

Signing up for Medicare after age 65

The following document provides information about how to enroll after age 65. It assumes that you have current coverage through a current employer group health plan, a spouse's current employer health plan, or up to 8 months after losing group coverage. This is a Special Enrollment Period (SEP). This process assumes that you enrolled in Part A when you turned 65 during your Initial Enrollment Period (IEP).

You are now going to add or enroll in [Part B](#) - Medical Coverage. To complete this process online, the following four things must be true.

- Your 7-month Initial Enrollment Period (IEP) for Medicare has ended. This means you are now enrolling more than 3 months after you turned 65.
- You are already enrolled in Medicare Part A (which you did when you turned 65)
- Your Medicare Part B enrollment is occurring while covered on an employer group plan OR within the 8 months after your coverage ended with the employer.
- The group health insurance coverage(s) you have goes back to when you first became eligible for Medicare (when you turned 65).

If all four of these conditions are true, you qualify for a Special Enrollment Period (SEP) for enrollment in Medicare Part B.

There are two forms that you will need to fill out before completing the Part B enrollment. They are:

[CMS-40B](https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms40b-e.pdf) - <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms40b-e.pdf>

[CMS-L564](https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf) - <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf>

You can submit these completed forms at:

ssa.gov/medicare-partb-sep

Or

1. Go to SSA.Gov and Click on “*Sign up for Medicare*”

An official website of the United States government [Here's how you know](#)

Protect Yourself from Scams

Social Security Benefits Medicare Card & record ES Español My account

Securing your today and tomorrow

 Prepare Check eligibility for benefits Get a benefits estimate Plan for retirement	 Apply Apply for benefits Sign up for Medicare Apply for SSI	After you apply Check application or appeal status Appeal a decision we made
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Manage benefits & information

 Documents Get benefit verification letter Get tax form (1099/1042S)	 Number & card Replace card Request number for the first time
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2. Select “Get started” for Part B only.



Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

[Apply online](#)



Sign up for Part B only

If you've previously declined or never signed up for Part B, you can sign up for Part B only.

[Get started](#)

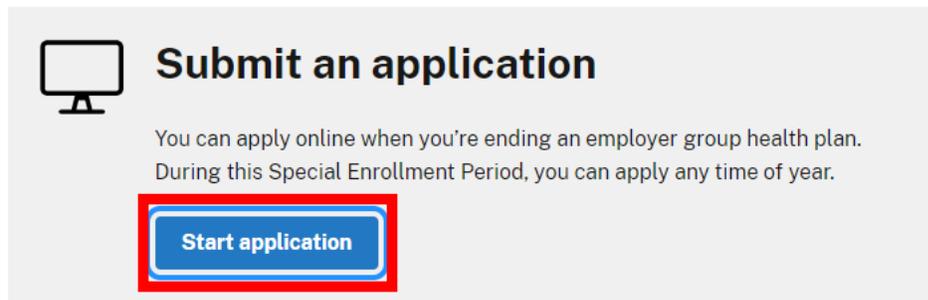
Sign up for other parts of Medicare

[Review and sign up for Medicare Advantage and drug plans](#) on Medicare.gov.

3. Scroll down and click “*Start application*”

When you're ending an employer group health plan

If you've been covered by an active employer group health plan (either yours or your spouse's) since turning 65, and it ended within the last 8 months, you can enroll in Part B without any penalty. This is considered a “Special Enrollment Period.” [See exactly when to sign up.](#)



The graphic features a computer monitor icon on the left. To its right, the text reads: "Submit an application" in a large, bold font. Below this, a smaller line of text states: "You can apply online when you're ending an employer group health plan. During this Special Enrollment Period, you can apply any time of year." At the bottom of the graphic is a blue button with a white border and rounded corners, containing the text "Start application". The entire graphic is set against a light gray background.

4. You can now start the online application process. You will need the following items to complete this process.
 - Your Medicare number from your red, white and blue Medicare card
 - Your current address and phone number
 - A valid email address that you can access
 - Documentation verifying your Group Health Plan coverage through your or your spouse's current employer. (Completed CMS-40B and CMS-L564 scanned and saved to your computer.) At the end you'll upload form CMS-L564

Instructions

Medicare Part B Enrollment:

The Social Security Administration is accepting Medicare Part B enrollment applications online for working individuals who qualify for a Special Enrollment Period (SEP).

