

Social Security Administration

What You Need to Know About Extra Help with Medicare Prescription Drug Plan Costs

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I. Background

This guide provides information about Social Security's "Application for Extra Help with Medicare Prescription Drug Plan Costs." States also take and process applications for help with prescription costs under the Medicare Prescription Drug Program however questions about a state's process should be directed to that state.

Medicare Part D provides coverage for prescription drugs. Medicare beneficiaries entitled to or enrolled in Medicare Hospital Insurance (Part A), and/or Supplemental Medical Insurance (Part B), may enroll in this voluntary prescription drug program. Under Medicare Part D, beneficiaries are responsible for premiums, deductibles, and co-payments. Individuals with limited resources and income may qualify for Extra Help with their Medicare prescription drug costs. Individuals eligible for this Extra Help receive full or partial assistance up to the benchmark premium for a base plan with their Medicare Part D monthly premiums, deductibles, and co-payments. Individuals must be enrolled in a Medicare Part D plan to get Extra Help.

Some Medicare beneficiaries automatically qualify and do not need to apply for Extra Help. These beneficiaries are "deemed eligible" as long as they:

- Are entitled to Medicare (Part A, Part B, or both), **and**
- Receive SSI (including 1619 (b)), or
- Receive full Medicaid, or
- Are Qualified Medicare Beneficiaries (QMB), Specified Low Income Medicare Beneficiaries (SLMB), or Qualifying Individuals (QI).

Beneficiaries who do not meet the criteria for deemed eligible entitlement may still be eligible for the subsidy based on their income, resources, and household size. These beneficiaries must file an application for Extra Help to see if they qualify.

The best way for a Medicare beneficiary to file for Extra Help is online at www.socialsecurity.gov. The online application, known as the i1020, takes individuals completing it through the process, step by step, with a series of self-help screens. The screens indicate what information is needed to complete the application. Also, individuals can start and stop at any time during the process. They can leave the application and go back in and update or complete any of the required information until they finally submit it.

A beneficiary can complete a paper application; however, an application filed online is generally complete when received by Social Security, whereas paper applications can sometimes be received with incomplete or unanswered questions. When we get an incomplete application, we need to contact the applicant which causes delays. Also, there is no mail time with online applications which results in a faster decision. When needed, a paper *Application for Extra Help with Medicare Prescription Drug Plan Costs* (SSA-1020) can be obtained by calling Social Security at **1-800-772-1213** (TTY **1-800-325-0778**).

II. Criteria for Eligibility for Extra Help

Individuals must meet the following criteria to receive a full or partial subsidy. They must:

- Be entitled to Medicare Part A and/or enrolled in Medicare Part B, **and**
- Reside in one the 50 states or the District of Columbia, **and**
- Have annual income (including income of a spouse living with them) of less than 150% of the Federal Poverty Level (based on household size), **and**
- Have resources (including those of a spouse living with them) within the limits established by statute, **and**
- Have filed an application for the Part D subsidy (Extra Help) or be deemed eligible.

Beneficiaries do not need to be enrolled in a Prescription Drug Plan (PDP) or Medicare Advantage Plan with Drug Coverage (MA-PD) to file for Extra Help; they can file for Extra Help first. However, Extra Help assistance does not start until the beneficiary has both Extra Help and is enrolled in a plan. Any beneficiary who is approved for Extra Help and has not selected a plan will automatically be enrolled in a plan beginning with the month after being approved for Extra Help. Beneficiaries who do not like the plan selected for them may select another plan or refuse enrollment.

III. What Is the Resource Limit?

To get Extra Help, total resources for 2009 must be limited to \$12,510 for an individual or \$25,010 for a married couple living together. \$1,500 per person is included in this figure to allow for funds that will be used for burial expenses. Social Security counts individuals' resources, including those of a spouse if they're living together, based on what they have at the start of the month. It is important to remember that a person who receives a 100% premium subsidy may still be required to pay an annual deductible and higher co-payments than a "full subsidy eligible" individual if his or her resources are more than the lower resource level \$8,100/\$12,910 with burial exclusion in 2009.

Resource limits can change each year. These changes can be found at www.socialsecurity.gov.

Resources **include** the value of the things beneficiaries own. Some examples are:

- Real estate (other than beneficiary's primary residence);
- Bank accounts, including checking, savings and certificates of deposit;
- Stocks;
- Bonds, including U.S. Savings Bonds;
- Mutual funds;
- Individual Retirement Accounts (IRAs); or

- Cash at home or anywhere else.

If the applicant for Extra Help has a joint account, we presume that all of the funds in the account belong to the applicant unless the other account holder is also applying for Extra Help.

IV. What Does Not Count as a Resource?

We do not count:

- Beneficiary's primary residence;
- Beneficiary's personal possessions;
- Beneficiary's vehicle(s);
- Things that could not easily be converted to cash, such as jewelry or home furnishings;
- Property needed for self-support, such as rental property or land they use to grow produce for home consumption;
- Non-business property essential to self-support;
- Life insurance policies (elimination effective January 1, 2010)
- Burial plots or spaces;
- Interest earned on money to be used for burial expenses;
- Certain other money, such as retroactive Social Security or Supplemental Security Income (SSI) payments—not counted for nine months;
 - Housing assistance;
 - Federal income tax refunds and earned income tax credit advances;
 - Compensation received for being a victim of a crime; and
 - Relocation assistance from a state or local government

For other exclusions contact Social Security for information (1-800-772-1213 TTY 1-800-325-0778).

V. What Is the Income Limit?

To qualify for Extra Help, annual income for 2009 must be limited to \$16,245 for an individual or \$21,855 for a married couple living together. Income limits are subject to change annually based on Federal Poverty Levels (FPLs). The current FPLs are in Appendix A of this document. Changes to income limits can be found at www.socialsecurity.gov.

