



## Medicare Low Income Subsidy Worksheet

### What You Need to Complete the Application for Help with Medicare Prescription Drug Plan Costs

Social Security and the Centers for Medicare & Medicaid Services are working together to get you extra help with your prescription drug costs. To determine if you could be eligible for this extra help, Social Security will need to know your income and the value your savings, investments and real estate (other than your home). You may qualify for extra help if you have:

- Limited income (below \$16,245 for an individual or \$21,855 for a married couple living together). Even if your annual income is higher, you still may be able to get some extra help with your monthly premiums, annual deductibles and prescription co-payments related to a Medicare prescription drug plan. Some examples where your income may be higher include if you or your spouse:
  - Support other family members who live with you;
  - Have earnings from work; or
  - Live in Alaska or Hawaii; and
- Limited resources (below \$12,500 for an individual or \$25,010 for a married couple living together). These resource limits can be slightly higher (an additional \$1,500 per person) if you will use some of your money for burial expenses.

Identify the things you own by yourself, with your spouse or with someone else, but **do not** include your home, vehicles, life insurance policies, burial plots or personal possessions. Review all your income.

Gather your records in advance to save time. Remember that this worksheet is **not** an application. This worksheet can assist you in completing the actual application for extra help.

- Statements that show your account balances at banks, credit unions or other financial institutions;
- Investment statements;
- Stock certificates;
- Tax returns;
- Pension award letters; and
- Payroll slips.

Social Security needs to know information about your (and your spouse's if you are married and living together) income and resources. You may choose to have someone help you when you do business with Social Security.



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| Resources   | Value   | Income                       | Monthly Amount |
|---|---------|------------------------------|----------------|
| Bank accounts, including:<br>checking, savings and<br>certificates of deposit                                   | \$_____ | Railroad retirement          | \$_____        |
| Stocks, bonds, savings bonds,<br>mutual funds, individual<br>retirement accounts (IRAs)<br>or other investments | \$_____ | Veterans benefits            | \$_____        |
| Cash at home or anywhere<br>else  | \$_____ | Other pensions or annuities  | \$_____        |
| Any real estate other than<br>your home   | \$_____ | Alimony                      | \$_____        |
|   |         | Net rental income            | \$_____        |
|   |         | Wages                        | \$_____        |
|   |         | Self-employment net earnings | \$_____        |
|   |         | Workers compensation         | \$_____        |
|   |         | Other income                 | \$_____        |

**NOTE:** Social Security will use the monthly amount of your benefits from our records. You do not have to tell us this information.

Once you have completed the information above, please contact Social Security to apply online at [www.socialsecurity.gov/extrahelp](http://www.socialsecurity.gov/extrahelp) -- or call 1-800-772-1213 to apply over the phone or to request the "Application for Extra Help with Medicare Prescription Drug Plan Costs" (SSA-1020).

To get help from a non-profit organization with completing your application, or to get answers to any questions regarding this benefit, please contact the number provided on the cover letter included in this mailing.

To learn more about the Medicare prescription drug plan, call **1-800-MEDICARE (1-800-633-4227)** or visit [www.medicare.gov](http://www.medicare.gov).