

## Extra Help/LIS (Low-Income Subsidy) program application guide

1. Go to [www.ssa.gov](http://www.ssa.gov)
2. Click on “**MENU**” and then click on “**Extra Help with Medicare Prescription Drug Plan Costs.**”



3. Click on the blue button “**Apply for Extra Help with Medicare Prescription Drug Plan Costs.**”

**What help can I receive?**

Medicare beneficiaries can qualify for *Extra Help* with their Medicare prescription drug plan costs. The *Extra Help* is estimated to be worth about \$5,000 per year. To qualify for the *Extra Help*, a person must be receiving Medicare, have limited resources and income, and reside in one of the 50 States or the District of Columbia.

- See if you qualify for *Extra Help* and apply
- *Extra Help* forms in English and other languages
- *Extra Help* information for caregivers and organizations
- The official U.S. Government site for people with Medicare
- Understanding Medicare enrollment periods 

[Apply for Extra Help With Medicare Prescription Drug Plan Costs](#)

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4. Scroll to bottom of page and click “**Apply Now.**”

### How Can You Get The Extra Help?

To get extra help with Medicare Prescription Drug plan costs, you **must complete and submit this application**. We will review your application and send you a letter to let you know if you qualify for extra help.

**NOTE:** To apply, you must live in one of the 50 States or the District of Columbia.

If you need help completing this application, call Social Security toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).

**You also may be able to get help from your State with other Medicare costs under the Medicare Savings Programs.** By completing this form, you will start your application process for a Medicare Savings Program. We will send information to your State who will contact you to help you apply for a Medicare Savings Program unless you tell us not to when you complete this application.

If you need information about Medicare Savings Programs, Medicare Prescription Drug plans or how to enroll in a plan, call **1-800-MEDICARE** (TTY **1-877-486-2048**) or visit [www.medicare.gov](http://www.medicare.gov). You also can request information about how to contact your State Health Insurance Counseling and Assistance Program (SHIP). The SHIP offers help with your Medicare questions.

#### What Do You Want To Do?

#### Not Sure If You Should Use This?

5. Scroll to bottom of the page and click “**Next.**”

### What if you need to stop and come back later?

If you select Apply Now, you will get a Reentry Number after you fill in your name and address. If you choose to Save & Exit this application before it is complete, you may use your Reentry Number at any time to come back. You will also be able to change your answers later.

### Can you edit your information?

When you have completed the application, you will get a full summary of the information you entered. You can make changes if necessary prior to submission. After you submit the application electronically, you will be able to print or save a receipt, and your submitted application.

### How long can you work on each page?

For security reasons, there are time limits on each page. You will receive a warning after 25 minutes but you can extend your time on that page. After the third warning on a page, you must move to another page or your time will run out and all your work on that page will be lost.

If you have turned JavaScript off in your browser, you will not receive these warnings and, after 30 minutes on a page, you must go to another page or your application session will end, and your work on the last page will be lost.

If you are unsure about how to use this application, you can find more details on the following pages:

- [How the Online Application Works](#)

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6. Select **"No"** to question "Are you assisting someone (other than your spouse) with this application"?
7. **Answer the questions as if the client were filling out the application** and click **"Next"** when done.

Are you assisting someone (other than your spouse who lives with you) with this application?  
[More Info](#)  
 No  Yes

If you are helping another person fill out this application, answer the following questions as if you were the person.

Did you (or your spouse, if married and living together) get an application in the mail from us?  
[More Info](#)  
 No  Yes

In which State do you (and your spouse, if married and living together) live? [More Info](#)  
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What is your marital status? [More Info](#)  
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Do you have combined savings, investments and real estate worth more than \$29,520 if you are married and living with your spouse; or \$14,790 if you are not married or not living with your spouse? [More Info](#)  
Include the things you own by yourself, with your spouse or with someone else. **Do NOT count your home, vehicles, personal possessions, life insurance, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.**  
 No or Not Sure  Yes

8. Click **"Apply Now."**

**Go Ahead**

To complete the application, select Apply Now at the bottom of this page.

We will ask about your income, your spouse's income, and the things that you and your spouse own. Documents that may help you prepare include:

- Social Security card;
- bank account statements, including checking, savings, and certificates of deposit;
- Individual Retirement Accounts (IRAs), stocks, bonds, savings bonds, mutual funds, other investment statements;
- tax returns;
- payroll slips; and
- your most recent Social Security benefits award letters or statements for Railroad Retirement benefits, Veterans benefits, pensions and annuities.

