Policy Engineer

How to Enroll in Medicare part B during a special enrollment period

A Step-by-step Guide + Screenshots

Special Enrollment Period (SEP) Eligibility

You will be eligible.

- If you are 65 or older, you or your spouse are still working and are covered under a group health plan.
- You have to remain covered under the group health plan during all months.
- After your coverage or employment ends, you have an eight-month period starting one month after it ends.

Exception: You will not qualify for a SEP if your group health plan coverage or the employment ends during your initial enrollment period for Medicare Part B.

- If your group health plan coverage is based on retirement or severance pay and the job your coverage is based on has ended in the last eight months.

COBRA and retiree health plans aren't considered eligible coverage. If you have this coverage, you will **not** qualify for a SEP.

People who receive **Social Security disability** benefits and are covered under a group health plan from their own or a family member's current employment also have a special enrollment period similar to those for workers age 65 or older.

For a complete description, go to SSA.GOV

Step 1

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click the website below to get started

Social Security Administration (SSA) website.

or go to

https://secure.ssa.gov/mpboa/medicare-part-b-online-application/form

You will need the following:

- **Your Medicare number,**
- **Documentation of your spouse's or your health insurance**
- **Email address.**
- **Current address +phone number**

Tip! use a Google Chrome or Microsoft Edge browser.

Use this guide if you need to enroll in Part B during a **special enrollment period.**

Step 2

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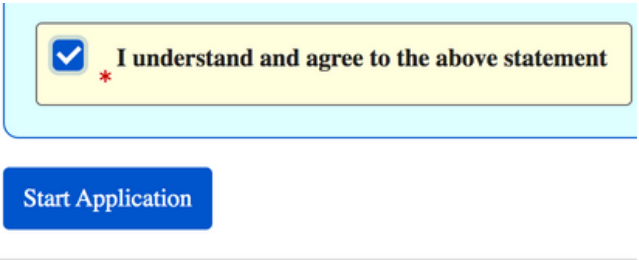
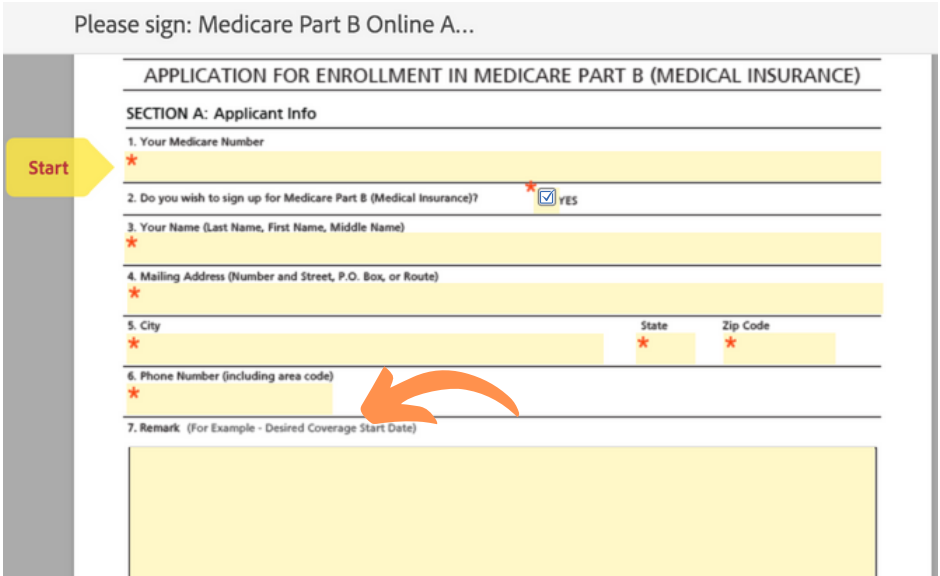
At the bottom of the opening page, **click on the box** indicating that you understand the agency's policies. Click **Start** application, and you'll be redirected to the application form.



Step 3

Scroll down to section A and fill out the enrollment application. Provide your **Medicare number**, then click **Yes** when you're asked if you want to sign up for Part B. Type in your **name, address, and phone number**. In the Remark field, indicate **the date** you would like your Part B coverage to start.



Step 4

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In **Section B**, provide information about the **employer whom you're receiving health insurance from.**

Next

SECTION B: Employment Information

For questions regarding how to respond to any of these questions, please refer to the 'Step by Step' instructions at the end of this document.

1. Employer's Name *

2. Employer's Address *

City * | State * | Zip Code *

3. Applicant's Name * | 4. Applicant's Social Security Number *

5. Employee's Name * | 6. Employee's Social Security Number *

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 0960-0618 (04/2021). 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.

Step 5

In **Section C,** provide information about your **group health plan.**

SECTION C: For Employer Group Health Plans ONLY

Complete this information to the best of your ability.

