

# Professor MEDICARE

Making Sense of Medicare's Alphabet Soup

If you are over 65, have an employer plan, and want to enroll in Medicare Part B, you will need to verify with Social Security that you have had “creditable coverage” with a major medical plan. This verification will eliminate any fines associated with enrolling in Part B if you are over 65.

You will also need to provide evidence that you have had creditable Part D coverage as well.

Your HR department can tell you if you have creditable health and drug plans. If either of those plans are not creditable, you could be subject to late enrollment penalties for both Part B and Part D. It's unusual to find an employer plan that is not creditable.

We advise that once you learn when you will be leaving your employer plan, then you can put a strategy in place to activate your Medicare coverage. It's a good idea to start around two months prior to ending your employer coverage. If you are suddenly laid off or terminated, it necessitates you move quickly. Here is how to apply for Part B.

- Take the attached form OMB No. 0938-0787 to your HR department and have them insert your start date for the plan and your ending date of coverage.
- Go to a local Social Security office with that completed form and this one OMB 0938-1230 and apply for Part B.

What's next? It takes about 2-3 weeks to get a notification that your Part B has been approved. You will usually receive a letter stating your date of enrollment and a card which follows the letter. After you get the letter, we can meet and enroll you in a Medicare Advantage or Medicare Supplement Plan to start the month after your employer coverage ends. We plan that you will have no gap in coverage.

**Part D requires a letter** from HR on company letterhead stating your dates of creditable drug coverage under the employer plan. You won't have to give that to Social Security, but when you enroll in a Part D drug plan, the plan's carrier will want that letter to avoid assessing you a fine for Part D late enrollment.

By the way, you can enroll in Part A when you turn 65. Most everyone will have no premium for A as your taxes have already paid for A. It's good to get that done before you apply for B as it may delay the process if you haven't enrolled in A.

We are here for your questions.

[www.professormedicare.com](http://www.professormedicare.com)

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## REQUEST FOR EMPLOYMENT INFORMATION

### SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name		2. Date	
		/ /	
3. Employer's Address			
City		State	Zip Code
4. Applicant's Name		5. Applicant's Social Security Number	
		- -	
6. Employee's Name		7. Employee's Social Security Number	
		- -	

### SECTION B: To be completed by Employers

#### For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No		
2. If yes, give the date the applicant's coverage began. (mm/yyyy)		
/		
3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No		
4. If yes, give the date the coverage ended. (mm/yyyy)		
/		
5. When did the employee work for your company?		
From: (mm/yyyy)	To: (mm/yyyy)	Still Employed: (mm/yyyy)
/	/	/
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.		
From: (mm/yyyy)	To: (mm/yyyy)	
/	/	

#### For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No	
2. If yes, does the applicant have hours remaining in reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	
3. Date reserve hours ended or will be used? (mm/yyyy)	
/	

#### All Employers:

Signature of Company Official		Date Signed
		/ /
Title of Company Official		Phone 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 0938-0787. 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.

## APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)?  YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

(  )  -

7. Written Signature (DO NOT PRINT)

SIGN HERE

8. Date Signed

 /  / 

**IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT  
MUST SUPPLY THE INFORMATION REQUESTED BELOW.**

9. Signature of Witness

10. Date Signed

 /  / 

11. Address of Witness

12. Remarks

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