You may use this online enrollment application if you are age 65 or older and you currently have or had within the last 8 months, group health plan (GHP) coverage through your (or your spouse's) current employment.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

IMPORTANT: You will need to digitally sign the form to complete your application. To complete your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

PLEASE NOTE:

- This application is most compatible with the following browsers: Microsoft Edge and Google Chrome.

Scroll to the bottom of the page and click the “*I understand agree to the above statement*”. Then click “*Start application*”.

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

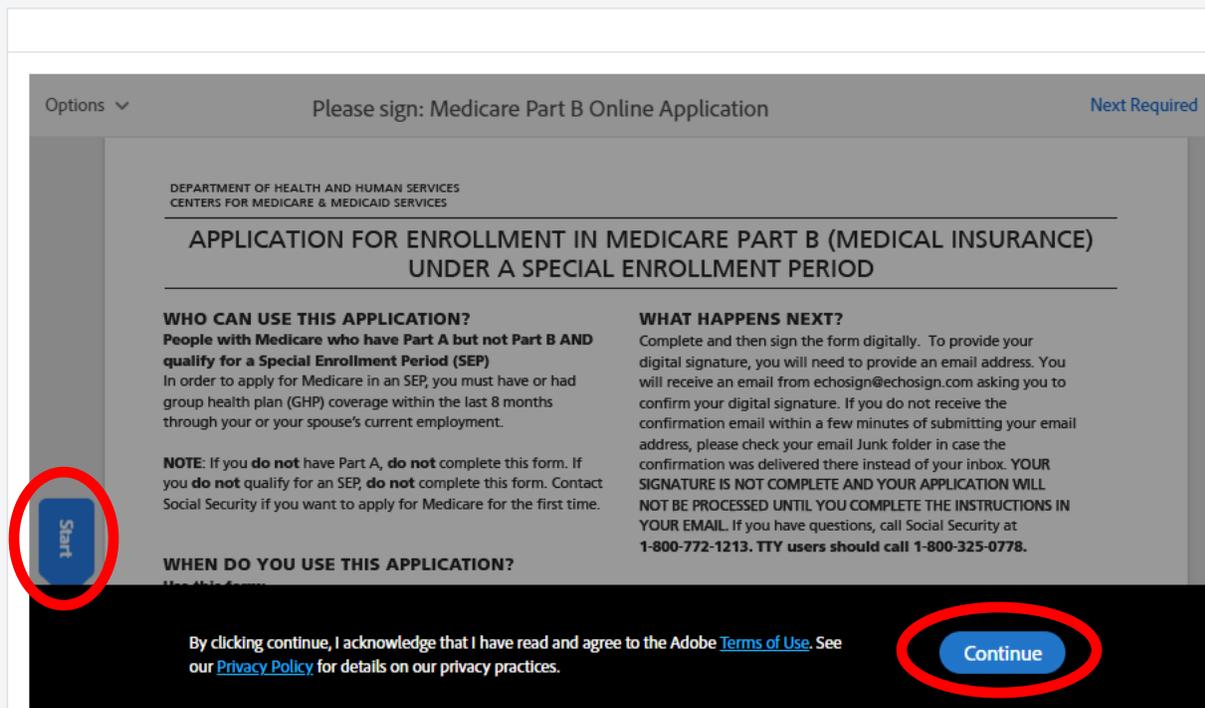
Information about Social Security's Online Policies

The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

* I understand and agree to the above statement 

5. You will need to agree to the terms of service by clicking “*Continue*”. Then click “*Start*” to begin.

Apply Online for Medicare Part B During a Special Enrollment Period



Options ▾ Please sign: Medicare Part B Online Application Next Required

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE) UNDER A SPECIAL ENROLLMENT PERIOD

WHO CAN USE THIS APPLICATION?
People with Medicare who have Part A but not Part B AND qualify for a Special Enrollment Period (SEP)
In order to apply for Medicare in an SEP, you must have or had group health plan (GHP) coverage within the last 8 months through your or your spouse's current employment.

NOTE: If you **do not** have Part A, **do not** complete this form. If you **do not** qualify for an SEP, **do not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

WHAT HAPPENS NEXT?
Complete and then sign the form digitally. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.** If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

WHEN DO YOU USE THIS APPLICATION?
Use this form:

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Start Continue

6. This will take you to page three (3) of the form. You only need to complete pages 3 and 4. You will be entering the same information from the two paper forms onto this application. Complete section A 1 through 7 from form CMS-40B. Be sure to enter your requested start date for Part B in the remarks. (i.e. I want Part B to start October 1, 2024). This date must be 1 - 3 months out.

