

Signing up for Medicare at 65 years of age

This step-by-step guide is designed for individuals approaching their 65th birthday who need to enroll in Medicare. This guide is specifically designed for online enrollment. If you're not already receiving Social Security benefits, you'll need to actively sign up for Medicare. This process typically begins 3 months before the month of your 65th birthday.

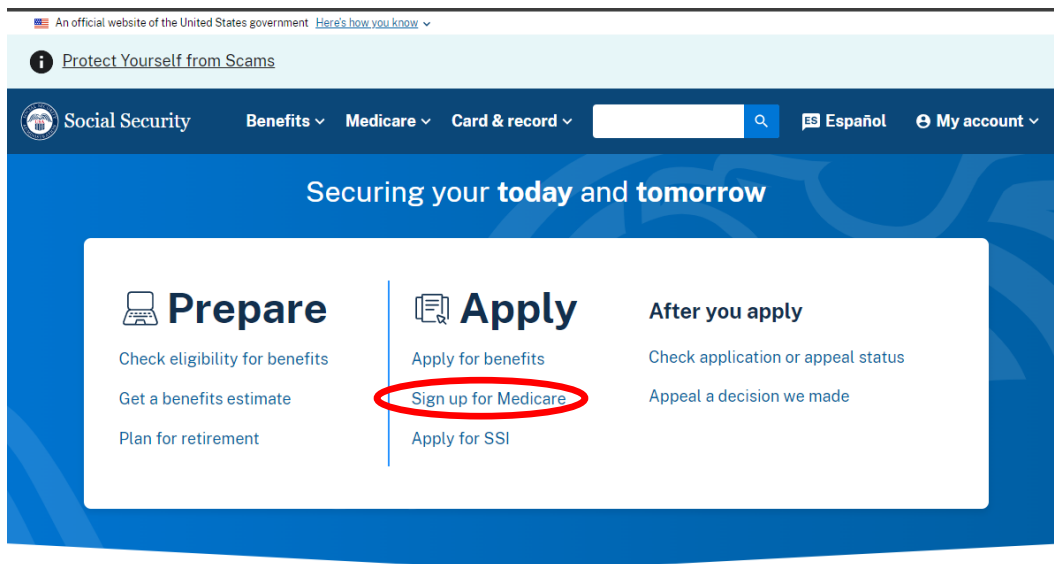
Important points to remember:

- If you're already receiving Social Security benefits, you'll be automatically enrolled in Medicare Parts A & B. *You don't need to follow this guide.*
- If you're still working and covered by a qualifying employer group health plan (either your own or your spouse's), you may choose to delay enrolling in Part B without penalty.
- You'll need a **my Social Security** online account to complete this process. If you don't have one, you'll need to create it before starting.

Before you begin:

- If you're already receiving Social Security benefits, ***you'll automatically be enrolled*** in Medicare Parts A & B. *You don't need to enroll online.*
- If you're NOT receiving Social Security benefits, you need to have a **my Social Security** online account to submit a Medicare Application.
 - If you don't have a **my Social Security** account, you will need to create an account. [How to create a my Social Security account.](#)

1. Go to SSA.Gov and Click on "Sign up for Medicare"



Manage benefits & information



Documents


- Get benefit verification letter
- Get tax form (1099/1042S)



Number & card

- Replace card
- Request number for the first time


2. If this is your initial enrollment, select 1) “*Apply online*” in the Sign up for Medicare box.




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.

1) 



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.



Sign up for other parts of Medicare

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

3. You'll need to agree to their Terms of Service to continue. Click "*I Understand*" and then "Next"



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

Apply for Benefits

Benefits Application Terms of Service

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.

☐ I understand and agree to the above statements. 

Information about Social Security's Online Policies
We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our [Internet Privacy Policy](#) explains our online information practices.

Next Exit

4. Start or resume your application

You can now start the application process or resume a saved application. Click on “*Start a New Application*”.

Apply for Benefits

OMB No. 0960-0618
Paperwork Reduction Act

Please Note:

We will ask you to create or sign in to your my Social Security account when you start the application. You will receive an additional Terms of Service if you need to create an account.

Apply Online for Retirement/Medicare Benefits

Getting Ready

Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for Retirement/Medicare;

2. Gather all of the information you need to complete the application process.

Apply & Complete

After signing in to your my Social Security account, applying for Retirement/Medicare may take between 10 to 30 minutes to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

Start a New Application

Return to Saved Application Process

Follow Up

Once you have submitted your application, a representative may contact you with updates or questions about your application. You may check the status of your online application by signing in to my Social Security.