If you do not have these documents, provide us with your best estimate so that we can tell you whether you are likely to qualify for extra help with your prescription drug costs. This information is to help you complete the application. You will not have to submit the documents unless contacted by a Social Security representative.

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9. Fill out the **client's personal information** and click "**Next.**"

The screenshot shows the Social Security Administration's website for the 'Extra Help With Medicare Prescription Drug Plan Costs' application. The page is titled 'About You And Your Spouse' and is the first step in a four-step process: Complete Application, Review, Submit, and Print Receipt. The text explains that the user needs to provide basic contact information for themselves and their spouse. Below the text is a section titled 'About You' with a 'Your Name' field and a 'More Info' link. The instruction says to enter the name as it appears on the most recent Social Security card.

10. Write down, print out or take a screen shot of the "**Re-entry Number.**"

The screenshot shows the Social Security Administration's website for the 'Extra Help With Medicare Prescription Drug Plan Costs' application. The page is titled 'Print The Re-entry Number' and is the third step in a four-step process: Complete Application, Review, Submit, and Print Receipt. The text explains that the user is being given a Reentry Number. The Applicant's Social Security Number is shown as \*\*\*-\*\*-9553 and the Re-entry Number is 89323187. There is a 'Print this page' link and a 'Need Help?' link. Below the main content is a section titled 'Reentry Instructions' with the heading 'To Come Back To This Application:' and two numbered steps: 1. Go to this website: http://www.socialsecurity.gov/i1020; and 2. Type in the Social Security and Reentry Numbers shown above.

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11. Enter the **client's answer** to this question and click "**Next**."

**Note:** Enter "**0**" for a married couple if no one else lives in their home.

The screenshot shows the Social Security Administration website interface for the 'Extra Help With Medicare Prescription Drug Plan Costs' application. The page title is 'Social Security' with the tagline 'The Official Website of the U.S. Social Security Administration'. Below the title is a progress bar with four steps: 1 Complete Application, 2 Review, 3 Submit, and 4 Print Receipt. The current step is '1 Complete Application'. The main heading is 'About Your And Your Spouse's Living Situation'. The question text reads: 'For this question, a relative is someone related to you by blood, adoption, or marriage (but not including your spouse). How many relatives live with you and depend on you or your spouse for at least one-half of their financial support? Please do not include yourself or your spouse in the number you enter. If your household consists only of you and your spouse, enter "0". More Info'. Below the question is a text input field with a red circle around it. A note below the input field says 'We ask this because your household size may affect the amount of help you can get.' At the bottom of the form are three buttons: 'Next' (circled in red), 'Previous', and 'Save & Exit'. On the right side, there is a help box with contact information: 'If you need help completing this application, call Social Security toll-free at: 1-800-772-1213 or TTY 1-800-325-0778, Monday-Friday 7am-7pm. Need Help?'.

12. Enter the **client's answers** to the following questions and click "**Next**."

The screenshot shows three questions on the Social Security Administration website. The first question is: 'Will some money from any of the sources listed above be used to pay for your funeral or burial expenses? More Info'. Below it is a text box: 'This includes any bank accounts, investments, and cash that you listed. If Yes, skip to the next question. If no, select No and then go to the next question.' There is a checkbox labeled 'No'. The second question is: 'Will some money from any of the sources listed above be used to pay for your spouse's funeral or burial expenses? More Info'. Below it is a text box: 'This includes any bank accounts, investments, and cash that you listed. If Yes, skip to the next question. If no, select No and then go to the next question.' There is a checkbox labeled 'No'. The third question is: 'Other than your home and the property on which it is located, do you or your spouse own any real estate? More Info'. Below it is a text box: 'Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.' There are two radio buttons labeled 'No' and 'Yes'. At the bottom of the form are three buttons: 'Next' (circled in red), 'Previous', and 'Save & Exit'.

