

The following two pages offer examples of a Resource Worksheet and an Income Worksheet. These worksheets will be generated at the end of each of the following notices whenever there are Resources and/or Income involved:

- all subsidy award notices
- subsidy pre-decisional notices
- subsidy denial notices
- notices of change
- notices of planned action
- notices of termination
- notices of review

**Optional Language for Resource worksheet when appropriate:**

Because you have set aside money for burial expenses, we also do not count \$1,500.

**Optional Language for Income worksheet when appropriate:**

Because you are under age 65 and you have work expenses related to your disability, we do not count 16.3% of your gross wages when we determine the amount of your income that we count.

Because you are under age 65 and you have work expenses related to blindness, we do not count 25% of your gross wages when we determine the amount of your income that we count.

*(Resource worksheet will only display the resource fields actually involved)*  
**SOCIAL SECURITY ADMINISTRATION**

**HOW WE COUNTED YOUR RESOURCES TO DETERMINE YOUR SUBSIDY**  
**For January 2006 and continuing**

Bank Accounts	\$__1__
Stocks, Bonds, or Other Investments	__2__
Cash	__3__
Cash Value of Life Insurance	__4__
Real Property	__5__
(Burial Fund Money We Do Not Count)	(__6__)
<b>Your Resources That We Count</b>	<b>\$__7__</b>
<b>Resource Limit for Subsidy Eligibility</b>	<b>\$__8__</b>
<b>Amount Over The Resource Limit</b>	<b>\$__9__</b>

We counted only the resources listed above. We do not count the value of your home, your vehicles or your personal possessions.

*(Income worksheet will only display the income fields actually involved)*  
**SOCIAL SECURITY ADMINISTRATION**

**HOW WE COUNTED YOUR INCOME TO DETERMINE YOUR SUBSIDY**  
**For January 2006 and continuing**

Social Security	\$__1__
Railroad Retirement	__2__
Veteran's Benefits	__3__
Other Pensions or Annuities	__4__
In-Kind Support and Maintenance	__5__
Other Income	__6__
(General Income Exclusion)	(__7__)
<b>Subtotal of Your Income We Count</b>	<b>\$__8__</b>
Wages	__9__
Net Self-Employment Earnings	__10__
Net Loss from Self-Employment	__11__
(Earned Income Exclusion)	(__12__)
(Impairment Related Work Expenses That We Deduct)	(__13__)
(By Law, We Don't Count Half Of This Amount)	(__14__)
(Work Expenses of the Blind That We Deduct)	(__15__)
<b>Total of Wages/Self Employment That We Count</b>	<b>\$__16__</b>
<b>Total Income We Count</b>	<b>\$__17__</b>
Income limit For Subsidy Eligibility	\$__18__

(Award – Full Subsidy) - Notice type = 003

# **Social Security Administration**

## **Medicare Prescription Drug Assistance**

### **Notice of Award**

Great Lakes Program Service Center  
600 West Madison Street  
Chicago, Illinois 60661-2474  
Date: November 23, 2005  
Social Security Number: 123-45-6789

JOHN Q. PUBLIC  
123 MAIN ST  
SPRINGFIELD OH 45501

You are eligible for extra help with your Medicare prescription drug plan costs. To take advantage of this benefit, you must enroll in a Medicare approved prescription drug plan or Medicare Advantage plan with prescription drug coverage, if you are not already enrolled in one. If you do not choose a Medicare prescriptions drug plan Medicare will choose one for you to be sure you get this benefit. You will receive more information from Medicare.

The rest of this letter explains the extra help with the prescription drug plan costs, the information used to determine your eligibility, how to sign up for a Medicare prescription drug plan, what to do if your situation changes, and your appeal rights.

#### **Information About This Help With Your Prescription Drug Plan Costs**

You are eligible for full help to pay your Medicare prescription drug premium, also known as subsidy, because your income is below the limits established by the law. Because your resources are less than or equal to \$6000, you are also eligible for lower prescription drug co-payments and annual deductibles. You are eligible for:

- 100% subsidy to help pay your Medicare prescription drug plan premiums;
- \$0.00 prescription drug annual deductible; and
- Reduced co-payment amounts when you have a prescription filled.

**Information Used To Determine Your Eligibility**

You have no resources.

You have 1 person in your household. When we determine the size of your household, we count you, your spouse who lives with you, and any relative who lives with you and receives one-half support from you or your spouse.

You have the following yearly income:

- Social Security benefits (before any Medicare premium deductions) of \$3290.

Your income we count is less than 135% of the Federal Poverty Level. The enclosed worksheet shows you how we counted your income.