Options ▾ Please sign: Medicare Part B Online Application Next Required 21

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

SECTION A: Applicant Info Your Medicare Number

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

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7. Continue to section B. This is the first half of the information you complete on form L564.

SECTION B: Employment Information
For questions regarding how to respond to any of these questions, see the 'Step by Step' instructions at the end of this document.

Your Employer's Name

1. Employer's Name

2. Employer's Address

City State Zip Code

3. Applicant's Name <input type="text"/>	4. Applicant's Social Security Number <input type="text"/>
5. Employee's Name <input type="text"/>	6. Employee's Social Security Number <input type="text"/>

8. Scroll to page 4, section C. This is the second half of the form L564

Options ▾ Please sign: Medicare Part B Online Application Next Required 5

CENTERS FOR MEDICARE & MEDICAID SERVICES

SECTION C: For Employer Group Health Plans ONLY

Complete this information to the best of your ability. Select yes or no if coverage has ended

1. Are or were you covered under an employer group health plan? Yes No

2. If yes, provide date coverage began. (mm/yyyy)

3. Has the coverage ended? Yes No

4. If yes, provide date coverage ended. (mm/yyyy)

5. When did you or your spouse work for the company?
From: (mm/yyyy) To: (mm/yyyy)

SECTION D: Employment Verification

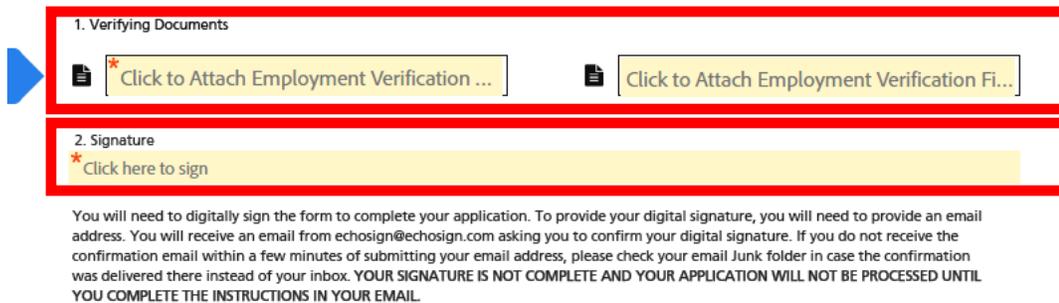
9. Section D is the last item on the application. This is where you can upload verifying documents. “Click here to Attach Employment Verification” to upload your completed and scanned form CMS-L564. If you had more than one employer providing group health insurance coverage since you turned 65, you’ll need to have multiple L564 forms from each employer to show that history, and upload them here. You can combine the multiple documents into one PDF if you have more than two. After uploading your L564, click in “Click here to sign”.

SECTION D: Employment Verification

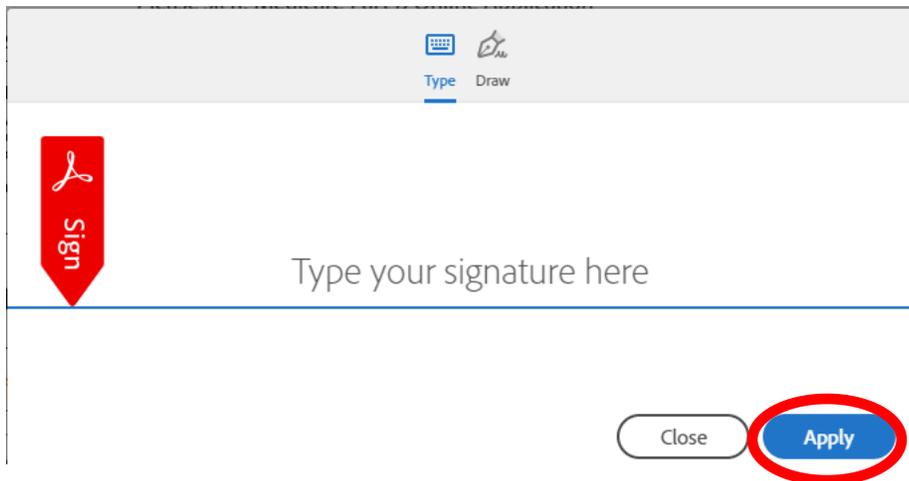
INSTRUCTIONS

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

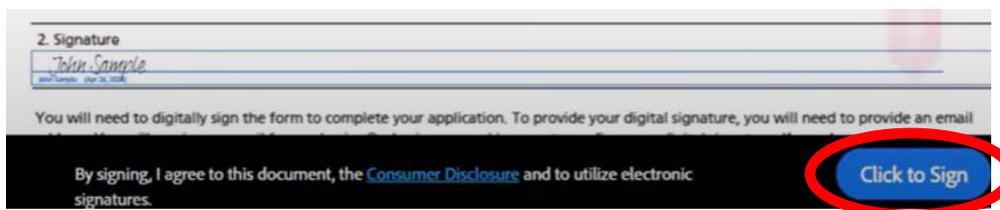
Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTF, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages



