

LIS APPLICATION LINK: <https://secure.ssa.gov/i1020/start>

All applications must be completed with the patient in person or by phone.

For Spanish speaking patients/Spanish speaking staff, click the ESPANOL button at the top of the page.

secure.ssa.gov/i1020/start

Español Text Size Accessibility Help

Social Security
The Official Website of the U.S. Social Security Administration

OMB No. 0960-0696
Paperwork Reduction Act

Extra Help With Medicare Prescription Drug Plan Costs

Welcome!

The Medicare Prescription Drug program gives you a choice of prescription plans that offer various types of coverage.

You may be able to get extra help to pay for the monthly premiums, annual deductibles, and co-payments related to the Medicare Prescription Drug program. However, you must be enrolled in a Medicare Prescription Drug plan to get this extra help.

What Is This Application?

This is an application for Extra Help and **does not enroll you in a Medicare prescription drug plan.** You will have to enroll directly with an approved Medicare prescription drug provider for coverage. If you need

If you need help completing this application, call Social Security toll-free at:
1-800-772-1213 or
TTY 1-800-325-0778,
Monday-Friday 7am-7pm

Related Links

Information About This Application:

1. Scroll to the bottom and click on apply now.

SHIP offers help with your Medicare questions.

What Do You Want To Do?

Apply Now

Return to an Existing Application

Not Sure If You Should Use This?

Find Out If You Qualify

Privacy Policy | Website Policies & Other Important Information | Site Map

2. Next screen - Scroll to the bottom and click next.

Extra Help With Medicare Prescription Drug Plan Costs

Preparing To Use This Application

Do not use your browser's Back button.
To go back, select Previous at the bottom of the page.

What information will you need?

To determine if you could be eligible for extra help with prescription drug plan costs, Social Security needs

If you are unsure about how to use this application, you can find more details on the following pages:

- [How the Online Application Works](#)

Next Previous

3. The person helping the patient with the application submission: Answer the questions regarding the applicant and answer correctly to determine if the patient qualifies to apply. (Only individuals who are eligible for or have MCR may use this application) Click the next button to continue.

Extra Help With Medicare Prescription Drug Plan Costs

Should You Use This Application?

Not everyone will be able to use the online Application For Extra Help With Medicare Prescription Drug Plan Costs. You must answer a few questions to help determine if you should use this Internet form. Any time there is a link at the end of a question that says "More Info," you can follow that link to get help with that question.

Are you assisting someone (other than your spouse who lives with you) with this application?

[? More Info](#)

No Yes

If you are helping another person fill out this application, answer the following questions as if you were the person.

Did you (or your spouse, if married and living together) get an application in the mail from us?

[? More Info](#)

No Yes

Do you (or your spouse, if married and living together) have Medicare? [? More Info](#)

No Yes

Are you (or your spouse, if married and living together) 64 years and 9 months old or older?

[? More Info](#)

No Yes

Have you (or your spouse, if married and living together) received Social Security disability benefits for 24 months; disability benefits based on Lou Gehrig's disease (ALS); or Renal dialysis treatments or a kidney transplant? [? More Info](#)

No Yes

In which State do you (and your spouse, if married and living together) live? [? More Info](#)

--

What is your marital status? [? More Info](#)

--

Do you have combined savings, investments and real estate worth more than \$34,360 if you are married and living with your spouse; or \$17,220 if you are not married or not living with your spouse? [? More Info](#)

Include the things you own by yourself, with your spouse or with someone else. Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.

No or Not Sure Yes

Next

Previous

4. Next screen gives you the ok to complete the application based off the answers from the previous screen. Click the Apply Now button.

Extra Help With Medicare Prescription Drug Plan Costs

Go Ahead

To complete the application, select Apply Now at the bottom of this page.

We will ask about your income and the things that you own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

Apply Now

Previous

5. Next set of questions are required to continue. As the completer of the application, use your home clinic address and phone number. Relationship, use Advocate or Other and type in the next field 'PCP Staff -You're title'. Click next when all fields are filled in.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

About The Person Completing The Form And The Person You Are Helping

We need some basic information about how to contact you and the person you are helping in case we have any questions about this application. Once you complete all the information on this page, we will provide you with a reentry number and you will be able to exit the application and return to complete it later.

About The Person Completing The Form

Form Completer's Name:

First M.I. Last

Relationship to Applicant: [More Info](#)

-- ▾

If other, please indicate:

Form Completer's Phone Number: [More Info](#)

10-digit Number

Form Completer's Address: [More Info](#)

Street Line 1:

Street Line 2: [+ Add Line](#)

City/Town:

State:

ZIP Code:

[-] -- [-] [-]

About The Person You Are Helping

Applicant's Name: [More Info](#)

Enter the name as it appears on the applicant's most recent Social Security card.

[-] [-] [-] -- [-]
First M.I. Last Suffix

Applicant's Social Security Number: [More Info](#)

[-]

What is the applicant's date of birth? [More Info](#)

-- [-] [-]
Month Day Year

Has the applicant worked in 2023 or 2024? [More Info](#)

No Yes

Applicant's Contact Information

The applicant has changed his/her address within the last three months.

