

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>

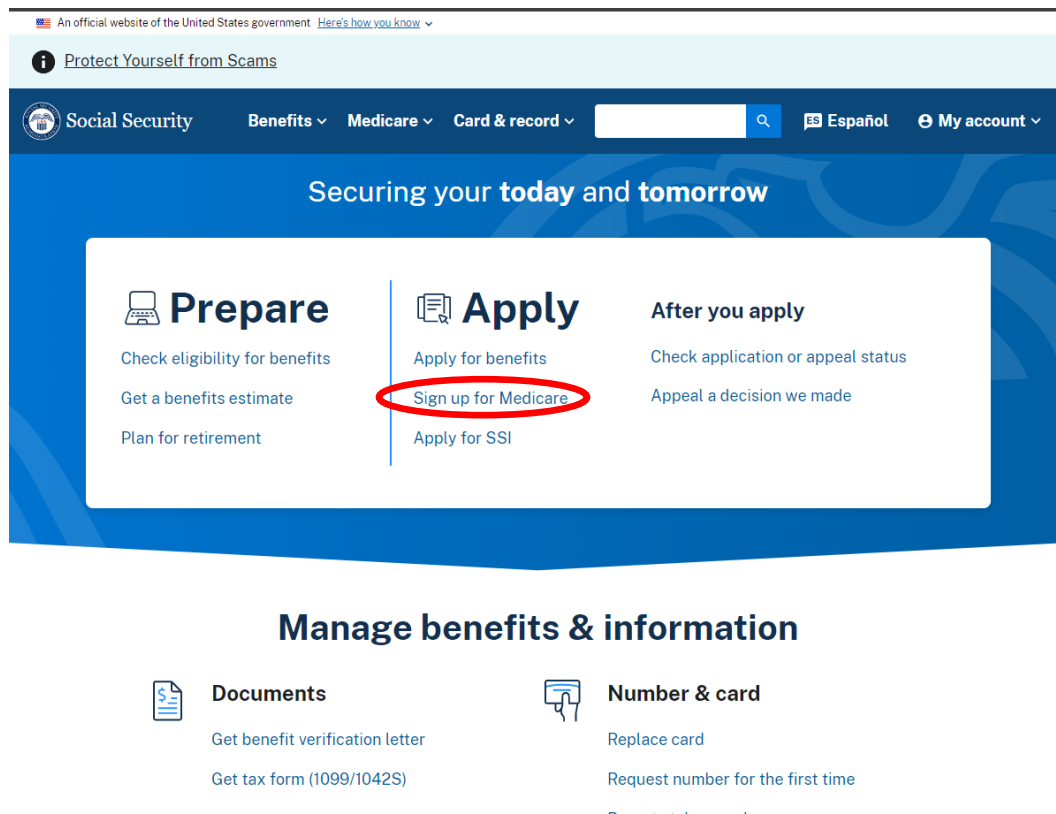
[CMS-L564](https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf) - <https://www.cms.gov/medicare/cms-forms/cms-forms/downloads/cms-l564e.pdf>

You can submit these completed forms at:

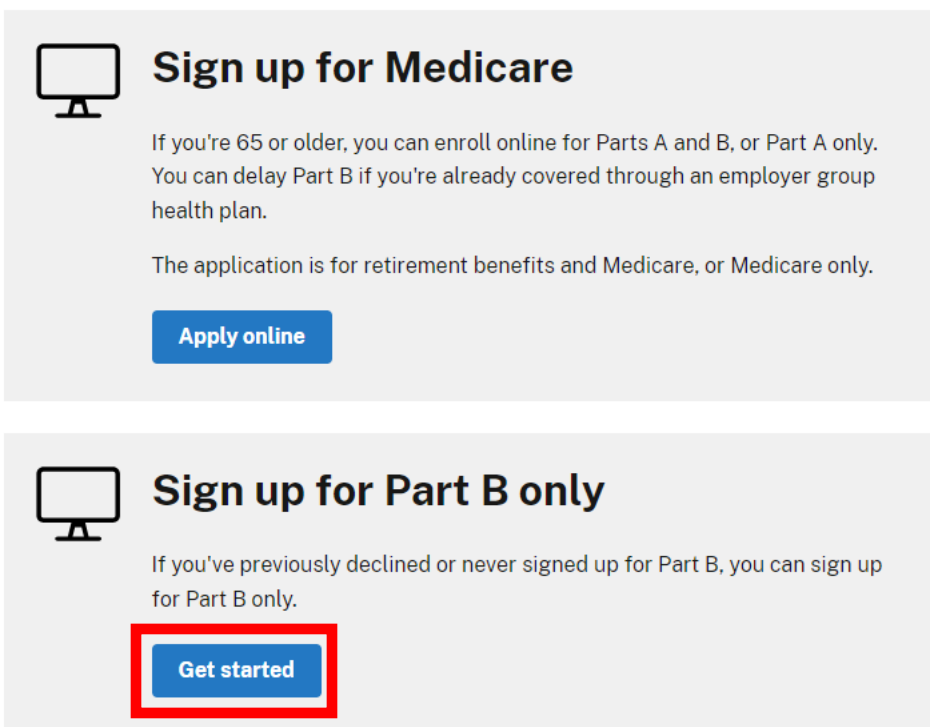
ssa.gov/medicare-partb-sep

Or

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



2. Select “Get started” 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. 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.](#)



Submit an application

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.