Video Introduction

Helpful hints for applying online

1 minute

More Information

When to Start Receiving Retirement Benefits

Other Ways To Apply for Benefits

Your Right to Representation

Information in Other Languages

Your privacy is important.


For details about our use of your information, we encourage you to read our Privacy Act Statement.

5. You are applying for yourself, and you should have a **my Social Security** account.

Apply for Benefits

Who Is Completing This Application?

Tell us information about the person completing this application:

☒ I am applying for myself. 

☐ I am helping someone who is not with me, and therefore cannot sign the application at this time.

Do you have a *my* Social Security account?

☒ Yes ☐ No

[Next](#) [Previous](#)

6. Sign in with your LOGIN.GOV

Create an Account or Sign In



You only need one Login.gov or ID.me account.

If you already have a Login.gov or ID.me account, do not create a new one for Social Security services.

[Create an account with Login.gov](#)

Sign in with  LOGIN.GOV

Sign in with ID.me

Sign in with Social Security Username

For accounts created **before** September 18, 2021

[? Don't know which option to sign in with?](#)

[External Site Disclaimer](#)



SSA is using Login.gov to allow you
to sign in to your account safely
and securely.

Sign in

Create an account

Sign in for existing users

Email address

Password

☐ Show password

Sign in

7. Enter the code from your authentication application or MFA text, then press “*Submit*”

Enter your authentication app code

One-time code
Example: 123456

☐ Remember this browser

Submit

8. This section will have some of the information prefilled for you, select your gender, are you blind, and illness information (Most people will select N), then click “*Next*”.

Information About Applicant

Your Name:

Please provide the name as it appears on the most recent Social Security card.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
First	Middle	Last	Suffix

Social Security Number (SSN):

Date of Birth:

Gender:

☐ Male ☐ Female

Are you blind or do you have low vision even with glasses or contacts?

☐ Yes ☐ No

During the last 14 months, have you been unable to work because of illnesses, injuries or conditions that have lasted or are expected to last at least 12 months or can be expected to result in death? [More Info](#)

☐ Yes ☐ No

Next

[Exit](#)

9. Then you will enter your contact information

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Contact Information

Mailing Address:

Country:
United States or U.S. Territory ▼

Street Address:

Street Line 1:

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

City/Town: **State/Territory:** ▼ **ZIP Code:**

Do you live at this address?
☒ Yes ☐ No

Daytime Phone Number:
☒ U.S. ☐ International

Mobile ▼
10-digit Number Phone Type

What is the best time to call?
☐ 9 a.m. to Noon ☐ Noon to 5 p.m. ☒ Anytime between 9 a.m. and 5 p.m.

Email Address:
We will send an acknowledgement to this address.

Confirm Email Address:
Please retype to confirm your email address.

Language Preferences

Language preferred for speaking:
English ▼

Language preferred for reading:
English ▼

Next Previous

10. Then enter where you were born and your Citizenship status

The screenshot shows the 'Apply for Benefits' form with the 'Identification' tab selected. The section is titled 'Birth and Citizenship Information'. It includes a 'Place of Birth' section with a 'More Info' link, a text prompt 'Provide place of birth as it was known at the time of your birth.', and two radio buttons: 'United States or U.S. Territory' (selected) and 'Other'. Below these are input fields for 'City/Town' and 'State/Territory'. The 'Are you a U.S. citizen?' section has a 'More Info' link and two radio buttons: 'Yes' and 'No'. At the bottom, the 'Next' button is circled in red, and the 'Previous' button is visible.

11. **Medicare Information.** This question is asking if you want to apply for Medicare only or for both Medicare and Social Security benefits:

- Select “**YES**” if you want to apply for **Medicare only**
- Select “**NO**” if you want to apply for both **Medicare and Social Security benefits**

The screenshot shows the 'Apply for Benefits' form with the 'Identification' tab selected. The section is titled 'Medicare Information'. It includes a question 'Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits?' with a 'Things to Consider' link and two radio buttons: 'Yes' (selected) and 'No'. Below this is another question 'Are you already enrolled in Medicare under a Social Security Number other than your own?' with a 'More Info' link and two radio buttons: 'Yes' and 'No' (selected). At the bottom, the 'Next' button is circled in red, and the 'Previous' button is visible.

