Stage Renal Disease**

The form's content has not changed significantly, but its format has been updated to align with other recently redesigned enrollment forms. The Office of Communications at CMS conducted a plain language review and recommended changes to the form to clarify and simplify the questions that determine an applicant's eligibility for Medicare Parts A and B based on End-Stage Renal Disease (ESRD). The redesigned form has been organized into eight sections with questions transferred from the current form.

The current form is titled "Application for Hospital Insurance for Individuals with End-Stage Renal Disease." The updated title is "Application for Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease," which clarifies that individuals with ESRD can use this form to apply for both Parts A and B. There were no statutory changes, and the burden was not impacted.

Page Number	Original Form	Updated Form	Reason for Change	Burden Effect
Cover page/ Page 1	Title: Application for Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease Explains who is eligible to use the form, when it should be used, the documentation required to verify an ESRD diagnosis, how to submit it, where to obtain assistance with completion, and how to request it in alternative formats (e.g., large print, braille, or audio). Heading: Get help with this application	*Page not numbered Title: Application for <i>*Medicare*</i> Part A (Hospital Insurance) and Part B (Medical Insurance) for People with End-Stage Renal Disease Updated style and formatting to align with the latest CMS branding developed by the CMS Office of Communications; content remains unchanged. Heading: Get help with this form Added a fourth bullet under the "Get help	Revised for consistency and alignment with other recently updated enrollment forms.	N/A

		with this form” heading: State Health Insurance Assistance Program (SHIP): Visit shiphelp.org to get free, personalized, and unbiased health insurance counseling from your local SHIP.		
Page 2	Explains how individuals qualify for Medicare based on ESRD, including eligibility requirements, the need to submit the CMS-43 form, and required medical documentation. It also outlines how coverage works, including coordination with other insurance, dialysis and transplant benefits, and when coverage may end.	Deleted all explanatory content from the second page.	The CMS Office of Communications noted that this content is repetitive, as the most critical information is already presented on the first page; it unnecessarily lengthens the form and, for plain language purposes, should be removed.	N/A
Page 3	1. TELL US ABOUT YOURSELF: We need this information to find you in our records.	<i>Pages 1 and 2</i> Section 1: Basic information Sub questions 1-10 *A field was added to collect applicant’s	The Working Families Tax Cut legislation (WFTC), enacted on July 4, 2025, established new Medicare eligibility requirements by limiting enrollment to specific citizenship or lawful presence categories under section	N/A

	Sub questions are listed 1a. – 1i. 2. TELL US ABOUT YOUR EARNINGS AND WORK HISTORY Sub questions are 2a. – 2e. 3. TELL US ABOUT YOUR CITIZENSHIP Sub questions 3a. – 3g. 3a. Are you a United States citizen? 3b. Are you lawfully present in the U.S.? 3c. When did you become lawfully present in the U.S.?	email address. Providing the email address is optional for the applicant. Section 2: Earnings and work history Sub questions 1-5 Section 3: Citizenship Sub questions 1-7 1. Select the citizenship or immigration status that best describes you: U.S. Citizen or National, Lawful Permanent Resident, Cuban/Haitian Entrant, Compact of Free Association Resident, Other.	1899C of the Social Security Act. In response, CMS updated the CMS-43 form by revising the existing citizenship section to require applicants to identify their specific status—U.S. citizen or national; lawful permanent resident (LPR); Cuban and Haitian entrant (CHE); or an individual lawfully residing under a Compact of Free Association (COFA)—with similar updates planned for other Medicare enrollment forms. Section headings have been updated to reflect CMS Office of Communications plain language guidance.	
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	3d. Are you currently a resident of the U.S.? 3e. When did you become a resident of the U.S.? 3f. Have you resided in the U.S. without a break for the past 5 years? 3g. Enter where you lived for the last 5 years and the dates you lived there. (If you need more space, add the information to the remarks space in Section 7.	If you selected Lawful Permanent Resident, Cuban/Haitian Entrant, or Compact of Free Association Resident, complete items 2–7 below: 2. Alien registration (A number) 3. When were you granted your immigration or citizenship status? 4. Are you currently a resident of the U.S.? 5. When did you become a resident of the U.S.? 6. Have you resided in the U.S. without a break for the past 5 years? 7. List the addresses where you've lived for the		
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		last 5 years and the dates you lived there.		
Page 4	4. TELL US ABOUT YOUR MARITAL STATUS Sub questions 4a. – 4n. 5. TELL US ABOUT YOUR MEDICAL HISTORY Sub questions 5a. – 5n. 6. ENROLLMENT IN MEDICARE PART B Sub questions 6a. – 6b	<i>Page 3</i> Section 4: Marital Status Sub questions 1 - 13 Section 5: Medical History Sub questions 1 – 10 <i>Page 4</i> Section 6: Enrollment in Medicare Part B Sub questions 1 – 2 Section 7: Remarks	Section headings have been updated to reflect CMS Office of Communications plain language guidance.	N/A
Page 5	7. REMARKS 8. SIGN YOUR APPLICATION	Section 8: Signature(s)	Section headings have been updated to reflect CMS Office of Communications plain language guidance.	N/A

Page 6	Privacy Act Statement PRA Disclosure Statement	Privacy Act Statement PRA Disclosure Statement	No change.	N/A
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