Even if the beneficiary's annual income is higher, he or she may still be able to get some help. Some examples where income may be higher are if the beneficiary and/ or spouse:

- Support other family members living in the same household;
- Have earnings from work; or
- Live in Alaska or Hawaii. The income limit for Alaska is \$20,295 for an individual or \$27,315 for a married couple living together. The income limit for Hawaii is \$18,690 for an individual or \$25,140 for a married couple living together.

VI. What Does Not Count as Income?

We do not count:

- Food stamp assistance;
- Housing assistance;
- Home energy assistance;
- Medical treatment and drugs;
- Disaster assistance;
- Earned income tax credit payments;
- Economic recovery payments;
- Victim's compensation payments; and
- Scholarships and education grants.
- Food, clothing, or shelter expenses provided by someone else (elimination effective January 1, 2010).

VII. Household Size

How is household size defined?

Household size includes beneficiaries and their spouses (if living together) and any relatives who live with them and depend on them for at least one-half of their financial support. Relatives include anyone related to the beneficiary by blood, marriage, or adoption.

What is the significance of household size?

The size of a beneficiary's household affects the income used to determine eligibility for Extra Help with drug plan costs. The FPL guidelines are used in making this determination. Once we know the household size, we use the appropriate income level on the charts at Appendix A when we make the determination of eligibility for Extra Help. **These tables change annually. Updated tables can be found at <http://aspe.hhs.gov/poverty/>**

VIII. Changes in Our Program

Changes in the law will make it easier for some people to qualify for Extra Help with their Medicare prescription drug plan costs beginning January 1, 2010.

- Social Security will no longer count as a **resource** any life insurance policy; **and**
- We will no longer count as **income** the help received regularly from someone else who pays the beneficiary's household expenses—food, mortgage, rent, heating fuel or gas, electricity, water, and property taxes.

Our old rules will apply for applications filed for the Extra Help in 2009 so beneficiaries should consider if life insurance and/or help with household expenses will make them ineligible for the Extra Help in 2009. If that is the case, they should wait until 2010 to apply.

If a beneficiary does apply for Extra Help in 2009 and is denied due to life insurance and/or help with household expenses they will have to reapply after January 1, 2010 to receive a decision under the new rules.

Beginning January 1, 2010, applications for Extra Help can also initiate the application process for the Medicare Savings Programs (MSP) unless the beneficiary opts out on the Extra Help application.

IX. Medicare Savings Programs

Beneficiaries may be able to get help with Medicare costs from their state under the MSP. Beginning in 2010, Social Security can automatically start a beneficiary's application process for the MSP when the beneficiary completes an SSA-1020. Social Security will send information to the beneficiary's state to begin the MSP application process unless the beneficiary tells Social Security not to by answering the MSP question. If the beneficiary specifically opts out by selecting the "No" block, we will not send any information to the State for MSP purposes. The beneficiary could still file for the MSP by contacting the state directly.

For MSP purposes, Social Security will send the States the data used in making the beneficiary's Extra Help determination. Social Security will not send data on beneficiaries that are already deemed or on duplicate applications. Data is only being transmitted on initial determinations not redeterminations. Data will be sent Monday through Friday, except Federal holidays, to the state Medicaid agency that currently receives Bendex data from Social Security. If there are no cases for a state on a particular day no file will be transmitted.

Data will be sent in either connect direct or cyberfusion format depending on what the state is using. A description of the data we are providing to the States can be found in Appendix B of this document. Once the data is transmitted it ends Social Security's role in the MSP application process. Social Security will refer beneficiaries to the states for any information concerning the status of their MSP applications.

NOTE: A beneficiary does not need to file for Extra Help with both programs. If they are already receiving Medicaid or an MSP, they have assistance with their Medicare prescription drug costs and will not receive any additional assistance with their prescription drug costs by filing with Social Security.

X. What Happens After We Receive Applications?

Social Security will review applications, request information from IRS to verify income and resources reported on the application and send the beneficiaries a letter regarding eligibility. If found eligible, beneficiaries need to select the Medicare prescription drug plan of their choice, provided they have not done so already. If a beneficiary does not select a plan, the Centers for Medicare & Medicaid Services will do it for them.

If the beneficiaries are not eligible for Extra Help, they may still be able to enroll in a Medicare prescription drug plan. Beneficiaries can enroll in a Medicare prescription drug plan during a 7 month initial enrollment period that begins 3 months before they are first eligible for Medicare and ends 3 months after they are first eligible for Medicare. Beneficiaries can also enroll or switch plans every November 15 - December 31 during the annual enrollment period. Beneficiaries who are not receiving Extra Help and who do not enroll in a prescription drug plan during their initial enrollment period will be subject to a late enrollment penalty unless they meet certain exceptions. Questions about enrollment periods should be directed online to CMS at www.medicare.gov or 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048).

XI. Appeals

The appeals process enables individuals who disagree with Social Security's Extra Help determinations to protest and obtain a new decision by an independent reviewer. The appeals process has just one formal administrative step. The individual can choose either a hearing by telephone or a case review. The individual who is still dissatisfied with Social Security's final decision can file an action in Federal district court.

XII. Redeterminations

The law requires Social Security to periodically review a beneficiary's eligibility for Extra Help. We review the beneficiary's resources, income, and household composition to see if they have changed. It is important to make sure that beneficiaries are still eligible for Extra Help and getting all the benefits they deserve. Many times, there will be no change in the amount of Extra Help people receive. Other times, the Extra Help could increase because beneficiaries have less income, fewer resources or more people dependent on them for care. It's also possible the amount of Extra Help could decrease or end altogether if resources, income, or both have increased.

Generally, new recipients of Extra Help will be selected for review in August after their eligibility begins. The initial selection covers people who became eligible during May of the prior year through April of the year their eligibility is reviewed. For example, the initial review process in August 2009 will include people who became eligible from May 2008 through April 2009.