**How To Sign Up for A Medicare Prescription Drug Plan**

This decision is about the help you can get paying for the costs related to your Medicare prescription drug plan, such as help paying for the deductible, premiums and co-payments. In order to get Medicare prescription drug coverage, you must be enrolled in a Medicare prescription drug plan or a Medicare Advantage drug plan. [You can enroll beginning November 15, 2005.](#) You will get more information about the prescription drug plans available in your area. You can also visit [www.medicare.gov](http://www.medicare.gov) or call toll-free 1-800-MEDICARE (1-800-633-4227) for more information. If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

**What To Do If Your Situation Changes**

If your mailing address changes, report it to us right away by calling toll-free 1-800-772-1213.

Certain changes in your situation may affect the amount of extra help you can receive to pay for your prescription drug plan costs. You can contact Social Security to tell us if any of the following changes happens:

- you get married;
- you and your spouse who lives with you divorce;
- your spouse who lives with you dies;
- you and your spouse separate;
- you and your spouse have your marriage annulled; or
- you and your separated spouse begin living together again.

**If You Disagree With The Decision**

If you disagree with the decision, you have the right to appeal. We will provide you with a hearing by telephone or a case review. We will look at any new information you have. The person who will conduct the hearing or case review had no prior involvement in the first decision. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

If you want this appeal, either by a hearing or a case review, you may request it by calling toll-free 1-800-772-1213.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days.
- You can call to request an appeal. You can also obtain a copy of the form SSA-1021, "Request for Appeal of Determination for Help with Medicare Prescription Drug Plan Costs" from [www.socialsecurity.gov](http://www.socialsecurity.gov). Contact us if you need help.

**If You Want Help With Your Appeal**

You can have a lawyer, friend, or someone else help you. Your local Social Security office has a list of groups that can help you with your appeal. These groups can find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal.

**Information About Medicare Savings Programs**

You may be able to get more help with your Medicare health care costs through programs run by your State. The additional help from these **Medicare Savings Programs** can be worth more than \$900 a year. To get this help, please call your State's medical assistance (Medicaid) office or your social service office and ask about the Medicare Savings Programs. You can get the local phone number for these offices by calling Medicare toll-free at 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

**How You May Be Able to Receive SSI**

You may be eligible for Supplemental Security Income (SSI) benefits. If you have not already filed an SSI application, it is important that you get in touch with Social Security right away to file an SSI application. You may call us toll-free at 1-800-772-1213. If

you file the application more than 60 days from the date of this notice, and you are found eligible, you may lose SSI benefits.

### **Information About Food Stamps**

You may also be eligible for food stamp benefits. These benefits can help you stretch your food dollars to buy nutritious food for better health. For more information, contact your local social services office or call the Food Stamp Program information line toll-free at 1-800-221-5689.

### **If You Have Any Questions**

For information about the Medicare prescription drug plans or other Medicare issues, visit [www.medicare.gov](http://www.medicare.gov) on the Internet or call toll-free 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

For information about the extra help with the costs related to the Medicare prescription drug plans or general information about Social Security, visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. You may also call Social Security toll-free at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY number toll-free at 1-800-325-0778. We can answer most questions by phone.

If you do call, please have this letter with you. It will help us answer your questions.

Jo Anne B. Barnhart  
Commissioner

Enclosure(s):  
Income Worksheet

# **Social Security Administration**

## **Medicare Prescription Drug Assistance**

### **Notice of Award**

Great Lakes Program Service Center  
600 West Madison Street  
Chicago, Illinois 60661-2474  
Date: January 26, 2006  
Social Security Number: 123-45-6789

JOHN Q. PUBLIC  
123 MAIN ST  
SPRINGFIELD OH 45501

You are eligible for extra help with your Medicare prescription drug plan costs. To take advantage of this benefit, you must enroll in a Medicare approved prescription drug plan or Medicare Advantage plan with prescription drug coverage, if you are not already enrolled in one. If you do not choose a Medicare prescriptions drug plan Medicare will choose one for you to be sure you get this benefit. You will receive more information from Medicare.

The rest of this letter explains the extra help with the prescription drug plan costs, the information used to determine your eligibility, how to sign up for a Medicare prescription drug plan, what to do if your situation changes, and your appeal rights.

#### **Information About This Help With Your Prescription Drug Plan Costs**

You are eligible for partial help to pay your Medicare prescription drug premium, also known as subsidy, because your resources and income are below the limits established by the law.