12. At this point, the system will generate a re-entry number for you. Make note of this Number. You will need it if you want to save it and exit it before completing the application. This was the other option in #4 above on page 3, **Start or resume your application**.

Apply for Benefits


[Identification](#) [General](#) [Other Benefits](#) [Remarks & Options](#) [Review & Sign](#)

i You must print this page or write down the re-entry number.

Re-entry Number: **12345678**

If something causes you to exit or you choose to save and return at a later time, you must use this number to continue your saved application process.

If you lose your re-entry number, sign in to your *my* Social Security account, or register for an account, to view your re-entry number. Social Security employees will never ask for your re-entry number, or will have access to it. This is to protect your privacy.

 [Print this page](#)

Things you should know about your application

We may use xx/xx/xxxx as the official date of your application for Medicare coverage. In order to use xx/xx/xxxx, we must receive the signed application by xx/xx/xxxx or you may lose Medicare coverage.

If any of these dates fall on weekend or federal holiday, we must receive the signed application by the following business day.

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

13. This question specifically asks about Medicare Part B enrollment. It assumes you will be enrolled in Part A, which is premium-free for most people. Your answer here determines whether you'll enroll in both Part A and Part B or just Part A:

- Select **"Yes"** if you want to enroll in both Medicare Part A and Part B.
- Select **"No"** if you only want to enroll in Part A at this time.

Important: Select **"No"** if you plan to delay Part B enrollment because you have creditable coverage through your own or your spouse's current employer group health plan. This allows you to avoid paying premiums for Part B when you don't need it yet. You'll be able to enroll in Part B later without penalty when you lose this coverage or stop working, whichever comes first.

Remember: If you don't have creditable coverage and choose not to enroll in Part B now, you may face a late enrollment penalty and have limited enrollment periods in the future.

The screenshot shows a web form titled "Apply for Benefits". At the top, there are five tabs: "Identification" (with a green checkmark), "General", "Other Benefits", "Remarks & Options", and "Review & Sign". Below the tabs, there are two main sections. The first section is titled "Medicare Coverage" and contains the question "Do you want to enroll in Medicare Part B?" with a "More Info" link. Below the question are two radio buttons: "Yes" (which is selected) and "No". The second section is titled "Other Health Insurance Coverage" and contains the question "Are you receiving Medicaid (state health insurance)?" with a "More Info" link. Below the question are two radio buttons: "Yes" and "No". At the bottom of the form, there are three buttons: "Next" (highlighted with a red box and a mouse cursor), "Previous", and "Save & Exit".

14. Indicate whether you are covered under a Group Health Plan. It's really asking do you have group health insurance through **current employment**. If you have COBRA, marketplace / ACA plan, or retiree coverage, answer No.

The screenshot shows a web form titled "Apply for Benefits". At the top, there are five tabs: "Identification" (with a green checkmark), "General", "Other Benefits", "Remarks & Options", and "Review & Sign". Below the tabs is a section titled "Group Health Plan Information". Inside this section, the question "Are you covered under a Group Health Plan?" is followed by a blue question mark icon and a link "More Info". Below the question are two radio buttons: "Yes" and "No". To the right of the question, there is a vertical sidebar with a blue "In" button and a green checkmark. At the bottom of the form, there are three buttons: "Next" (in blue), "Previous", and "Save & Exit".

Note: COBRA, marketplace/ACA plans and retiree coverage are not considered group health plans based on current employment for this question

15. If you answer “**Yes**”, answer the remaining questions will be about that coverage. Don’t agonize over the dates as it really won’t matter. Do your best to enter dates that make sense. If you are still employed, be sure to click the box for “*Employment has not ended*” and “*Health insurance has not ended*”. If your employment and coverage have ended, enter the date that it ended.

Are you covered under a Group Health Plan? [More Info](#)
☒ Yes ☐ No

Are you covered under a Group Health Plan through your own current employment?
☒ Yes ☐ No

Employment Information

The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)
Month Day Year

What date did employment end? [More Info](#)
Month Day Year

☐ Employment has not ended

Health Insurance Information

What date did health insurance start? [More Info](#)
Month Year

What date did health insurance end? [More Info](#)
Month Year

☐ Health insurance has not ended

Next Previous Save & Exit

16. This final page gives you the ability to enter a brief note to Social Security. If you are enrolling during your initial enrollment period (IEP), the seven (7) months surrounding your 65th birthday, you really don't need to enter anything. However, if you are enrolling after your IEP, it's a good idea to add a note about when you want your Part B to start. If you don't, Social Security may not know when you plan to start receiving benefits. For example, if you're enrolling for the first time at age 67, make a note of the date you want Part B to start. It should always start with the first of the month.

