

## General Instructions for Completing the Application for Help with Medicare Prescription Drug Plan Costs



Do you or the person you are helping apply have Medicare and Supplemental Security Income (SSI) or Medicare and Medicaid?

If the answer is YES, do not complete this application because you automatically will get the extra help.

Does your state Medicaid program pay your Medicare premiums because you belong to a Medicare Savings Program?

If the answer is YES, contact your state Medicaid office for more information. You could get the extra help automatically and may not need to complete this application.

### How To Complete This Application

- Use BLACK INK only;
- Keep your numbers, letters and Xs inside the boxes, use only CAPITAL letters;
- Do not add any handwritten comments on the application;
- Do not use dollar signs when entering any amounts; and
- Counts can be rounded to the nearest whole dollar.



### If You Are Assisting Someone Else With This Application

Answer the questions as if that person were completing the application. You must know that person's Social Security number and financial information. Also, complete Section II on page 6.

### Completing Your Application

You may complete the online application at [www.socialsecurity.gov](http://www.socialsecurity.gov) or use the enclosed pre-addressed stamped envelope to return your completed and signed application to:

Social Security Administration  
Wilkes-Barre Data Operations Center  
P.O. Box 1820  
Wilkes-Barre, PA 18707-9910

Return this application package in the enclosed envelope. Do not include anything else in the envelope. If we need more information, we will contact you.

### If You Have Questions Or Need Help Completing This Application

You can call us toll-free at 1-888-772-1213, or if you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778.