

Crosswalk for Changes to CMS Form Request for Employment Information (CMS-L564/CMS-R-297)

Changes made prior to the 60-day notice

Section on Current CMS-L564 (CMS-R-297) (04/10)	Type of Change	Rationale for Change
n/a	Add: coversheet	Explains the purpose of the form for proper use by beneficiaries seeking to enroll in Part B using the statutory SEP
Section A	Remove: From Social Security Administration and Telephone Number	Beneficiaries will fill out Section A. A SSA representative is not needed as the form now includes instructions to assist the applicants and employers with completing the form
Section A	Remove: Note from SSA to employer	This form no longer requires this information
Section B	Add: Additional questions and reformat form	To properly determine eligibility for individuals with GHP coverage, with hours bank arrangements or for disabled individuals with large GHP coverage
n/a	Add: Instructions for completion of form	To provide explanation for each data element requested on the form for accurate completion by the applicant and the employer

Changes made prior to the 30-day notice

CMS did not receive any public comments during the 60-day comment period. Changes were made due to internal review and consultation with the Social Security Administration.

Section on Current CMS-L564 (CMS-R-297) (04/10)	Type of Change	Rationale for Change
Section B	Add: End date of coverage for a disabled individual who had coverage in a large group health plan (LGHP)	To properly determine Special enrollment period eligibility for disabled individuals with LGHP coverage