You are eligible for:

- 50% subsidy to help pay your Medicare prescription drug plan premiums;
- Reduced prescription drug annual deductible; and
- Reduced co-payment amounts when you have a prescription filled.

#### **Information Used To Determine Your Eligibility**

When you are married and live with your spouse, we count the resources and income for both of you when we determine your eligibility for this extra help.



You and your spouse have the following resources:

- Cash

Your resources we count are less than \$10,000. The enclosed worksheet shows you how we counted your resources.

You have 2 persons in your household. When we determine the size of your household, we count you, your spouse who lives with you, and any relative who lives with you and receives one-half support from you or your spouse.

You and your spouse have the following yearly income:

- Help with Household Expenses of \$600
- Your spouse's wages of \$2350.

Your income we count is between 135% and 139% of the Federal Poverty Level. The enclosed worksheet shows you how we counted your income.

### **How To Sign Up For A Medicare Prescription Drug Plan**

This decision is about the help you can get paying for the costs related to your Medicare prescription drug plan, such as help paying for the deductible, premiums and co-payments. In order to get Medicare prescription drug coverage, you must be enrolled in a Medicare prescription drug plan or a Medicare Advantage drug plan. [You can enroll beginning November 15, 2005.](#) You will get more information about the prescription drug plans available in your area. You can also visit [www.medicare.gov](http://www.medicare.gov) or call toll-free 1-800-MEDICARE (1-800-633-4227) for more information. If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

### **What To Do If Your Situation Changes**

If your mailing address changes, report it to us right away by calling toll-free 1-800-772-1213.

Certain changes in your situation may affect the amount of extra help you can receive to pay for your prescription drug plan costs. You can contact Social Security to tell us if any of the following changes happens:

- you get married;
- you and your spouse who lives with you divorce;
- your spouse who lives with you dies;
- you and your spouse separate;

- you and your spouse have your marriage annulled; or
- you and your separated spouse begin living together again.

### **If You Disagree With The Decision**

If you disagree with the decision, you have the right to appeal. We will provide you with a hearing by telephone or a case review. We will look at any new information you have. The person who will conduct the hearing or case review had no prior involvement in the first decision. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

If you want this appeal, either by a hearing or a case review, you may request it by calling toll-free 1-800-772-1213.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days.
- You can call to request an appeal. You can also obtain a copy of the form SSA-1021, "Request for Appeal of Determination for Help with Medicare Prescription Drug Plan Costs" from [www.socialsecurity.gov](http://www.socialsecurity.gov). Contact us if you need help.

### **If You Want Help With Your Appeal**

You can have a lawyer, friend, or someone else help you. Your local Social Security office has a list of groups that can help you with your appeal. These groups can find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal.

### **Information About Medicare Savings Programs**

You may be able to get more help with your Medicare health care costs through programs run by your State. The additional help from these **Medicare Savings Programs** can be worth more than \$900 a year. To get this help, please call your State's medical assistance (Medicaid) office or your social service office and ask about the Medicare Savings Programs. You can get the local phone number for these offices by calling Medicare toll-free at 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

**How You May Be Able to Receive SSI**

You may be eligible for Supplemental Security Income (SSI) benefits. If you have not already filed an SSI application, it is important that you get in touch with Social Security right away to file an SSI application. You may call us toll-free at 1-800-772-1213. If you file the application more than 60 days from the date of this notice, and you are found eligible, you may lose SSI benefits.

**Information About Food Stamps**

You may also be eligible for food stamp benefits. These benefits can help you stretch your food dollars to buy nutritious food for better health. For more information, contact your local social services office or call the Food Stamp Program information line toll-free at 1-800-221-5689.

**If You Have Any Questions**

For information about Medicare prescription drug plans or other Medicare issues, visit [www.medicare.gov](http://www.medicare.gov) on the Internet or call toll-free 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

For information about the extra help with the costs related to Medicare prescription drug plans or general information about Social Security, visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. You may also call Social Security toll-free at 1-800-772-1213. If you are deaf or hard of hearing, you may call our TTY number toll-free at 1-800-325-0778. We can answer most questions by phone.

If you do call, please have this letter with you. It will help us answer your questions.

Regional Commissioner

Enclosure(s):  
Resource Worksheet  
Income Worksheet

*Denial - Notice type = 008*

## **Social Security Administration Medicare Prescription Drug Assistance Notice of Denial**

Great Lakes Program Service Center  
600 West Madison Street  
Chicago, Illinois 60661-2474  
Date: January 26, 2006  
Social Security Number: 123-45-6789

JOHN Q. PUBLIC  
123 MAIN ST  
SPRINGFIELD OH 45501

We have determined you are not eligible for extra help with Medicare prescription drug plan costs. This determination is based on the letter we previously sent you and any additional information you submitted.