Start application

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

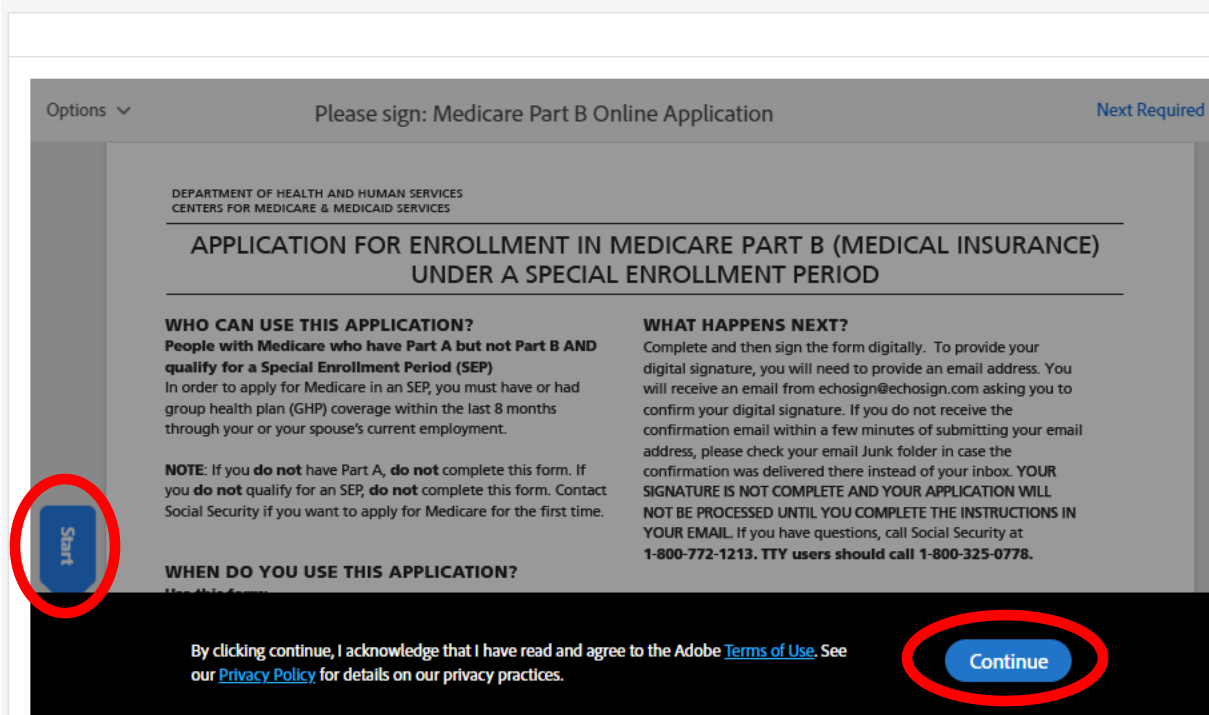
The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

☐ *** 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



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 * 4. Applicant's Social Security Number *

5. Employee's Name * 6. Employee's Social Security Number *

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, HTML, or HTML file types. Attachments are limited to 5 MB and 25 Pages

1. Verifying Documents

Click to Attach Employment Verification ...

Click to Attach Employment Verification Fi...

2. Signature

Click here to sign

You will need to digitally sign the form to complete your application. 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.

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

Type your signature here

Close Apply

11. Then click on “Click to Sign”

2. Signature


John Sample

You will need to digitally sign the form to complete your application. To provide your digital signature, you will need to provide an email address.

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

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”