For these initial reviews, we compare the information provided by beneficiaries in their initial applications to current information we have in our records. If this comparison points to a change in the level of Extra Help received, we will send the beneficiary a form called *Social Security Administration Review of Your Eligibility for Extra Help* (SSA 1026). After the first year, beneficiaries will be selected for review periodically. Beneficiaries have 30 days to complete the review form. Any necessary adjustments to the Extra Help will be effective in January of the following year—2010 if the review is done in August 2009.

Beginning in 2010, we will no longer count any life insurance as a resource, and we will no longer count help with household expenses received from others, as income. The SSA-1026 beneficiaries receive in August will no longer contain questions about life insurance or household expenses. This is because changes reported on the 1026 will not go into effect until January 1, 2010. Some beneficiaries may be eligible for a higher level of Extra Help based on the change in the law.

XIII. Completing the Extra Help i1020 Form

You can access our site at www.socialsecurity.gov. Once there, click on Medicare and then select "Apply for Extra Help with Prescription Drug Costs". This will bring you to the first screen and you can begin the application process for Extra Help

NOTE: These instructions are intended for the completion of the i1020 form. Medicare beneficiaries or their representatives must answer a few questions to help determine if they should use this Internet form. Any time there is a link at the end of a question that says "More Info," they can follow that link to get help with that question. This questionnaire is at the beginning of the i1020 form.

Although the i1020 is a self-help form and is expected to be completed by the applicant, we have provided these guidelines for assistance.

The i1020 or the paper SSA-1020 may be filed by:

- A single individual,
- A married individual filing only for himself/herself, or
- A married couple filing at the same time, or
- Anyone assisting the above individuals

Remember, deemed eligible individuals do not need to apply for the subsidy. Deemed eligible individuals are SSI recipients eligible for Medicare, individuals eligible for both Medicaid and Medicare, and MSP (QMB, SLMB and QI) participants. Individuals that were deemed for 2009, but are not for 2010, will be mailed paper SSA-1020 applications so they can apply for Extra Help effective January 2010 when their deeming ends. The application will still have the life insurance and help from others with household expenses questions. Since the effective dates of these SSA-1020s will be 01/01/2010 we will not count life insurance and help when we determine their Extra Help status.

How the Online Application Works

This application does not have to be completed all at once. After the applicant's name and address are filled out, a **Reentry Number** will be issued. The applicant will be able to stop working on the application at any point, and then use this Reentry Number to come back. Each application has its own Reentry Number that can be used only for that application on the web site.

Applicant's Social Security Number: 743997062

Reentry Number: 33347788

When the application is completed, the applicant will get a full summary of the information entered. Changes can be made at any time prior to submission of the application. After the application is electronically sent, the applicant will be able to print or save a receipt.

Important Information about Using the Electronic Form:

Select Continue to move forward, or Previous to move backward. Both options are located at the bottom of the page. Do **NOT** use the Back button on your browser to move backward.

- **IMPORTANT:** Do not use the Enter key to move around in the application or to select from the drop-down lists.

- Additional buttons, other than Continue and Previous, may appear at the bottom of a page. These buttons allow you to take an action such as returning to the Review page.
- Applicant must complete all required information before the application can be submitted.
- Additional information may appear in a pop-up window. Close this window to return to the application.
- Keyboard commands, hotkeys or access keys will vary based upon the browser and the version of that browser that you are using. A list of these commands can be found in the Help section of your browser. The Help feature can be located on the Menu bar of your browser or by using the F1 function key on the keyboard. Any assistive devices that you may be using will also have a list of these shortcut keys in the Help section.

Time Limits

There are time limits for your work on each page. The applicant will receive a warning after 25 minutes and time can be extended on that page. After the third warning on a page, the applicant must move to another page or time will run out and all the work on that page will be lost.

Application Entries with Explanations

About You

Your Name:

To ensure the applicant's privacy, we must match the name entered on this application to the name on the applicant's most recent Social Security Number card. Therefore, it is very important that it is entered exactly the same way. If we cannot match these names, the applicant will be unable to file for this Extra Help on the Internet.

Your Social Security Number:

The Applicant's own Social Security number is required as it appears on the Social Security Number card. If the applicant receives Social Security benefits based on someone else's Social Security number, such as a current, former, or deceased spouse, do not enter the other individual's Social Security number or Medicare Claim Number in this field.

What is your date of birth?

The applicant's date of birth is required.

Have you worked in 2007 or 2008?

If the applicant selects yes to having gross wages and/or net earnings from self-employment for the years of 2007 and 2008, we will ask for the amounts later in the application.

Contact Information

Your Mailing Address:

All notices sent to the applicant from the Social Security Administration will be mailed to the address we currently have on file. If the applicant has moved in the last three months, check

the box to indicate this is a new address. The applicant's mailing address must be within the 50 states or the District of Columbia.

Your Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

Other Information

OPTIONAL: (contact person)

If the applicant provides contact information for someone other than himself/herself, we will only contact that person by phone.

Contact's Phone Number:

Phone numbers within the 50 states or the District of Columbia will be accepted in this field.

Do you have combined savings, investments, and real estate worth more than \$12,510? (\$25,010 will appear in a couples case)

*Include the things you own by yourself, with your spouse or with another person. **DO NOT include the home you live in, vehicles, personal possessions, burial plots, irrevocable burial contracts or back payments from Social Security or SSI.***

*Yes No **If you selected YES, you are not eligible for the Extra Help. But, your state may be able to help you with your Medicare costs through their Medicare Savings Programs. To start your application process for Medicare Savings Programs, please see the information below.***

Information about Medicare Savings Programs: *You may be able to get help from your state with your Medicare costs under the Medicare Savings Programs. To start your application process for the Medicare Savings Programs, Social Security will send information to your state unless you tell us not to. **If you want help from the Medicare Savings Programs, do not complete the question below. Just complete and submit your application and your state will contact you.***

*If you are **not** interested in filing for the Medicare Savings Programs, please select below.*

No, do not send the information to the state.

