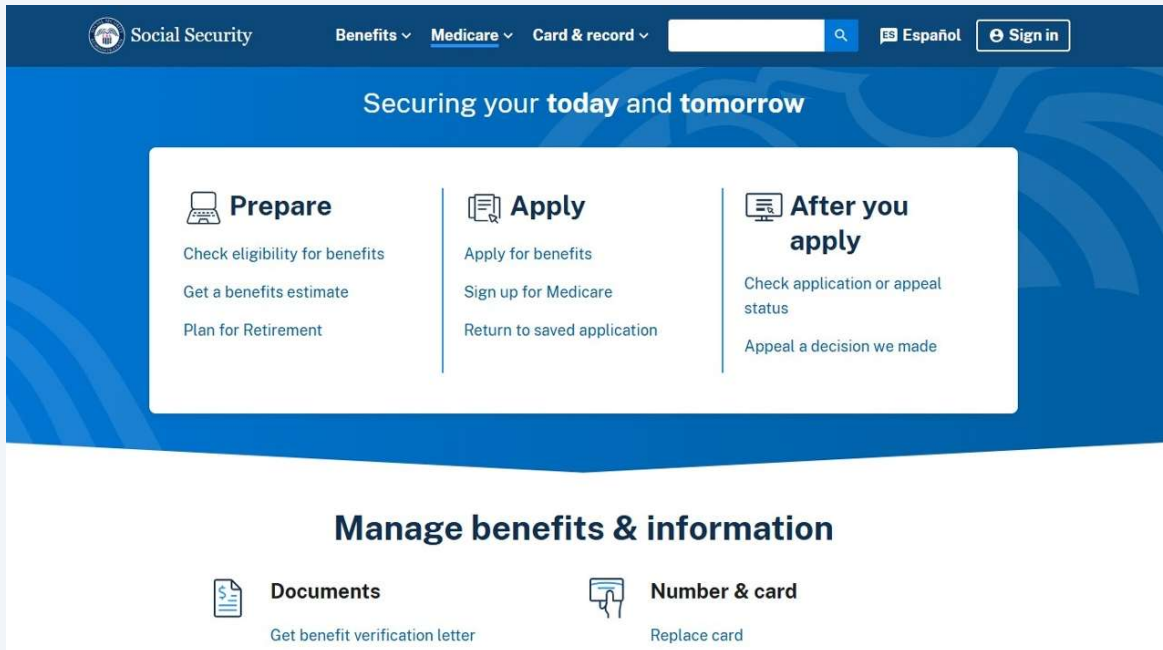
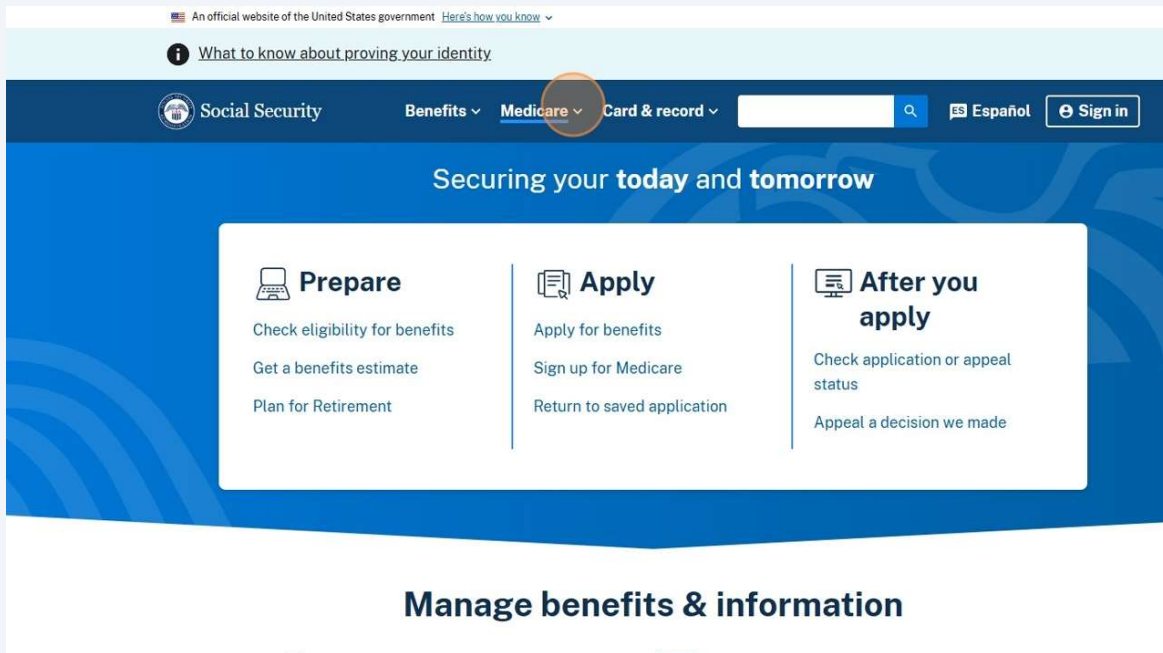