Apply for Benefits

Identification General Other Benefits Remarks & Options Review & Sign

Remarks

Please provide any additional information or remarks you want to send with this application:
If you estimated any dates, places, or amounts, please explain. There is a limit of 750 characters (about 15 lines).

Characters remaining: 750

Next Previous Save & Exit

17. You are now presented with a summary page that will allow you to make any edits necessary if you see any mistakes.

Review Information

If you need to make any changes, please select the "Edit" button to return to that page.

Identification

Edit Applicant Identification

Name:
Social Security Number:
Date of Birth:
Gender:
Blind or low vision:
Disabled:

Applicant's Contact Information

Edit Applicant's Contact Information

Contact Information
Mailing Address:
Reside at this address:
Phone:
Best time to call:

18. Under the electronic signature Agreement, click the “*I agree with the electronic signature*” agreement and then click the “*Submit now*” button.

Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

☒ I agree with the Electronic Signature Agreement above.

You will no longer be able to change this information once you continue.

When you select “**Submit Now**” below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Submit Now Previous Save & Exit

19. You will be presented with a confirmation page. This is your only opportunity to print or print to PDF the confirmation. To do so, click on “*View & Print Your Receipt.*” We strongly encourage you to print this page. Once you have printed your Receipt, click “*Done*”.

Apply for Benefits

Thank you for applying for Medicare online.

Your Confirmation Number is: **12345678**

You can check the status of your application online by signing in to or creating a *my* Social Security account.

We will contact you with any updates or questions we may have about your information.

View & Print Your Receipt

We recommend that you keep a copy for your records.

Useful Links **Contact Us**

- Reporting Responsibilities: What Needs to be Reported
- Frequently Asked Questions - Internet Benefit Claim
- Social Security Online: What You Can Do Online
- Voluntary Tax Withholding
- Help With Prescriptions
- Health Care Information

Done

20. Almost immediately after you submit the application, you'll receive an email from Social Security confirming your application. This is pretty generic and won't mention Medicare at all.

From: DoNotReply@ssa.gov <DoNotReply@ssa.gov>
Sent: ***
To: ***
Subject: Social Security Online Application

Thank you for filing your Social Security application online. Our Social Security Office in KANSAS CITY, MO received your claim and will be working with you to process it. Our goal is to process all applications efficiently.

A representative may call you for more information at the phone number you provided on your application. Please be aware that our representative may call you outside normal business hours, such as on a weekend or during the evening. If we are unable to reach you by phone, we may also contact you by e-mail or U.S. mail.

You should receive a letter in the mail within 30 days with a decision or to request additional information. If you have a future month of entitlement, you should receive a letter in the mail approximately thirty days before your benefits should start. Also, you can check the status of your application at [Status of your application](#) or you may call us at (877) 772-4309 with questions. Please wait five days from the time that you filed before checking the status online.

If you have not done so already, please log onto [my Social Security](#) for quick and easy access to many of our services.

This email is automatically generated from a general email box. Please do not reply to this email.

This message was sent from an automated, unattended mailbox. Do not reply directly to this message.

21. **Congratulations! You have successfully completed the application process.** If there are no issues with your application, you will receive a letter from Social Security in 2 to 4 weeks. Once you get approved, you'll get your Medicare card a few weeks after that. Typically, you'll receive your Medicare card 4 – 6 weeks after submitting your application.

22. Next Steps:

Once you receive your Medicare card, review it carefully to ensure all information is correct. Consider your coverage options. Original Medicare (Part A and B) doesn't cover all medical expenses, so you may want to explore:

- 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
 - If you delayed Part B enrollment due to other coverage, make sure to enroll when that coverage ends to avoid penalties.
 - Mark your calendar for the Annual Enrollment Period (October 15 - December 7), when you can review and change your Medicare coverage each year.

Remember, Medicare can be complex, and your needs may change over time. Don't hesitate to seek help from Lakes Health Insurance or your local State Health Insurance Assistance Program (SHIP) for personalized advice and support.