This is an important section. The first question serves as a screening guide for the applicant. By indicating the maximum resource limits, which include the burial expense exclusion, the applicant(s) can decide whether to pursue the claim. If the answer is "Yes," the applicant is not eligible for the subsidy. The "Yes" entry indicates the applicant does not need to complete the application unless a formal decision is wanted. Following this question is information on the MSP and includes the MSP opt-out question. If applicants do not want Social Security to send their data to the state to initiate an MSP application they must put an X in the "No" box. If they do not answer this question, Social Security will share their information with the state to

initiate an application for MSPs. The state will be responsible for any contacts to obtain any additional information needed to make the MSP determination.

About Your Spouse

Spouse's Name:

To ensure the spouse's privacy, we must match the name entered on this application to the name on his or her most recent Social Security Number card. Therefore, it is very important that it is entered exactly the same way. If we cannot match these names, the spouse will be unable to file for this extra help on the Internet.

Spouse's Social Security Number:

The spouse's own Social Security number is required as it appears on the Social Security card. If the spouse does not have a Social Security number, the applicant should be directed to Social Security.

What is your spouse's date of birth?

The Spouse's date of birth is required.

Has your spouse worked in 2007 or 2008?

If the spouse had gross wages and/or net earnings from self-employment for the years of 2007 and 2008, we will ask for the amounts later in the application.

Contact Information

Your Mailing Address:

All notices sent to the applicant from the Social Security Administration will be mailed to the address we currently have on file. If the applicant has moved in the last three months, check the box to indicate this is a new address. The applicant's mailing address must be within the 50 states or the District of Columbia.

Your Phone Number:

Phone numbers within the 50 states or the District of Columbia will be accepted in this field.

Other Information

If your spouse has Medicare (or expects to have it in the next three months), does he or she also wish to apply?

The applicant and spouse may both apply for Extra Help on the same application if they have Medicare (or expect to have it in the next three months). Select **Yes** if the applicant's spouse is also applying. Select **No** if the applicant's spouse is not applying.

OPTIONAL: (contact person)

If the applicant provides contact information for someone other than himself/herself, we will only contact that person by phone.

Contact's Phone Number:

Only phone numbers within the 50 states or the District of Columbia will be accepted in this field.

About The Person Completing the Form

Relationship to Applicant:

If someone else is filing on behalf of the applicant, we need to understand who is completing this form and their relationship to the people for whom they are applying. Please select the choice from the drop-down menu that best reflects the form completer's relationship to the people for whom you are applying.

- **Family Member** refers to anyone related to the beneficiary by blood or marriage.
- **Friend** is a non-relative helping the beneficiary in a nonprofessional capacity.
- **Attorney** only refers to the claimant's own legal representative. Attorneys who are not the claimant's own legal representative should select another box.
- **Agency (government)** refers to a government caseworker who is completing the application as part of a public assistance effort. If you are completing the application on behalf of a State pharmaceutical assistance program, see Other below.
- **Other Advocate** means someone completing the application at a Senior Center or other public facility who is not a caseworker or a social worker.
- **Social Worker** is for someone who is completing the application as part of their mission for the protection and advocacy of those in need.
- **Other** is for anyone not described above. When you place an X in the box next to Other, please use the following

Use...	If you are an...	Use...	If you are an...
AARP	Employee or volunteer of AARP not representing AARP-sponsored drug coverage	PHARM	Employee of a pharmacy.
DPAP	Employee of a pharmacy assistance program sponsored by a drug company	SHIP	Employee of a State Health Insurance Assistance Program
NCOA	Employee or volunteer with the National Council on Aging	SPAP	Employee representing a State pharmaceutical assistance program
PDP	Employee of a prescription drug plan sponsor		

Form Completer's Address:

If the form completer is working for an organization or agency that is completing this form on behalf of another individual, enter the business address in this field. Otherwise, enter the form completer's address. The mailing address must be within the 50 states or the District of Columbia.

About Your and Your Spouse's Living Situation

Not counting your spouse, how many other relatives live in your household and receive at least one-half of their financial support from you or your spouse? Do NOT include yourself or your spouse in the number you enter.

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the FPL guidelines dollar amount. The applicant should not count their spouse as a relative.

Wages and Earnings

Wages

Enter the expected annual amount of gross wages for the applicant (and living-with spouse, if applicable) for the current year.

What do you or your spouse expect to earn in wages before taxes and deductions this calendar year?

If the applicant or spouse expects to earn money for any labor or services provided on an hourly, daily, or piecework basis during this calendar year, select Wages of: and enter the amount BEFORE taxes and deductions the applicant (and living-with spouse, if applicable) expect to earn in the field provided. If the applicant (and living-with spouse, if applicable) did not, and does not expect to earn wages, select None. Do NOT include earned income tax credit payments you may have received.

What do you or your spouse expect your net earnings from self-employment to be this calendar year?

Net earnings from self-employment (NESE) for the applicant (and living-with spouse, if applicable) should be entered here. If wages are involved and there is a net loss from self-employment, the loss will be automatically deducted from the wages.

Have these wages or self-employment earnings decreased in the last two years?

Earned income posted to Social Security's records may not be current. If this question is answered "Yes," the response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security's records without contacting the beneficiary for verification.

Have you or your spouse stopped working in 2007 or 2008, or plan to stop working in 2008 or 2009? This information will allow us to project wages for the coming year (2010) or to reconcile discrepancies with Social Security's data for a prior year.