How to Sign Up for Medicare Online

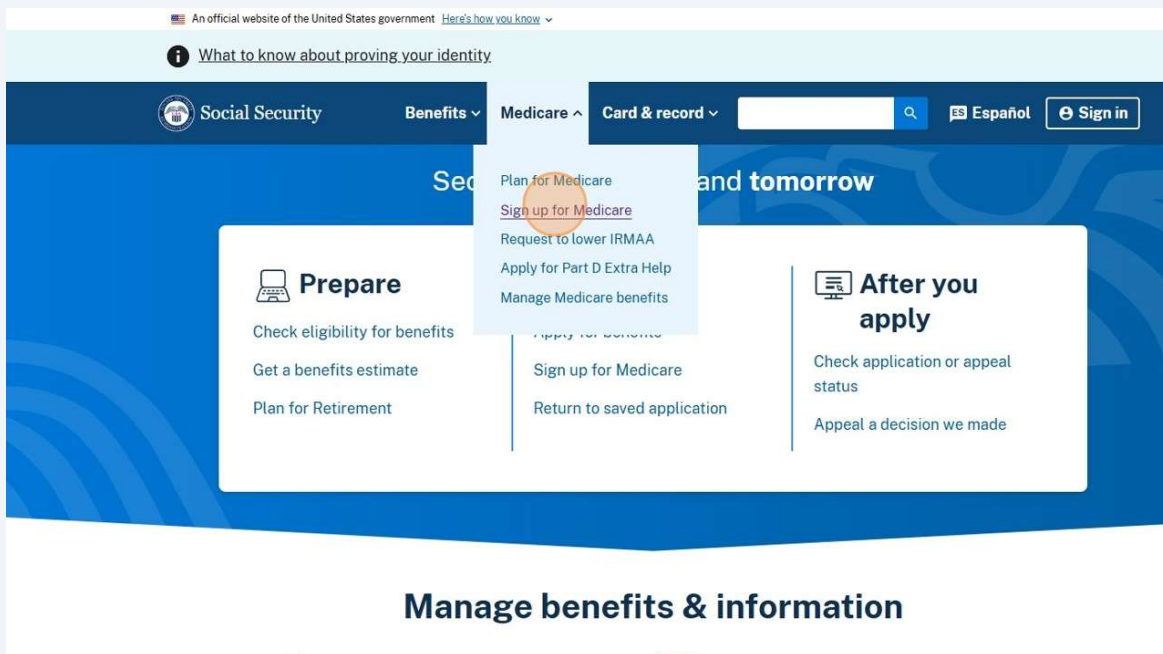
1 Navigate to <https://www.ssa.gov/medicare/sign-up>