The rest of this notice explains how we determined that you are not eligible, the information we used to make this decision, how to sign up for a Medicare prescription drug plan, what to do if your situation changes, and your appeal rights.

### **Why You Are Not Eligible For Help With Your Prescription Drug Plan Costs**

You are not eligible for extra help to pay your Medicare prescription drug plan costs, also known as subsidy, because your income is above the limit established by law.

### **Information Used In Making The Decision**

When you are married and live with your spouse, we count the resources and income for both of you when we determine your eligibility for this extra help.

You and your spouse have the following resources:

- Bank accounts.
- Stocks, bonds, or other investments.

Your resources we count are less than \$10,000. The enclosed worksheet shows you how we counted your resources.

XXX-XX-XXXX

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You have 5 persons in your household. When we determine the size of your household, we count you, your spouse who lives with you, and any relative who lives with you and receives one-half support from you or your spouse.

You and your spouse have the following yearly income:

- Other pensions or annuities of \$28,000

Your income we count is 150% or more of the Federal Poverty Level. The enclosed worksheet shows you how we counted your income.

### **How To Sign Up For A Medicare Prescription Drug Plan**

You do not need to receive this extra help paying for the costs related to your Medicare prescription drug plan in order to be eligible to enroll in a Medicare prescription drug plan or Medicare Advantage drug plan. You can enroll beginning November 15, 2005. For more information about the prescription drug plans available in your area, go to [www.medicare.gov](http://www.medicare.gov) on the Internet or call toll-free 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

### **What To Do If Your Situation Changes**

If at any time in the future you think you qualify for this extra help, also known as a subsidy, please contact us immediately about filing a new application.

### **If You Disagree With The Decision**

If you disagree with the decision, you have the right to appeal. We will provide you with a hearing by telephone or a case review. We will look at any new information you have. The person who will conduct the hearing or case review had no prior involvement in the first decision. We will review those parts of the decision which you believe are wrong and will look at any new facts you have. We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

If you want this appeal, either by a hearing or a case review, you may request it by calling toll-free 1-800-772-1213.

- You have 60 days to ask for an appeal.

- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days.

XXX-XX-XXXX

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- You can call to request an appeal. You can also obtain a copy of the form SSA-1021, "Request for Appeal of Determination for Help with Medicare Prescription Drug Plan Costs" from [www.socialsecurity.gov](http://www.socialsecurity.gov). Contact us if you need help.

### **If You Want Help With Your Appeal**

You can have a lawyer, friend, or someone else help you. Your local Social Security office has a list of groups that can help you with your appeal. These groups can find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal.

### **Information About Medicare Savings Programs**

You may be able to get more help with your Medicare health care costs through programs run by your State. The additional help from these **Medicare Savings Programs** can be worth more than \$900 a year. To get this help, please call your State's medical assistance (Medicaid) office or your social service office and ask about the Medicare Savings Programs. You can get the local phone number for these offices by calling Medicare toll-free at 1-800-MEDICARE (1-800-633-4227). If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

### **How You May Be Able to Receive SSI**

It does not appear that you are eligible for Supplemental Security Income (SSI) benefits. However, you may still want to file an SSI application if you have not already done so. If you file an SSI application, you will receive a formal decision of your eligibility. If you do not agree with the decision, you may appeal. If you decide to file, it is important that you get in touch with Social Security right away. You may call us toll-free at 1-800-772-1213. If you file an application more than 60 days from the date of this notice, you may lose SSI.

### **If You Have Any Questions**

For information about Medicare prescription drug plans or other Medicare issues, visit [www.medicare.gov](http://www.medicare.gov) on the Internet or call toll-free 1-800-MEDICARE (1-800-633-4227).

If you are deaf or hard of hearing, you may call the Medicare TTY number toll-free at 1-877-486-2048.

For information about the extra help with the costs related to Medicare prescription drug plans or general information about Social Security, visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet. You may also call Social Security toll-free at 1-XXX-XX-XXXX

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800-772-1213. If you are deaf or hard of hearing, you may call our TTY number toll-free at 1-800-325-0778. We can answer most questions by phone.

You can also write or visit any Social Security office. The office that serves your area is located at:

Social Security  
2026 W. Main St.  
Springfield OH 45501

Telephone: 937-325-0674

If you do call or visit an office, please have this letter with you. It will help us answer your questions.

Regional Commissioner

Enclosure(s):  
Resource Worksheet  
Income Worksheet