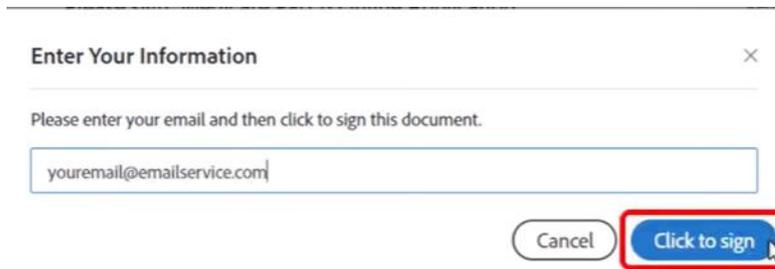
10. This will open an Adobe signature box. You can either type your name or draw your signature. Then click “Apply”.



11. Then click on “Click to Sign”



12. Next it will ask you enter an email address. Your email address is required for the final step of the process. Then press “Click to Sign”



13. After submitting the application, you will get an email from echosign@echosign.com

If you don't see it in a few minutes, check your spam or junk folder.

You MUST verify your intent to enroll by clicking the link “Confirm my email address” in the email you receive.

From: Adobe Sign <echosign@echosign.com>
To: youremail@emailservice.com
Subject: Please confirm your signature on Medicare Part B Online Application



You application for Part B will not be fully submitted until you complete this step.

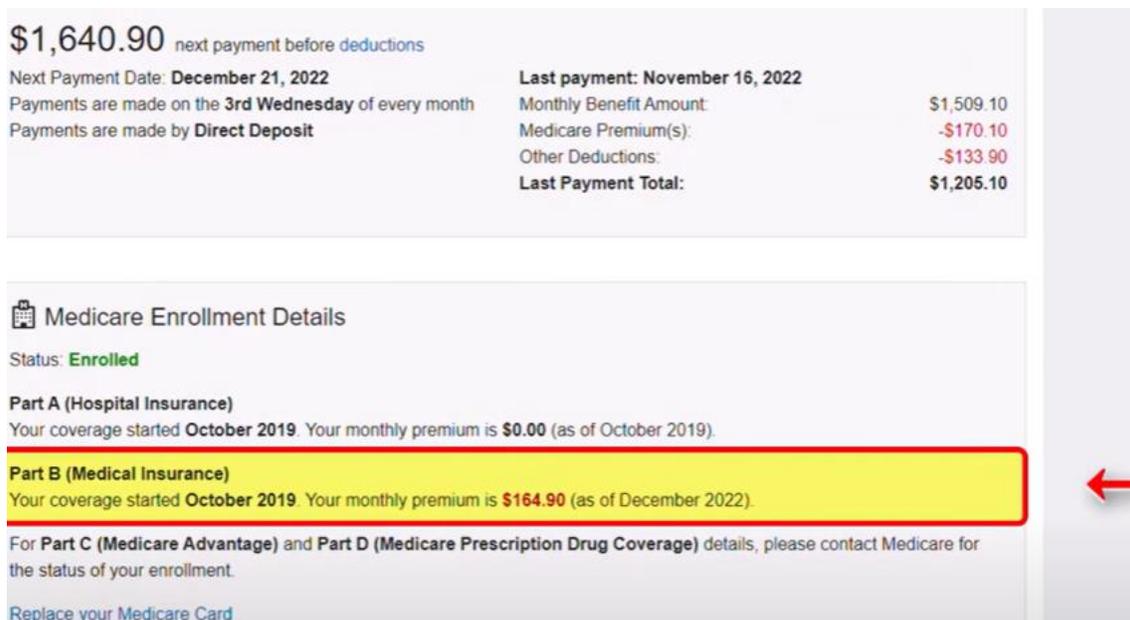
14. After confirming you email address, you will get another email from Social Security confirming your application. You will be able to download a copy of the application to save for your records.