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13. Enter the **client's answers** to the following questions and click "**Next.**"

The screenshot shows a progress bar at the top with four steps: 1 Complete Application (highlighted), 2 Review, 3 Submit, and 4 Print Receipt. Below the progress bar is a section titled "Income Other Than Wages And Earnings". The text in this section reads: "If you or your spouse receive income from any of the sources listed below, please enter the total amount you receive each month. If the amount changes from month to month or you do not receive it every month, enter the average monthly income for the past year for each type in the appropriate fields. Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements or foster care payments here. If you do not receive income from a source listed below, select No for that source. If you need help adding your pensions or annuities, select Add Pensions Or Annuities. If you need help adding your other income, select Add Other Income. The total dollar amount calculated will appear in the dollar amount field on this page when Add And Use Total is selected on the page calculating the totals." Below this text are two questions: "Do you receive Social Security benefits?" and "Does your spouse receive Social Security benefits?". Each question has radio buttons for "No" and "Yes" and a "More Info" link.

14. **Review the client's information** to ensure it's entered accurately and click "**Next.**"

The screenshot shows a progress bar at the top with four steps: 1 Complete Application (checked), 2 Review (highlighted), 3 Submit, and 4 Print Receipt. Below the progress bar is a section titled "Extra Help With Medicare Prescription Drug Plan Costs" and a sub-section titled "Review Your Information". The text in the "Review Your Information" section reads: "Review the items you completed below before you submit this application. If you need to make changes, select the Edit button in the margin just left of the page where the changes are necessary. Changes on one page may require additional information to be entered or changed on subsequent pages. You can print this summary before you submit it. Once you submit it, you will be able to print a receipt that shows exactly what is on your application." Below this text is a section titled "About You and Your Spouse". At the bottom of the form, there are two buttons: "Next" (circled in red) and "Save & Exit".

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15. With the **client's consent**, click the "**I, client's name**" for the terms of agreement and click "**Submit.**"

**Terms of Agreement**

I, [redacted], understand that by signing this application, I am authorizing Social Security to obtain and disclose information related to my income, resources, and assets, foreign and domestic, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, benefits, and pensions.

I, [redacted] agree with the terms of agreement above.

**Submit Now** Previous Save & Exit

16. **Print a copy of application confirmation page for the client or take a screenshot and email the confirmation to the client.**
17. The client will receive a letter from **Social Security** telling them if they were accepted or rejected from the Extra Help Program.

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

### Extra Help With Medicare Prescription Drug Plan Costs

1  Complete Application 2  Review 3  Submit 4  Print Receipt

The Application For Extra Help With Medicare Prescription Drug Plan Costs was received by Social Security on January 4, 2019, 7:25:52 PM.

We highly recommend that you print or save a copy of the receipt for your records. For instructions on how to save or view the saved file, please refer to the [Save/View Guide](#).

[View & Print Your Receipt](#)

[Need Help?](#)

If you need help completing this application, call Social Security toll-free at:  
1-800-772-1213 or  
TTY 1-800-325-0778,  
Monday-Friday 7am-7pm

**Successful Submission**

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18. In **STARS** or on a BC (Beneficiary Contact) form, check **“Yes”** for **MIPPA** (first question on the BC).



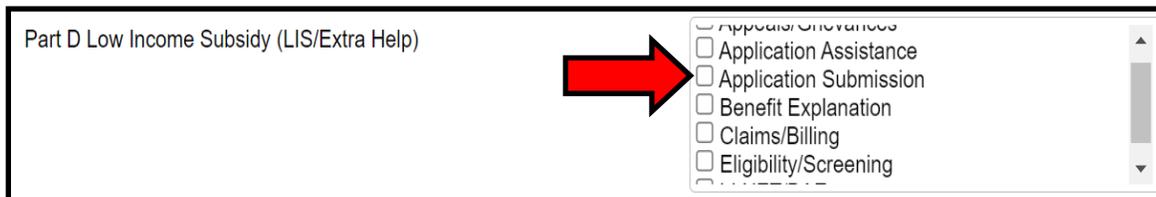
HOME TRACKING INBOX SEARCH REPORTING CONFIGURATION

Tracking Inbox » New Beneficiary Contact

MIPPA  Yes  No \*

Send to SMP  Yes  No

19. Scroll down to **“Topics Discussed”** and under **“Part D Low Income Subsidy,”** check **“Application Submission.”**



Part D Low Income Subsidy (LIS/Extra Help)

- Application Assistance
- Application Submission
- Benefit Explanation
- Claims/Billing
- Eligibility/Screening

If you help a client submit an Extra Help/LIS application, please ask your Volunteer Coordinator for your agency’s protocol on tracking Extra Help/LIS application data:

*Sponsor:*

*Volunteer Coordinator:*

*Protocol for tracking Extra Help/LIS applications:*