

## Introduction: How to Use Form [CMS-L564](#) for Medicare Enrollment After Age 65

If you or your spouse continued working and stayed on an employer-sponsored group health plan after turning 65, you may be eligible for a Special Enrollment Period (SEP) to sign up for Medicare Part B without facing late enrollment penalties. To take advantage of this SEP, you'll need to complete and submit Form CMS-40B (Application for Medicare Part B) along with Form CMS-L564 (Request for Employment Information). These forms confirm your employment status and your continuous health coverage through your employer or your spouse's employer.

Filling out these forms correctly is crucial to avoid delays in your Medicare coverage or potential penalties. Form CMS-L564 must be completed by both you and your employer to verify your group health coverage. This guide will walk you through each section of Form CMS-L564 and help ensure it is filled out properly before submitting it to your local Social Security office.

Failure to submit these forms on time, either while still covered by your employer's health plan or within eight months of leaving employment, could result in a late enrollment penalty, which increases your monthly premium for Medicare Part B. This guide will help you avoid those issues and smoothly transition into Medicare.

You can access the form at <https://www.cms.gov/cms-l564-request-employment-information>

Again, you need to submit both Form **40B** and Form **L564** to your local SSA office to apply for Medicare Part B in this scenario.

Both forms can be downloaded from [ssa.gov/forms](https://ssa.gov/forms). **L564** is the request for employment information.

There are two sections: Section A – to be completed by you, and Section B, to be completed by the employer.

[Section A](#)

[Section B](#)

[Common pitfalls in completing this form](#)

# SECTION A

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

Form Approved  
OMB No. 0938-0787

## REQUEST FOR EMPLOYMENT INFORMATION

### SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

|                       |  |                      |
|-----------------------|--|----------------------|
| 1. Employer's Name    | 2. Date  |                      |
| <input type="text"/>  | <input type="text"/> / <input type="text"/> / <input type="text"/> |                      |
| 3. Employer's Address |  |                      |
| <input type="text"/>  |  |                      |
| City                  | State  | Zip Code             |
| <input type="text"/>  | <input type="text"/>   | <input type="text"/> |
| 4. Applicant's Name   | 5. Applicant's Social Security Number                              |                      |
| <input type="text"/>  | <input type="text"/> - <input type="text"/> - <input type="text"/> |                      |
| 6. Employee's Name    | 7. Employee's Social Security Number                               |                      |
| <input type="text"/>  | <input type="text"/> - <input type="text"/> - <input type="text"/> |                      |

### SECTION B: To be completed by Employers

Section A is for you to fill out, the person signing up for Medicare Part B. We commonly see the employer fill this out for the applicant, but you can complete section A before or after you get it back from the employer.

1. Enter your employer's name
2. Enter the date Section A is completed.
3. Enter the employer's address.
4. Enter the applicant's name. This is the person who is applying for Medicare.
5. Enter the applicant's Social Security number.
6. Enter the employee's name. This could very well be the same person listed in #4. This would be the case if you are both the Medicare applicant and the employee whose employment the insurance is based on. You should duplicate the information and numbers four and five for numbers six and seven. However, if the applicant is the spouse who is a dependent on the insurance, then the applicant's name and the employee's name will be different, as well as the Social Security numbers.
7. Enter the employee's Social Security number.

**Be extra careful to get the applicant and employee names correct.**

**Note:** you need one form for each person enrolling in Part B, so if it's a married couple signing up at the same time, both need a completed form L564. Even if one spouse is not working, the non-working spouse's coverage is through the working spouse's employment. Social Security needs to verify the insurance coverage dates for each person.

# SECTION B

## SECTION B: To be completed by Employers

### For Employer Group Health Plans ONLY:

|   |   |   |
|---|---|---|
| 1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No                          |   |   |
| 2. If yes, give the date the applicant's coverage began. (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div>      |   |   |
| 3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No   |   |   |
| 4. If yes, give the date the coverage ended. (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div>                  |   |   |
| 5. When did the employee work for your company?   |   |   |
| From: (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div>   | To: (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div> | Still Employed: (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div> |
| 6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer. |   |   |
| From: (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div>   | To: (mm/yyyy)<br><div><div></div><div></div> / <div></div><div></div><div></div><div></div></div> |   |

### This part of the form is completed by the employer.

1. It should be marked "Yes" otherwise, this form won't work.
2. The question says to give the date the applicant's coverage began. What they are really asking for is **the original insurance coverage start date through the employer**. SSA is looking for the month and year that the applicant started health insurance through the employer originally, not when health insurance coverage started this calendar year.
  - a. **Note:** If you've had group health insurance through multiple employers since turning 65, you'll need a form L564 for each employer. As long as the dates go back to at least when the applicant turns 65 and there isn't a gap in coverage of more than eight months, you won't have any penalties.
3. Has health insurance coverage ended as of the date this form is filled out? If it already has ended, then answer "Yes". If Coverage has not ended, answer "No" and Skip to #5.
4. If you answer "Yes" on #3, enter the date coverage ended; otherwise, leave it blank.
5. Only two of the dates of the dates will be filled out here, not all three.