Are You Under 65 Years Old

If applicant is under age 65, select Yes.

Is your Spouse Under 65 Years Old

If applicant's spouse is under age 65, select Yes.

Do you or your spouse have to pay for things related to a disability or blindness that enable you to work?

We will only count part of the applicant's earnings toward the income limit if the applicant:

- works;
- receives Social Security benefits based on a disability or blindness; and
- has work-related expenses for which he/she is not reimbursed.

If the applicant or spouse has work-related expenses, select Yes. We do not need to know the amount of those expenses. We will not count a percentage of the earnings. When we send the applicant a letter informing the applicant of our decision regarding Extra Help, we will also include information about how much of the earnings we did not count. If the applicant thinks the amount of work-related expenses we used was less than the actual work-related expenses, the applicant may contact us to tell us the actual expenses amount.

Income Other Than Earnings

Do you or your spouse receive Social Security benefits?

If the applicant or spouse currently receives benefits from Social Security, enter the total amount received each month in this field. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

Do you or your spouse receive Railroad Retirement income?

If the applicant or spouse currently receives benefits from the Railroad Retirement Board, enter the total amount received each month in this field. This is the amount BEFORE the premium for Medicare Medical Insurance is deducted. Other types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

Do you or your spouse receive Veterans benefits?

If the applicant or spouse currently receives benefits from the Department of Veterans Affairs, enter the total amount received each month in this field. This is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc. (This is **NOT** an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

Do you or your spouse receive income from other pensions or annuities?

If the applicant or spouse currently receives income from a pension, enter the total amount received each month in this field. If the applicant or spouse receives money from an insurance company (annuity) on a regular basis (monthly, yearly, etc.), enter that amount in this field as well. This includes immediate and deferred annuity payments, and is the amount BEFORE any deductions have been made. Types of deductions could include voluntary Federal tax withholding, partial recovery of an overpayment, child support payments, garnishment, etc.

(This is NOT an all-inclusive list.) The entry for this field must be shown in a MONTHLY format.

Note: *The entries in these fields will automatically be multiplied by 12 to obtain the yearly income amount*

Do you or your spouse receive other income not listed above, including alimony, net rental income, workers' compensation, etc.?

Indicate whether the applicant or spouse receives income from any other source. If the amount changes from month to month or the applicant does not receive it every month, enter the average monthly income for the past year.

(Do NOT include help with rent or utilities, money the applicant has in bank accounts, stocks, bonds, savings bonds, mutual funds, IRAs or any similar investments, or any other cash at home or anywhere else.)

Do NOT list wages and self-employment, interest income, public assistance, medical reimbursements, or foster care payments here. Other examples of possible income sources that should NOT be counted are:

- Food Stamps;
- House repairs;
- Help from an energy assistance program;
- Help with medical bills, treatment and drugs;
- Housing assistance;
- Disaster assistance;
- Meals on Wheels;
- Contributions from food banks;
- Soup kitchens;
- Earned income tax credit payments;
- Victim's compensation payments;
- Scholarships and education grants;
- Certain distributions received by an Alaska Native from an Alaska Native Regional and Village Corporation;
- Land held in trust by the United States for an individual Indian or tribe;
- Funds held in trust by the Secretary of the Interior for an Indian tribe and distributed per capita to members of the tribe;
- Payments to members of specific Indian tribes as provided by Federal legislation; and
- Up to \$2,000 per year received by an Indian that is derived from individual interests in trust or restricted lands.

Has any of the income from these sources decreased in the last two years?

We will be comparing the information provided about the applicant's and spouse's income with information from other Federal, State and local government agencies. Since some of that information may be outdated, it will help us process the application if we know that the information we receive from the other agencies is too high. If the amount of the income the applicant listed in the questions above has decreased in the last two calendar years, select Yes.

Resources

Do you or your spouse have any of the following resources? If yes, enter the combined total for those items.

We need to know the amount of resources an individual has in order to determine eligibility for the subsidy. If the applicant is single, we count only that person's resources unless they share a joint account with someone not filing for Extra Help. If the applicant is married and lives with his/her spouse, we count the couple's resources. This includes bank accounts, investments and cash.

Money to be used for burial expenses

Social Security expects most beneficiaries to use funds toward burial expenses and excludes \$1500 as a resource for this expense. Beneficiaries don't need to answer this question on the i1020 application if they will use the funds for burial expenses. If question 6 is left blank on the application, Social Security will assume a "Yes" answer.

Non-Home Real Estate

If the answer is "Yes," the beneficiary will be contacted by Social Security for further information about the property value.

Asks about the applicant's living situation to determine household size

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the Federal poverty guidelines dollar amount. The applicant should not count themselves and their spouse when they indicate the number in the household.

List total monthly unearned income

When making a subsidy income determination, the applicant's (or living-with spouse) income or expected income for the year is considered. The applicant is instructed to average the monthly income if the amount changes from month to month. Social Security, Railroad and Veterans benefits should be counted as the full amount before Medicare or other deductions are taken from the check.

Asks if unearned income has decreased in the last two years

The information that is available to us via data exchange may not be current. If this question is answered "Yes," the response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security Administration records without contacting the applicant for verification. A decrease in income could affect the eligibility for and amount of a subsidy.

Signatures

To The Best of My Knowledge

If the information the applicant entered on the application is true and correct to the best of his or her knowledge, check the box next to applicant's name and select Submit Now to finish this application.

XIV. Completing the Extra Help Paper 1020 Form

The Application for Extra Help has been designed to use with scanning equipment to help us process forms quickly using current technology. Photocopies of the paper SSA-1020 cannot be scanned and therefore can not be used. Please ensure that ONLY scannable paper applications issued by Social Security are submitted to us. These instructions are intended for the scannable 1020 form.