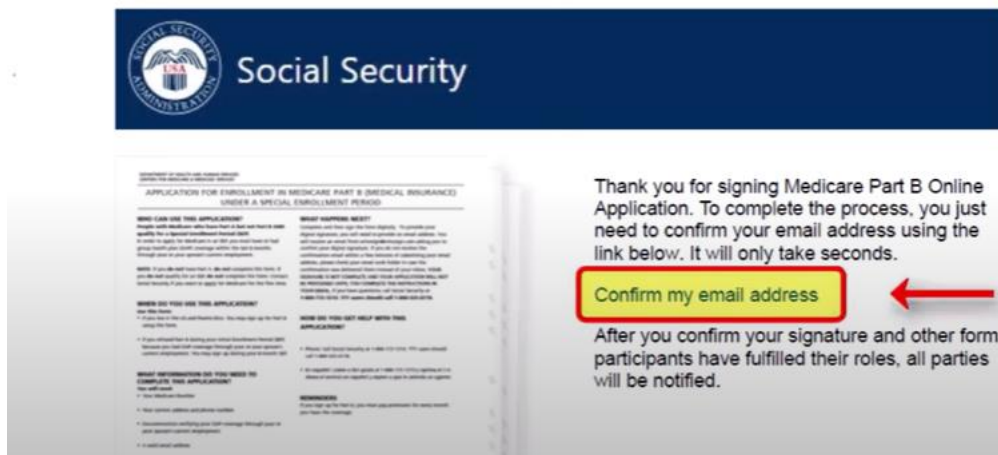


13. After submitting the application, you will get an email from echosign@echosign.com

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**

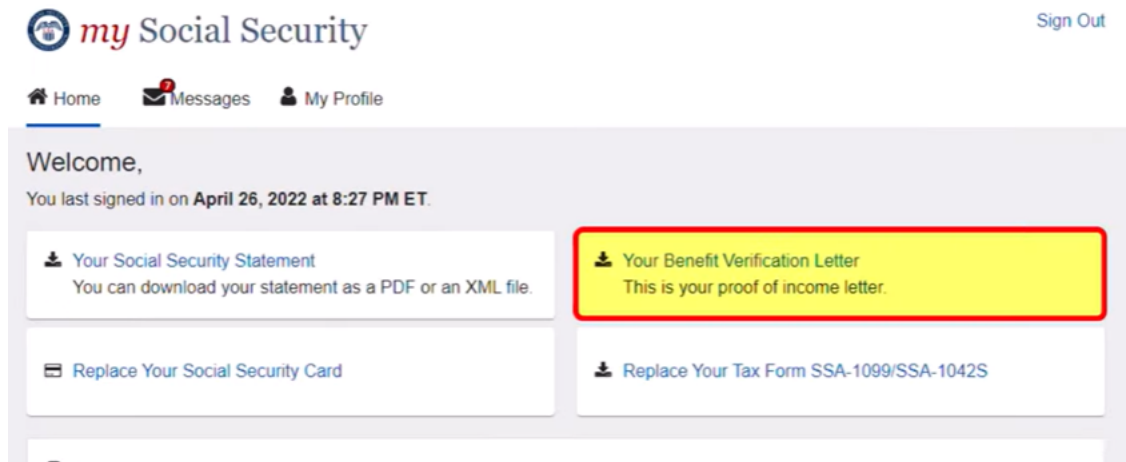
Part A (Hospital Insurance)
Your coverage started **October 2019**. Your monthly premium is **\$0.00** (as of October 2019).

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

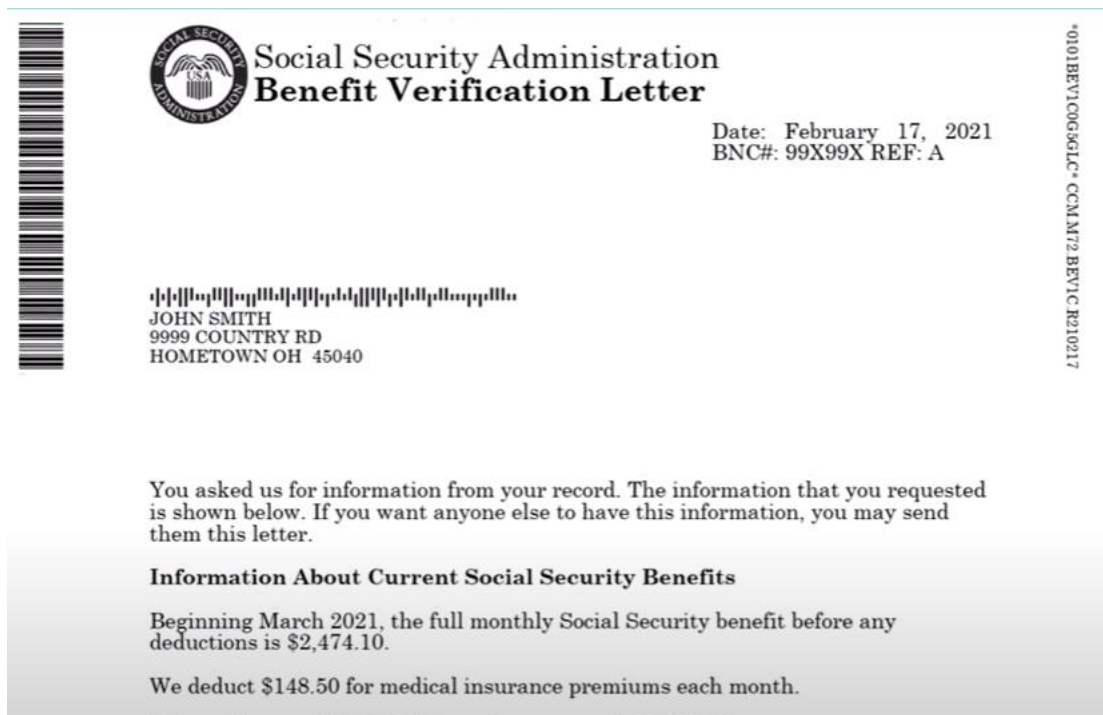
For **Part C (Medicare Advantage)** and **Part D (Medicare Prescription Drug Coverage)** details, please contact Medicare for the status of your enrollment.

[Replace your Medicare Card](#)

And in your Benefit Verification Letter



The letter will look something like this:



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.