**From:** Enter the date the employee started working for the employer.

**To:** If the employee has already separated service, then enter the month, and year the employee left. If the employee is still employed, leave this date blank.

**Still Employed:** If the employee is still working there as of the date the form is filled out, enter the current month and year. Otherwise, leave it blank.

6. It is very rare, so we'll skip it and leave it blank.

**For Hours Bank Arrangements ONLY:**

1. Is (or was) the applicant covered under an Hours Bank Arrangement? ☐ Yes ☐ No

2. If yes, does the applicant have hours remaining in reserve? ☐ Yes ☐ No

3. Date reserve hours ended or will be used? (mm/yyyy)

|  |  |   |  |  |  |  |  |
|--|--|---|--|--|--|--|--|
|  |  | / |  |  |  |  |  |
|--|--|---|--|--|--|--|--|

7. For Hours Bank Arrangement Section is even rarer. Leave this blank.

**All Employers:**

|                               |              |
|-------------------------------|--------------|
| Signature of Company Official | Date Signed  |
|                               |              |
| Title of Company Official     | Phone Number |
|                               | ( ) -        |

8. Enter the name/signature of the employer representative who filled out the form.

9. Enter the date the form is signed by the employer representative.

10. Enter the Title of the employer representative.

11. Enter the Phone Number of the employer representative.

You can now combine it with your already completed Form 40B to officially enroll in Medicare Part B without a penalty when coming off an employer group health plan. Once you have completed 40B and L564 forms, be a walk-in at your local SSA office and submit the two forms to get Part B for your desired start date. Do this in the three months before the date you want to start Part B.

As mentioned above, **If you've had group health insurance through multiple employers since turning 65**, you'll need a separate Form CMS-L564 from each employer to verify continuous coverage. It's important that the dates from each employer show no gaps in your health insurance coverage longer than 8 months. For example, if you switched jobs after turning 65, make sure that the end date of coverage from your first employer and the start date of coverage with your second employer align to reflect continuous coverage. If there's a gap of more than 8 months, you could be subject to a late enrollment penalty for Medicare Part B.

# Common Pitfalls When Completing Form CMS-L564

When filling out Form CMS-L564, it's important to be mindful of common mistakes that could delay your Medicare Part B enrollment or result in errors that might lead to penalties. Here are some common pitfalls to watch out for:

## 1. **Incorrect Dates for Health Coverage Start and End**

One of the most frequent mistakes occurs when filling out the health coverage dates in Section B. Make sure the employer enters the **original start date** of your group health coverage through their plan, not the date for your most recent renewal or plan year. If health coverage has already ended, be sure to accurately enter the date it ended, or leave this field blank if it is still active.

## 2. **Mixing Up Applicant and Employee Information**

In cases where the person applying for Medicare (the applicant) is not the same person whose employment provided the group health insurance (the employee), it's essential to keep these names and Social Security numbers straight. Double-check that the applicant's and employee's information is entered correctly in Sections A and B to avoid confusion and processing delays.

## 3. **Not Submitting a Separate Form for Each Spouse**

If you and your spouse are both applying for Medicare Part B, even if one spouse was not employed, each of you needs to submit a separate Form CMS-L564. Social Security needs to verify employment and health coverage details for both of you individually, even if the non-working spouse is covered under the working spouse's plan.

## 4. **Failure to Get the Employer's Section Completed Correctly**

Employers sometimes make mistakes when filling out their portion of the form, especially in Section B. Make sure that the person completing the form understands that they need to provide the start date of health coverage (not just the current year's date) and ensure they don't leave required fields blank. It's a good idea to review the form once it's completed by the employer to catch any potential errors before submission.

## 5. **Not Accounting for Multiple Employers**

If you've worked for multiple employers since turning 65, you'll need a Form CMS-L564 from **each** employer. Each form must accurately reflect your continuous coverage history to avoid any gaps that could result in penalties. Be sure to gather these forms well before your 8-month Special Enrollment Period expires.

## 6. **Submitting the Forms Too Late**

Timing is critical. You must submit both Form CMS-40B and Form CMS-L564 either while you're still covered by your employer's plan or within **8 months** of leaving employment. Submitting the forms after this period may result in a late enrollment penalty, which increases your Medicare Part B premium for life.

By avoiding these common pitfalls, you can help ensure a smooth and timely enrollment into Medicare Part B without unnecessary complications.