Mailing Address: [More Info](#)

Street Line 1: [-]

Street Line 2: [-] [+ Add Line](#)

City/Town: [-] State: -- [-] ZIP Code: [-]

Phone Number: [More Info](#)

[-]
10-digit Number

5a. Last question asks if patient wishes for their information be sent to the State to determine if patient qualifies for Medicaid. (We highly recommend not checking off the button, most patients will qualify for Medicaid, however, ultimately it's the patients choice.)

Other Information

OPTIONAL: If you want us to contact someone else if we have additional questions, please provide the person's name and a daytime phone number. [More Info](#)

Contact Person's Name:

[-] [-]
First Last

Contact's Phone Number: [More Info](#)

[-]
10-digit Number

Does the applicant have combined savings, investments and real estate worth more than \$17,220? [More Info](#)

Include the things the applicant owns separately or with another person. **Do NOT count the home he or she lives in, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**

No or Not Sure Yes

If you selected **YES**, the applicant is not eligible for the Extra Help. But, his or her State may be able to help him or her with their Medicare costs through the Medicare Savings Programs. To start his or her application process for Medicare Savings Programs, please see the information below.

Information about Medicare Savings Programs: The applicant may be able to get help from his or her State with his or her Medicare costs under the Medicare Savings Programs. To start his or her application process for the Medicare Savings Programs, Social Security will send information from this form to his or her State unless the applicant tells us not to. **If the applicant wants help from the Medicare Savings Programs, do not complete the question below. Just complete and submit the application and the State will contact the applicant.**

If the applicant is **not** interested in filing for the Medicare Savings Programs, please select below.

No, do not send the information to the State.

Next

6. This screen will provide you with a re-entry number in case you need to return to the application prior to final submission. (Once the application is submitted you can no longer access the application) The following can be noted in a chart note in case you or someone else needs to return to the application. Click the next button after noting the information.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

Print The Re-entry Number

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to continue the application later, you will need this number. It will let you come back to the application and continue where you left off without losing any information you already entered.

Applicant's Social Security Number: ***-**-****

Re-entry Number: [REDACTED]

Print or save this page so you will have a copy of your Reentry Number.
[Print this page](#)

If you need help completing this application, call Social Security toll-free at:
1-800-772-1213 or
TTY 1-800-325-0778
Monday-Friday 7am-7pm

[Need Help?](#)

Note: Re-entry instructions provided

Reentry Instructions

To Come Back To This Application:

1. Go to this website: <http://www.socialsecurity.gov/i1020>; and
2. Type in the Social Security and Reentry Numbers shown above.

If you lose or forget your Reentry Number, you will have to begin this application again, and you will lose all the information already entered. You can start a new application up to three times. Social Security can help you start the process again, but we cannot look up the Reentry Number for you.

Last Date To Complete This Application

You need to complete an application by **November 15, 2024**; otherwise you may lose benefits.

Important Information

You might have received a notice from us advising you of an earlier time period for filing the application. If you did, it was because you or someone on your behalf contacted us about filing before you started the Internet application. Generally, it is to your advantage to file within that earlier period to receive the earliest filing date.

[Next](#) [Save & Exit](#)

7. Living situation, make sure to add spouse if applicable, if only patient, leave as 0. Click next.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

About Your Living Situation

For this question, a relative is someone related to you by blood, adoption, or marriage. How many relatives live with you and depend on you for at least one-half of their financial support? Please do not include yourself in the number you enter. If your household consists only of you, enter "0". [More Info](#)

We ask this because your household size may affect the amount of help you can get.

[Next](#) [Previous](#) [Save & Exit](#)

8. Resources screen. Patient is to answer to the best of their knowledge. Click next.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

Resources

Please enter the money amounts of all bank accounts, investments or cash that you own. Also include items that you own with another person.

If you need help adding your bank accounts, select Add Accounts. If you need help adding your investments, select Add Investments. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

Do you have bank accounts (checking, savings and certificates of deposit)? [More Info](#)
 No Yes

Do you have stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or other similar investments? [More Info](#)
 No Yes

Do you have any other cash at home or anywhere else? [More Info](#)
 No Yes

Will some money from any of the sources listed above be used to pay for your funeral or burial expenses? [More Info](#)
This includes any bank accounts, investments, and cash that you listed.
If Yes, skip to the next question. If no, select No and then go to the next question.
 No

Other than your home and the property on which it is located, do you own any real estate? [More Info](#)
Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.
 No Yes

Next Previous Save & Exit

9. Final set of questions. Click next after all have been answered.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

Income Other Than Wages And Earnings

If you receive income from any of the sources listed below, please enter the total amount you receive each month. If the amount changes from month to month or you do not receive it every month, enter the average monthly income for the past year for each type in the appropriate fields.

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select **No** for that source.

If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals.

