Extra Help/LIS (Low Income Subsidy) Program Application Desk Aid

- Go to www.ssa.gov
- Click on "Menu" and click on "Extra Help"
For SHIBA volunteers only

Click “Apply for Extra Help”

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 $4,000 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.

• Information on the Extra Help program
• See if you qualify for Extra Help and apply
• Extra Help forms and publications
• Extra Help information for caregivers and organizations
• Extra Help information in other languages
• Information on the review of your eligibility
• The official U.S. Government site for people with Medicare
• Understanding Medicare enrollment periods

Apply for Extra Help With Medicare Prescription Drug Plan Costs
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. 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?

- [Apply Now]
- [Return to an Existing Application]

Not Sure If You Should Use This?

- [Find Out If You Qualify]
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
Answer the questions as if the client were filling out the application and click “Next” when done:

- **Do you (or your spouse, if married and living together) have Medicare?**
  - No
  - Yes

- **Are you (or your spouse, if married and living together) 64 years and 9 months old or older?**
  - Yes
  - No

- **Have you (or your spouse, if married and living together) received Social Security disability benefits for 24 months; disability benefits based on Lou Gehrig’s disease (ALS); or Renal dialysis treatments or a kidney transplant?**
  - Yes
  - No

- **In which State do you (and your spouse, if married and living together) live?**
  - [Dropdown]

- **What is your marital status?**
  - [Dropdown]

- **Do you have combined savings, investments and real estate worth more than $28,720 if you are married and living with your spouse; or $14,390 if you are not married or not living with your spouse?**
  - Yes
  - No or Not Sure
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.

Click “Apply Now”
○ Fill out the client’s personal information and click “Next”
Write down, print out, or take a screen shot of the Re-entry Number

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

Print The Re-entry Number

Before going any further, we are giving you a Reentry Number. If you get disconnected, or if you decide to continue the application later, you will need this number. It will let you come back to the application and continue where you left off without losing any information you already entered.

Applicant's Social Security Number: ***-**-9553

Re-entry Number: 89323187

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?

Print or save this page so you will have a copy of your Reentry Number.

Print this page

Reentry Instructions

To Come Back To This Application:
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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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)
Enter the client’s answers to the following questions and click “Next”

Will some money from any of the sources listed above be used to pay for your funeral or burial expenses? More Info
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.
☐ No

Will some money from any of the sources listed above be used to pay for your spouse’s funeral or burial expenses? More Info
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.
☐ No

Other than your home and the property on which it is located, do you or your spouse own any real estate? More Info
Examples of other real estate are summer homes, rental properties or undeveloped land you own which is separate from your home.
☐ No  ☐ Yes
Enter the client’s answers to the following questions and click “Next”

Income Other Than Wages And Earnings

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.

○ No ○ Yes

○ No ○ Yes
- Review the client's information is entered correctly and click “Next”
With the client’s consent, click the “I, client’s name” for the terms of agreement and click “Submit”
- Print a copy of application confirmation page for the client or take a screenshot and email the confirmation to the client.
- The client will receive a letter from Social Security telling if they were accepted or rejected from the Extra Help Program.

Extra Help With Medicare Prescription Drug Plan Costs

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

Successful Submission
For SHIBA volunteers only

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

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