2 Click "Medicare"

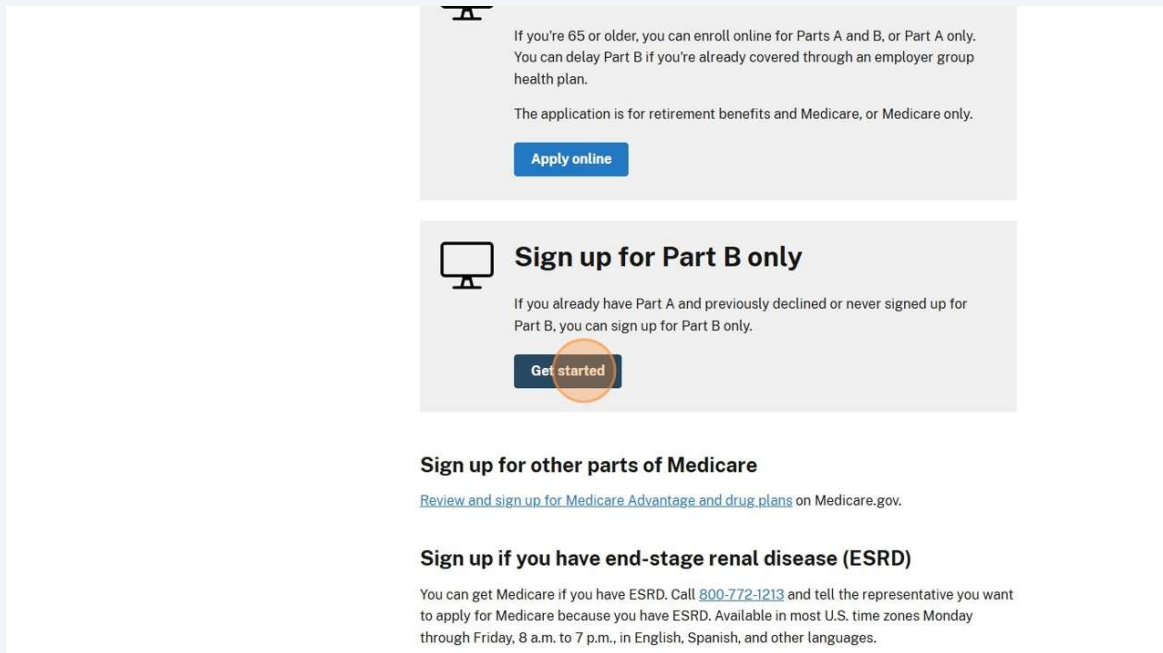


3 Click "Sign up for Medicare"



4


Click "Get started"



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 already have Part A and 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

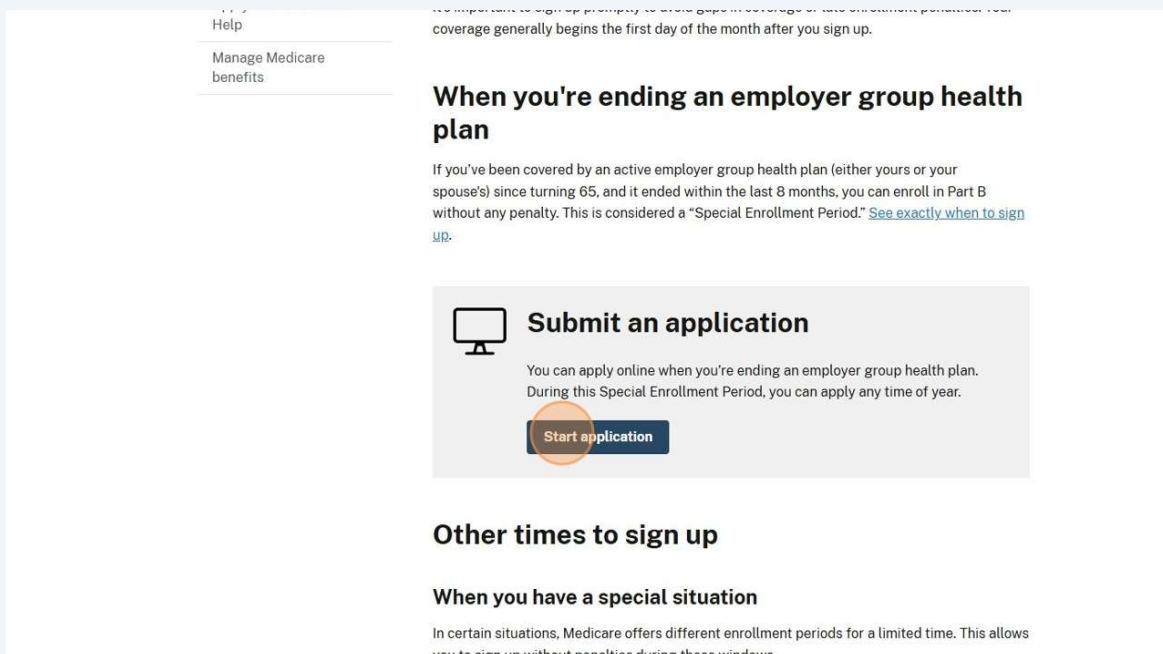
[Review and sign up for Medicare Advantage and drug plans](#) on Medicare.gov.