SSA will receive some applications which have unanswered questions, multiple responses to the same question or illegible answers. If a response to a question on the application cannot be read by the scanner, it will cause an exception. Beneficiaries may be contacted by phone or letter to complete/clarify the question(s).

Once the scanning process is complete and any exceptions have been resolved, the claimant's attestation is matched against IRS records. If further verification is needed the beneficiary may also be contacted during this part of the process.

Although the SSA-1020-OCR is a self-help form and is expected to be completed by the applicant, we have provided guidelines for assistance. The SSA-1020 may be filed by:

- A single individual,
- A married individual filing only for himself/herself, or
- A married couple filing at the same time.

Remember, **deemed eligible** individuals (i.e., SSI recipients with Medicare, individuals eligible for both Medicaid and Medicare, and MSP QMB, SLMB and QI participants) do not need to apply for the subsidy.

Application Entries with Explanations

1: Applicant's Name and Social Security Number (SSN).

Applicant's name and SSN are required as it appears on the SSN card. For the non-deemed eligible individual who will receive the application in the mail, his/her name and the last four digits of the SSN will be pre-filled. Enter the date of birth.

2: The question asks if applicant is married and lives with spouse.

The spouse's name and SSN are required as it appears on the SSN card whenever the claimant is married and living with the spouse. This will make it possible for data matching for the spouse. You need to enter the spouse's date of birth and indicate if the spouse wishes to apply for the Extra Help.

3: The question asks if the applicant is married and living with a spouse, whether they have savings, investments or real estate worth more than \$25,010. If the applicant is not married or living with a spouse, it asks whether the value of these things is worth more than \$12,510.

This question serves as a screening guide for the applicant. If the applicant(s) have resources over the maximum resource limits, which include the burial expense exclusion, the

applicant(s) can decide not to pursue the claim. If the answer selected is “Yes,” the applicant is not eligible for the subsidy. The “Yes” entry indicates the applicant(s) do not need to complete the application unless a formal decision is wanted.

This question tells applicants to sign the application and return it to us unless they are not interested in the MSP. If they are not interested they also need to answer question 15 before signing and returning the form.

4: Total Value of Liquid Resources

We need to know the amount of resources an individual has in order to determine eligibility for the subsidy. If the applicant is single, we count only that person’s resources unless the applicant has a joint account. If the applicant is married and lives with his/her spouse, we count the couple’s resources. This includes bank accounts, investments and cash.

5: Money used to pay for burial expenses

Social Security expects most beneficiaries to use funds toward burial expenses and excludes \$1500 as a resource for this expense. Beneficiaries don’t need to answer this question on the SSA-1020 if they will use the funds for burial expenses. If question 6 is left blank, Social Security will assume a “Yes” answer.

6: Non-Home Real Estate

If the answer is “Yes,” the beneficiary will be contacted by Social Security for further information about the property value.

7: Asks about the applicant’s living situation to determine household size

The household size is determined by how this question is answered. Relatives who live with an applicant and depend on the applicant (or living-with spouse) to provide at least one-half of their financial support are considered part of the household. The size of the household determines the Federal poverty guidelines dollar amount. Applicants should not count themselves and their spouses when they indicate the number in the household.

8: List total monthly unearned income

When making a subsidy income determination, the applicant’s (or living-with spouse’s) income or expected income for the year is considered. The applicant is instructed to average the monthly income if the amount changes from month to month. Social Security, Railroad and Veterans benefits should be counted as the full amount before Medicare or other deductions are taken from the check.

9: Asks if unearned income has decreased in the last two years

The information that is available to us may not be current. A decrease in income could affect eligibility for and the amount of a subsidy.

If the applicant answers “Yes,” Social Security can reconcile discrepancies between the alleged income and the income shown in our records without the need to contact the applicant for verification. We may contact some people later after our records are updated if the information still does not match.

10: Wages

The expected annual amount of gross wages for the applicant and living-with spouse, if applicable, for the current calendar year should be entered here.

11: Self Employment

Net earnings from self-employment (NESE) for the applicant and living-with spouse, if applicable should be entered here for the current calendar year. If wages are involved and there is a net loss from self-employment, the loss will be deducted automatically from the wages.

12: Decrease in Wages or NESE

Earned income posted to Social Security records may not be current. A “Yes” response can be used to reconcile discrepancies between the alleged income and the income shown in Social Security’s records without contacting the beneficiary for verification if this matches our records at a later date.

13: Work stopped or will stop

This information will allow us to project wages for this calendar year (2009) or next year (2010) and to reconcile discrepancies with Social Security’s data for 2008.

14: Work-Related Expenses for Blind and Disabled Medicare Beneficiaries

The system will automatically exclude a percentage of the applicant’s earned income if certain work related expenses apply. The amount of the exclusion will be in the notice so the applicant can have an opportunity to disagree and ask for a higher amount, if applicable.

15: Information about Medicare Savings Program. This question tells the applicant (s) they may be able to get help from their state with their Medicare costs under the Medicare Savings Programs.

If applicants do not want Social Security to send their data to the state to initiate an MSP application they must **put an X in the “No” box**. If they do not answer this question, Social Security will share their information with the state to initiate an application for MSP. The state will be responsible for any additional contacts to make the MSP determination.

Signature Page

Section A

The SSA-1020 advises the applicant and living-with spouse to sign the application, even if a personal representative assists with completing the application. By signing the application, the applicant is stating the information provided is true. It also authorizes other agencies to disclose information through computer matches. The residence address and the mailing address must be obtained. If the applicant does not live within one of the 50 United States or the District of Columbia, he/she is not eligible for a subsidy.

Section B

Be sure to complete Section B if you are assisting someone with this process.

- **Attorney** only refers to the claimant's own legal representative. Attorneys who are not the claimant's own legal representative should select another box.
- **Agency (government)** refers to a government caseworker who is completing the application as part of a public assistance effort. If you are completing the application on behalf of a State pharmaceutical assistance program, see Other below.
- **Other Advocate** is someone completing the application at a Senior Center or other public facility who is not a caseworker or a social worker.