Do you receive Social Security benefits? [More Info](#)
 No Yes

Do you receive Railroad Retirement benefits? [More Info](#)
 No Yes

Do you receive Veterans benefits? [More Info](#)
 No Yes

Do you receive income from other pensions or annuities? [More Info](#)
(Do NOT include annuities from certificates of deposit, stocks, bonds, mutual funds, Individual Retirement Accounts (IRAs) or any other investments.)
 No Yes

Do you receive other income not listed above, including alimony, net rental income, workers' compensation, unemployment, private or State disability payments, etc.? [More Info](#)
(Do NOT include help with rent or utilities, money you have in bank accounts, stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs) or any similar investments, or any cash at home or anywhere else.)
 No Yes

Has any of the income from these sources decreased in the last two years? [More Info](#)
 No Yes

Next Previous Save & Exit

10. Review the application information you entered with the patient. If all is, correct click next.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

Review Your Information

Review the items you completed below before you submit this application. If you need to make changes, select the Edit button in the margin just left of the page where the changes are necessary. Changes on one page may require additional information to be entered or changed on subsequent pages. You can print this summary before you submit it. Once you submit it, you will be able to print a receipt that shows exactly what is on your application.

About You

My Information
Name: [REDACTED]
Social Security Number: ***-**-**** [REDACTED]
Date of Birth: [REDACTED]

About the Form Completer

Name: [REDACTED]
Relationship: **Advocate**
Phone: [REDACTED]
Address: **933 Pleasanton Road, San Antonio, Texas, 78214**

About You

Work Status:
I did not work in 2023 or 2024.
I do not have combined savings, investments, and real estate worth more than \$17,220.

Medicare Savings Programs:
• You are not interested in the Medicare Savings Programs. If this is not correct, select Edit to go back and change your answer.

I am not interested in the Medicare Savings Programs.

Mailing Address / Phone
Address: [REDACTED]
Phone: [REDACTED]
I have not changed my address within the last three months.

Contact Person: [REDACTED]

About Your Living Situation

Number of Dependents: **1**

Resources

Bank accounts, investments, cash:
I have a combined total of \$300.00 in all my bank accounts.
I have no stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts (IRAs), or similar investments.
I have no cash at home or anywhere else.

Burial expenses:
No money from the sources mentioned will be used to pay for my funeral or burial expenses.

Real estate:
I do not own any real estate other than my home and the property on which it is located.

Income Other Than Wages And Earnings

Income from pensions, annuities, and other sources:
I receive \$2,000.00 per month from Social Security benefits.
I do not receive Railroad Retirement benefits.
I do not receive Veterans benefits.
I do not receive other pensions or annuities.
I do not receive other income.

Decrease in income other than wages and earnings:
My income from these sources has not decreased in the last two years.

11. Agreement screen. After reading the terms of agreement out loud to the patient and the patient agrees, check off both agreement boxes for both the patient and the completer. Click Submit Now to submit the application.

1 Complete Application 2 Review 3 Submit 4 Print Receipt

Important:
After you submit this application, you will not be able to come back to it. Check the box next to your name to indicate that you have read and are signing the statement below.

Ready To Submit?
If you are ready to submit your Application for Extra Help With Medicare Prescription Drug Plan Costs, read the statement below. Checking the box next to your name means that you agree with the statement and have signed your application.

Terms of Agreement
I, [REDACTED], understand that the Social Security Administration (SSA) will check my statements and compare its records with records from Federal, State, and local government agencies, including the Internal Revenue Service (IRS) to make sure the determination is correct.
By submitting this application, I am authorizing SSA to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.
Unless otherwise indicated on this application, I am authorizing SSA to disclose the financial information entered earlier from my file, such as my name, date of birth, gender, Social Security Number, etc., to the State to start the application process for Medicare Savings Programs.
I am declaring under penalty of perjury that I have examined all the information on this form, and it is true and correct to the best of my knowledge.
 I, [REDACTED], agree with the terms of agreement above.

Terms of Agreement
[REDACTED] declare under the penalty of perjury that the applicant(s) above have authorized me to complete this form on their behalf. I have accurately reflected in completing this form the information that was provided by the applicant(s).
 I, [REDACTED], agree with the terms of agreement above.

Submit Now Previous Save & Exit

12. Note the following in the chart by taking a screenshot of the green box confirming the form was successfully submitted to Social Security. Patients should receive a letter from Social Security in about 2 weeks with either an Approval or Denial of the application. **Please encourage the patient to bring this letter to the Advocates to document in the chart.** Print the receipt for the patient if

1 Complete Application 2 Review 3 Submit 4 Print Receipt

The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on September 16, 2024, 11:38:16 AM.
We highly recommend that you print or save a copy of the receipt for your records. For instructions on how to save or view the saved file, please refer to the [Save/View Guide](#).
[View & Print Your Receipt](#)

Successful Submission

About You
You
Name: [REDACTED]
Social Security Number: ***-**-****
Date of Birth: [REDACTED]