Sign up if you have end-stage renal disease (ESRD)

You can get Medicare if you have ESRD. Call [800-772-1213](tel:800-772-1213) and tell the representative you want to apply for Medicare because you have ESRD. Available in most U.S. time zones Monday through Friday, 8 a.m. to 7 p.m., in English, Spanish, and other languages.

5

Click "Start application"




[Help](#)

[Manage Medicare benefits](#)

It's important to sign up properly, or you may lose coverage. Your coverage generally begins the first day of the month after you sign up.

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](#)

Other times to sign up

When you have a special situation

In certain situations, Medicare offers different enrollment periods for a limited time. This allows you to sign up without penalties during these windows.

6

Click "I understand and agree to the above statement"

• 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.

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

7

Click "Start Application"

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.**

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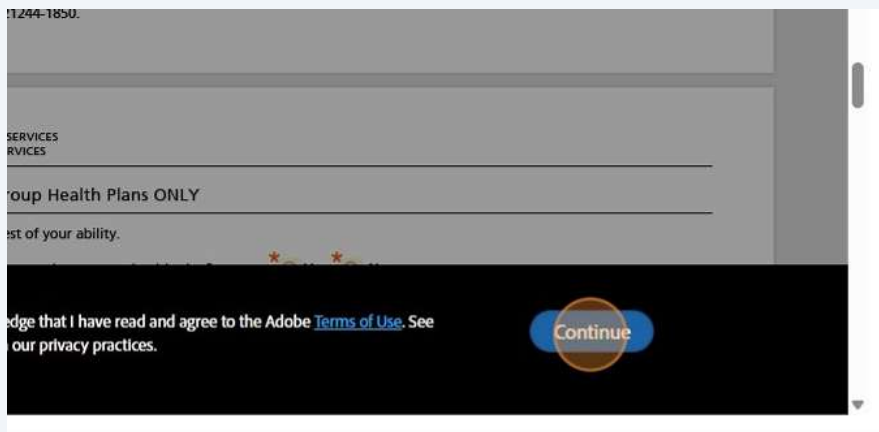
☒ I understand and agree to the above statement

[Start Application](#)

[Top](#)

8

Click "Continue"



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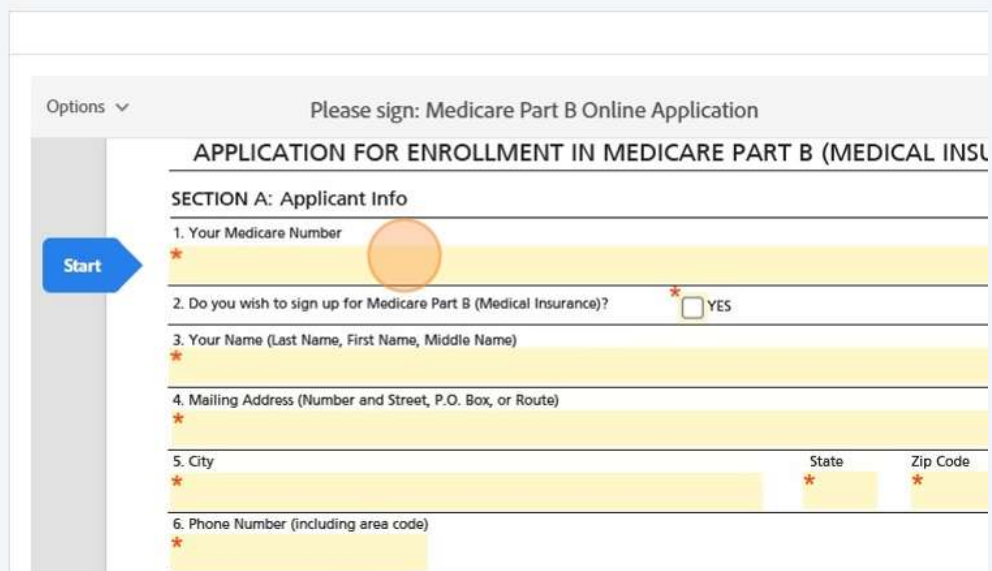
I agree that I have read and agree to the Adobe [Terms of Use](#). See our privacy practices.

Continue

9

Click this text field.

Apply Online for Medicare Part B During a Special Enrollment Period



Options ▾ Please sign: Medicare Part B Online Application

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

SECTION A: Applicant Info

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 *

6. Phone Number (including area code) *

Start