1. Are or were you covered under an employer group health plan? * ○ Yes * ○ No

2. If yes, provide date coverage began. (mm/yyyy)

3. Has the coverage ended? * ○ Yes * ○ No

4. If yes, provide date coverage ended. (mm/yyyy)

5. When did you or your spouse work for the company?

From: (mm/yyyy) | To: (mm/yyyy)

Step 6

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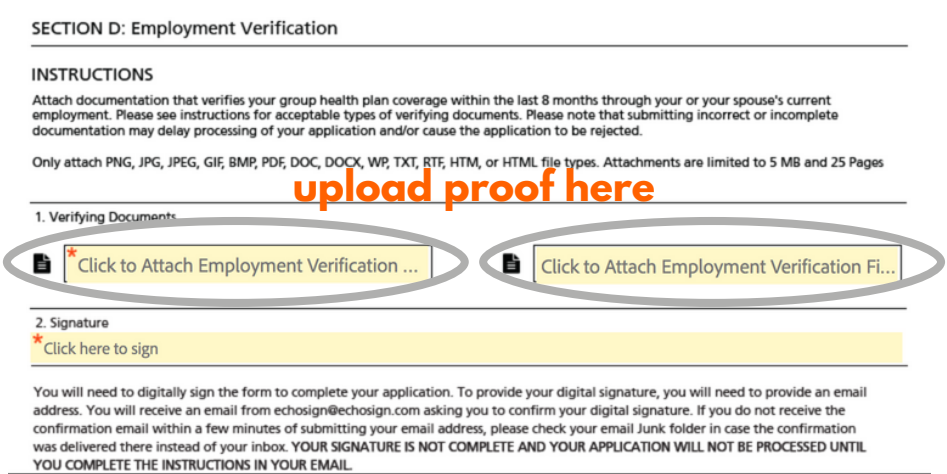
In Section D, you'll need to provide proof of your coverage.

Complete Section A of form CMS- L564

You will have to ask your employer to complete Section B. After your employer completes section B, you'll need to upload it. To this application.

If your employer cannot provide proof of your group health coverage, you will need to submit other evidence of your health insurance coverage through your employer. The following documents are allowed:

- Tax returns that indicate that your health insurance premiums were paid
- Health insurance cards, including the date your policy began
- Receipts or other statements that prove your health insurance premiums were paid
- Pay stubs that show your health insurance premiums were deducted
- W-2s that show pretax medical contributions
- An Explanation of benefits statement from your health plan



SECTION D: Employment Verification

INSTRUCTIONS

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTF, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages

upload proof here

1. Verifying Documents

*Click to Attach Employment Verification ...

Click to Attach Employment Verification Fi...

2. Signature

*Click here to sign

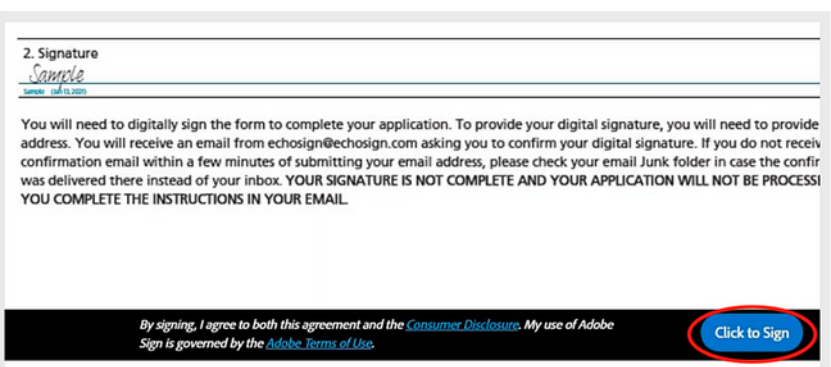
You will need to digitally sign the form to complete your application. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.

Step 7

Once you've completed Section D, Click on signature, type in your name, and click the blue Apply button.

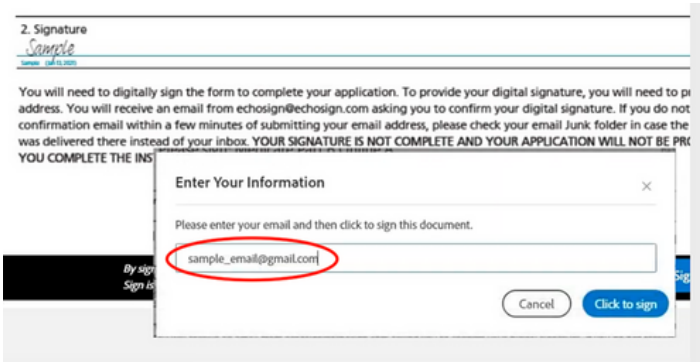
Step 8

Once the screen with a black bar at the bottom shows up, click the blue Click to Sign button.



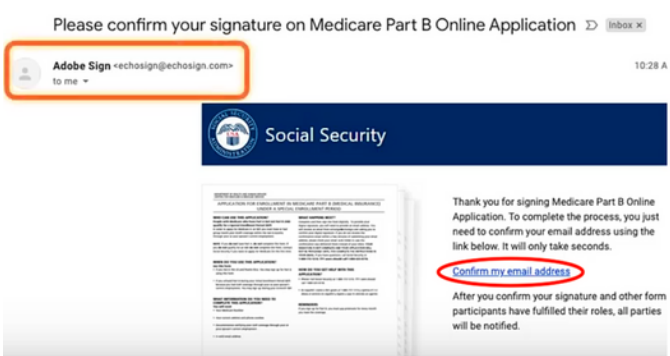
Step 9

8. Please enter your email address and click the Click to Sign button.



Step 10

Check your email account and look for an email from Adobe Sign. Don't forget to click on the link that says Confirm my email address.



Step 11

You'll be taken to a page that confirms the verification of your e-sign. You will receive a second email that confirms your application was submitted.

Step 12

11. The SSA will send you a letter informing you of your application's status. You can appeal the decision by following the instructions if it's denied.

DONE