From: Social Security Administration <adobesign@adobesign.com>
Date: February 13, 2024 at 4:57:25 PM EST
To: youremail@emailservice.com
Subject: Medicare Part B Online Application has been Signed and Filed
Reply-To: Social Security Administration <no-reply@ssa.gov>



15. Final Step

- Over the next several weeks, your application will be processed by the Social Security Administration.
- Depending on the timing of your request, Part B Medical Insurance could be approved in a matter of days OR could drag on for some time.
- To confirm your enrollment, continue to check your SSA account. It will show up in your SSA dashboard when approved and look something like the following:



\$1,640.90 next payment before deductions

Next Payment Date: **December 21, 2022**
Payments are made on the **3rd Wednesday** of every month
Payments are made by **Direct Deposit**

Last payment: November 16, 2022	
Monthly Benefit Amount:	\$1,509.10
Medicare Premium(s):	-\$170.10
Other Deductions:	-\$133.90
Last Payment Total:	\$1,205.10

Medicare Enrollment Details

Status: **Enrolled**

Part A (Hospital Insurance)
Your coverage started **October 2019**. Your monthly premium is **\$0.00** (as of October 2019).

Part B (Medical Insurance)
Your coverage started **October 2019**. Your monthly premium is **\$164.90** (as of December 2022).

For **Part C (Medicare Advantage)** and **Part D (Medicare Prescription Drug Coverage)** details, please contact Medicare for the status of your enrollment.

[Replace your Medicare Card](#)

And in your Benefit Verification Letter

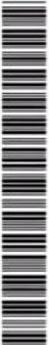
my Social Security Sign Out

Home Messages My Profile

Welcome,
You last signed in on April 26, 2022 at 8:27 PM ET.

- Your Social Security Statement
You can download your statement as a PDF or an XML file.
- Your Benefit Verification Letter**
This is your proof of income letter.
- Replace Your Social Security Card
- Replace Your Tax Form SSA-1099/SSA-1042S

The letter will look something like this:

  Social Security Administration
Benefit Verification Letter

Date: February 17, 2021
BNC#: 99X99X REF: A

0101BEV1C0G961C CCNMF72 BEVIC R210217

JOHN SMITH
9999 COUNTRY RD
HOMETOWN OH 45040

You asked us for information from your record. The information that you requested is shown below. If you want anyone else to have this information, you may send them this letter.

Information About Current Social Security Benefits

Beginning March 2021, the full monthly Social Security benefit before any deductions is \$2,474.10.

We deduct \$148.50 for medical insurance premiums each month.

Further down the page is the Medicare Information section. You will know everything has been approved when you see both Part A hospital insurance AND Part B medical insurance listed. Your Medicare number will also be listed.

Your Social Security benefits are paid on or about the third Wednesday of each month.

Type of Social Security Benefit Information

You are entitled to monthly retirement benefits.

Date of Birth Information

The date of birth shown on our records is February 14, 1955.

Medicare Information

You are entitled to hospital insurance under Medicare beginning February 2020.

You are entitled to medical insurance under Medicare beginning March 2021.

Your Medicare number is 1EG4TE5MK72. You may use this number to get medical services while waiting for your Medicare card.

If you any questions, please log into Medicare.gov, or call 1-800-MEDICARE (1-800-633-4227).

Congratulations on successfully enrolling in Medicare Part B! Here are some important next steps to consider:

Review Your Coverage Options: Original Medicare (Parts A and B) doesn't cover all medical expenses. To ensure comprehensive coverage, consider exploring:

- Medicare Advantage plans (Part C), which often include prescription drug coverage and additional benefits
- Medicare Supplement Insurance (Medigap) to help cover out-of-pocket costs
- Medicare Part D for prescription drug coverage if you're staying with Original Medicare

Mark Your Calendar: The Annual Enrollment Period (October 15 - December 7) is your yearly opportunity to review and change your Medicare coverage. Set a reminder to evaluate your needs each year.

Stay Informed: Medicare rules and coverage options can change. Stay updated on any modifications that might affect your coverage.

Get Expert Guidance: Medicare can be complex, and your needs may change over time. For personalized advice on selecting the right coverage to complement your Original Medicare, contact Lakes Health Insurance. Our Medicare specialists can help you navigate your options and find the best fit for your healthcare needs and budget.

Contact Lakes Health Insurance at **763.292.9837** to schedule a free consultation and ensure you have the comprehensive coverage you deserve. Remember, having the right Medicare coverage is crucial for your health and financial well-being. Don't hesitate to seek professional help in making these important decisions.