- **Social Worker** is for someone who is completing the application as part of their mission for the protection and advocacy of those in need.
- **Other** is for anyone not described above. When you place an X in the box next to Other, please use the following exact letters to describe your role in helping with this application:

Use...	If you are an...	Use...	If you are an...
AARP	Employee or volunteer of AARP not representing AARP-sponsored drug coverage	PHARM	Employee of a pharmacy.
DPAP	Employee of a pharmacy assistance program sponsored by a drug company	SHIP	Employee of a State Health Insurance Assistance Program
NCOA	Employee or volunteer with the National Council on Aging	SPAP	Employee representing a State pharmaceutical assistance program
PDP	Employee of a prescription drug plan sponsor		

Returning the completed paper application:

This form should be mailed to Social Security at the address on the enclosed postage-paid envelope:

Social Security Administration
 Wilkes-Barre Data Operations Center
 P.O. Box 1020
 Wilkes-Barre, PA 18767-9910

Appendix A: 2009 HHS Poverty Guidelines

Beneficiaries who have income at or below 150% of the above FPLs may be eligible for full or partial assistance with Medicare prescription drug plan costs.

2009 FPL Tables

a. 48 States and District of Columbia

Family Size	100%	135%	140%	145%	150%
1	\$10,830.00	\$14,620.50	\$15,162.00	\$15,703.50	\$16,245.00
2	14,570.00	19,669.50	20,398.00	21,126.50	21,855.00
3	18,310.00	24,718.50	25,634.00	26,549.50	27,465.00
4	22,050.00	29,767.50	30,870.00	31,972.50	33,075.00
5	25,790.00	34,816.50	36,106.00	37,395.50	38,685.00
6	29,530.00	39,865.50	41,342.00	42,818.50	44,295.00
7	33,270.00	44,914.00	46,578.00	48,241.50	49,905.00
8	37,010.00	49,963.50	51,814.00	53,664.50	55,515.00
9	40,750.00	55,012.50	57,050.00	59,087.50	61,125.00
10	44,490.00	60,061.50	62,286.00	64,510.50	66,735.00
Additional	3,740.00	5,049.00	5,236.00	5,423.00	5,610.00

b. Alaska

Family Size	100%	135%	140%	145%	150%
1	\$13,530.00	\$18,265.50	\$18,942.00	\$19,618.50	\$20,295.00
2	18,210.00	24,583.50	25,494.00	26,404.50	27,315.00
3	22,890.00	30,901.50	32,046.00	33,190.50	34,335.00
4	27,570.00	37,219.50	38,598.00	39,976.50	41,355.00

Family Size	100%	135%	140%	145%	150%
5	32,250.00	43,537.50	45,150.00	46,762.50	48,375.00
6	36,930.00	49,855.50	51,702.00	53,548.50	55,395.00
7	41,610.00	56,173.50	58,254.00	60,334.50	62,415.00
8	46,290.00	62,491.50	64,806.00	67,120.50	69,435.00
9	50,970.00	68,809.50	71,358.00	73,906.50	76,455.00
10	55,650.00	75,127.50	77,910.00	80,692.50	83,475.00
Additional	4,680.00	6,318.00	6,552.00	6,786.00	7,020.00

c. Hawaii

Family Size	100%	135%	140%	145%	150%
1	\$12,460.00	\$16,821.00	\$17,444.00	\$18,067.00	\$18,690.00
2	16,760.00	22,626.00	23,464.00	24,302.00	25,140.00
3	21,060.00	28,431.00	29,484.00	30,537.00	31,590.00
4	25,360.00	34,236.00	35,504.00	36,772.00	38,040.00
5	29,660.00	40,041.00	41,524.00	43,007.00	44,490.00
6	33,960.00	45,846.00	47,544.00	49,242.00	50,940.00
7	38,260.00	51,651.00	53,564.00	55,477.00	57,390.00
8	42,560.00	57,456.00	59,584.00	61,712.00	63,840.00
9	46,860.00	63,261.00	65,604.00	67,947.00	70,290.00
10	51,160.00	69,066.00	71,624.00	74,182.50	76,740.00
Additional	4,300.00	5,805.00	6,020.00	6,235.00	6,450.00

Appendix B: Explanation of LIS DATA EXCHANGE OUTPUT RECORD LAYOUT

Explanation of LIS DATA EXCHANGE OUTPUT RECORD LAYOUT

Record Position Number	Explanation of data
1-9	This is the beneficiary's Social Security number.
10-20	This is the claim number the beneficiary's Medicare/Social Security benefit records are filed under. It consists of a social security number and a suffix. Social Security determines this from our records.
21-76	This is the beneficiary's first name (15 spaces), middle name (15 spaces), last name (22 spaces) and suffix such as Sr (4 spaces). If the beneficiary is a railroad board annuitant or a new applicant we will show the full middle name. If the data is coming from our established records only the middle initial will be displayed
77-84	This is the beneficiary's date of birth provided in the format of a two digit month a two digit day and a 4 digit year
85	Gender of beneficiary - M or F displayed
86-89	Question 5 on the application asks if some money will be used for burial expenses. If the beneficiary checks no- a zero will be shown here. If not checked no we gave them the \$1500 burial expense exclusion when we counted their resources and 1500 will be shown here.
90-98	This is the spouse's own social security number
99-109	This is the claim number the spouse's Medicare/Social Security benefit or Railroad records are filed under. It consists of a social security number and a suffix. Social Security determines this from our records
110-165	This is the spouse's first name (15 spaces), middle name (15 spaces), last name (22 spaces) and suffix such as Sr (4 spaces). If the beneficiary is a railroad board annuitant or a new applicant we will show the full middle name. If the data is coming from our established records only the middle initial will be displayed
166-173	This is the spouse's date of birth provided in the format of a two digit month a two digit day and a 4 digit year
174-177	Question 5 on the application asks if some money will be used for burial expenses. If it is checked no a zero will be shown here. If not checked no we gave them the \$1500 burial expense exclusion when we counted their resources and 1500 will be shown here.
178-298	This is the mailing address. It allows for 8 lines of data. The data is limited to 22 spaces per line except the state which is shown in 2 digit format and the display of the full zip code. Social Security uses the address on our records unless the beneficiary indicates on page 6 of the application that they changed their address within the past three months. Then the address is taken off the application.
299-313	This is the telephone number on our records.
314	This field indicates whether the beneficiary or beneficiary and spouse have been approved for Extra Help. Y= yes and a N = no
315-322	This is the date the determination was made to approve or disapprove the

