



## Request for Additional Information

Please separate the form at the perforation and return only the form to EPIC.

**Instructions – Call the EPIC Helpline at 1-800-332-3742 if you need assistance**

### Page One

#### Single

You are single, divorced, widowed, or your spouse does not live with you (example: in a nursing home).

#### Married

You and your spouse live in the same household. If both of you are enrolled in EPIC, please enter both EPIC ID#s, complete, sign and return **ONLY** one form to EPIC.

#### Monthly Income (1 - 7)

- 1-4. Please enter the current monthly income before deductions for each type i.e., social security, veterans. If the amount changes from month to month, then calculate (or estimate) the average monthly income for the past 12 months for each line. On each line, enter \$0 if none.
5. **Do NOT include wages and self-employment, interest income, dividends, public assistance, medical reimbursements or foster care payments. Enter \$0 if none.**
- 5A. Please specify the TYPE of Other Income that you or your spouse is reporting on Line 5, such as alimony, net rental income, workers compensation, or private or state disability payments, etc.

#### Assets (8 - 11)

- 8-10. Please report the current balance (or estimate) for the bank accounts, investments or cash that either you, your spouse (if married and living together) or both of you own. Include cash or investments that either of you own with another person. **Do NOT include your home, vehicles, burial plots, personal possessions, or back payment from Social Security or Social Security Income (SSI).** On each line, enter \$0 if none.

### Page Two

12. Please check yes if you expect cash or money from any investments listed under Assets on lines (8-10) will be used to pay for funeral or burial expenses for you or your spouse. Otherwise, check no.
13. Please check yes if you or your spouse own real estate other than your home (examples: summer home, rental properties or undeveloped land which is separate from your home). Otherwise, check no.
14. Please enter the number of relatives that live with you that depend on you or your spouse to provide at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage or adoption.

**Please SKIP questions 15-19 if you or your spouse (if married and living together) have NOT worked in the last two years. Otherwise, please answer questions 15-19.**

15. Please estimate the amount you or your spouse expect to earn in wages *before taxes and deductions* this calendar year.
16. If self-employed, please estimate the amount you or your spouse expect to earn or lose this calendar year. Please enter a negative number if you expect a loss.
17. Please check yes if the amounts reported on Lines 15 or 16 decreased in the last two years. Otherwise, check no.
18. Please enter the month and year (MM/YYYY) that you stopped working or plan to stop working. Please leave this blank if you or your spouse plan to continue working.
19. Please check either yes or no if you or your spouse pay for things that allow your spouse to work. Examples of such expenses are: a wheelchair; cost of medical treatment and drugs for illnesses; personal attendant services; vehicle modifications or other transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations. **Please check N/A (not applicable) if single or your spouse is 65 or older.**



# Request for Additional Information



**THIS FORM MUST BE COMPLETED AND RETURNED TO KEEP YOUR EPIC COVERAGE**

**PLEASE PRINT CLEARLY** – Please make corrections to any inaccurate information directly on the form.

**Marital Status**     Single (widow(er), divorced, married but living apart)  
**(please check one):**    Married (living with your spouse)  
If married, and your spouse is not enrolled in EPIC, enter spouse's date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

_____ Last Name	_____ First Name	_____ MI	_____ Your EPIC ID #
_____ Spouse's Last Name	_____ First Name	_____ MI	_____ Spouse's EPIC ID#
_____ Mailing Address		_____ Box# or Apt. #	_____ Your Social Security Number
			_____ Spouse's Social Security Number
_____ City/State		_____ Zip Code	_____ Phone Number (including area code)

### INCOME (Include spouse's if married and living together)

If the amount changes month to month, estimate the average monthly income for the past 12 months for each line. Do NOT include wages and self-employment, interest income, dividends, public assistance, medical reimbursements or foster care payments. Please enter \$0 if you have no income to report on that line.

### CURRENT MONTHLY AMOUNTS

	You	Spouse
1. Monthly Social Security before deductions . . . . .	\$ _____	\$ _____
2. Monthly Railroad Retirement before deductions . . . . .	\$ _____	\$ _____
3. Monthly Veterans Benefits before deductions . . . . .	\$ _____	\$ _____
4. Monthly – Other pensions and annuities before deductions (not including any amount reported in the <b>Assets</b> section below)	\$ _____	\$ _____
5. Monthly – Other income not listed above (including alimony, net rental income, workers' compensation, private or state disability payments)	\$ _____	\$ _____
5A. Specify TYPE of other income (line 5):	_____	_____
<b>6. Total MONTHLY Income (add lines 1-5)</b> . . . . .	<b>\$ _____</b>	<b>\$ _____</b>

7. Have any amounts reported on lines 1-5 decreased during the last two years?     Yes     No

### ASSETS (Include spouse's if married and living together)

Please report the current balance. Do NOT include your home, vehicles, burial plots, personal possessions, or back payment from Social Security or SSI received in the last 10 months. Please enter \$0 if you have no assets to report on that line.

8. Bank accounts – total current balance (checking, savings, money market, certificates of deposit) . . . . .	\$ _____
9. Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments . . . . .	\$ _____
10. Cash at home or anywhere else . . . . .	\$ _____
<b>11. Total Assets (add lines 8-10)</b> . . . . .	<b>\$ _____</b>

Please tear here and return form only.



# Request for Additional Information

- If you are **SINGLE**, please answer questions (12-14) based on your income and assets.
- If you are **MARRIED** and living with your spouse, please answer questions (12-14) based on your **COMBINED** income and assets, where applicable.
- Please enter a 0 on line 14 if this question is not applicable.

12. Will your assets be used for funeral or burial expenses? . . . . .  Yes  No
13. Do you own real estate other than your home? . . . . .  Yes  No
14. How many relatives living with you depend on you to provide at least one-half of their financial support? (do not include you or your spouse) . . . . . \_\_\_\_\_

• If you or your spouse (if married and living together) have **NOT** worked in the last two years, please **SKIP** questions (15 - 19) and go to the signature section; otherwise, please answer the following questions:

15. What do you expect to earn in wages before taxes and deductions this calendar year? You: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_
16. If self-employed, what are your expected net earnings or loss this calendar year? . . . You: \$ \_\_\_\_\_  
Spouse: \$ \_\_\_\_\_
17. Have the amounts reported for lines 15 or 16 decreased in the last two years?  Yes  No
18. If you recently stopped working or plan to stop working, enter the month . . . . . You: \_\_\_ \_\_\_ / 20 \_\_\_ \_\_\_  
and year (example: 09/2010 = September 2010) Spouse: \_\_\_ \_\_\_ / 20 \_\_\_ \_\_\_
19. If your spouse is younger than 65 and is blind or disabled, do you or your spouse pay for things that enable your spouse to work? . . . . .  Yes  No  N/A

**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO KEEP YOUR EPIC COVERAGE.**

**Read carefully and sign below:**

I certify that the information on this form is true and correct to the best of my knowledge.

**You and your spouse, or your representative, must sign and date below:**

_____ Your Signature	_____ Spouse's Signature
_____ Date	_____ Date

• If someone assisted you in completing this form, please provide their name, address and phone number.

_____ Print Name	_____ Phone Number (including area code)
_____ Mailing Address	_____ City/State/Zip Code

EPIC  
P.O. Box 15022, Albany, NY 12212-5022  
EPIC Helpline Number is 1-800-332-3742 (TTY 1-800-290-9138)

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