	application for Extra Help provided in the format of a 2 digit month a 2 digit day and a 4 digit year.
323-330	This is the effective date of the approved subsidy application. If the beneficiary is already enrolled in a plan and has Medicare this will be the first month the beneficiary can use the Extra Help to save on his Medicare prescription drug expenses.
331-347	There are two resource limits in the LIS program. The lower level of resources provides greater assistance including help with co-pays.
348-350	Will display either SNG if income is for one individual or CPL if income is from a couple
351-353	Will display the percent of the Federal Poverty level for the income used on this subsidy determination
354-356	Indicates the percent of subsidy awarded. This could be 0, 25, 50, 75 or 100%. A 000 is the equivalent of a denial since 0% (nothing) has been awarded, and a 050 would be a 50% partial subsidy award
357-488	If the case is denied this is where we show the reason(s). More than one code and the explanation will be shown as applicable. If the beneficiary does not or will not have Medicare during the life of the application we show NAB. If the beneficiary does not provide necessary information requested by SSA needed to determine his eligibility the denial code would be FTC for failure to cooperate, If the beneficiary is denied for excess income we display INC or for resources RES.
489-496	This is the date of the application.
497	This will tell you whether the beneficiary completed the entire application or stopped at question 3, self-screening themselves out of eligibility for Extra Help because their resources are too high. If there is a Y the beneficiary stopped at question 3. The field will be blank if the entire application was completed.
498-517	This will give you the sum total of resources, before the burial exclusion is applied, in each of the 4 following categories-Bank Accounts; Stocks, Bonds, Mutual Funds, IRAs or other investments; cash; value of real estate other than the home.
518-519	This is the number of people residing in the household in addition to the beneficiary and the living-with spouse
520-544	This is the income other than from work. The income shown is the full monthly amount received before deductions taken- we are not showing net check amounts which are after deductions from premiums, overpayments, etc. Here we would indicate separately the money from Social Security, Railroad Board, Veterans Administration, other pensions and other income such as alimony or workers compensation. We will indicate the type of income by a three digit code, Social Security will be SSA, railroad will be RRB, VAD will be Veterans benefits, other pensions or annuities will be indicated as OPA and other income as OIN.
545-549	This will show the annual amount of the beneficiary's wages from work. The figures shown are before any deductions (for taxes, premiums etc).
550-554	This will show the annual amount of the spouse's wages from work. The figures shown are before any deductions (for taxes, premiums etc).
555-559	This will show net earnings from self-employment for the year for the beneficiary
560-564	This will show net earnings from self-employment for the year for the spouse
565-569	This will show the amount of any net loss in self-employment income for the year for the beneficiary

570-574	This will show the amount of any net loss in self-employment income for the year for the spouse
575-1000	Blank

We are transmitting data before Social Security applies any exclusions to income and resources. When Social Security makes a subsidy determination we exclude the first \$20 of income each month. The figures shown on this chart are before the \$20 is taken off. Social Security also does not count the first \$65 of earnings and one-half of all earnings over \$65 received in a month from work. The figures shown are also before this is applied. There are additional exclusions that may apply. For other exclusions contact Social Security for information (1-800-772-1213 and TTY 1-800-325-0770).

Appendix C: LIS DATA EXCHANGE OUTPUT RECORD LAYOUT

LIS DATA EXCHANGE OUTPUT RECORD LAYOUT

Information will be transmitted Monday through Friday except Federal holidays to the States when SSA determines on an initial application that a person is eligible or not eligible for LIS. SSA will not send information on a person who is deemed by CMS or who has filed a duplicate application.

RECORD POSITION	FIELD NAME	FIELD SIZE & TYPE	DESCRIPTION
1-9	Claim Own Social Security Number (COSSN)	PIC X(09)	Beneficiary's own social security number (SSN)
10-20	Bene's HICN	PIC X(11)	Health Insurance Claim Number RRB Claim # (9) Prefix (1) Symbol (1)
21-35	First Name	PIC X(15)	Bene's First Name
36-50	Middle Name	PIC X(15)	Bene's Middle Name
51-72	Last Name	PIC X(22)	Bene's Last Name
73-76	Suffix	PIC X(04)	Bene's Suffix
77-84	Bene's Date of Birth	PIC 9(08)	Bene's Date of Birth Format: MMDDCCYY
85	Bene's Gender	PIC X(01)	VALUES = <ul style="list-style-type: none"> • F (Female) • M (Male)
86-89	Bene's Burial/Funeral Expenses	PIC 9(04)	VALUES = <ul style="list-style-type: none"> • 0, or • 1500
90-98	Spouse's COSSN	PIC X(09)	Spouse's SSN
99-109	Spouse's HICN	PIC X(11)	Health Insurance Claim Number RRB Claim # (9) Prefix (1) Symbol (1)
110-124	Spouse's First Name	PIC X(15)	Spouse's First Name

125-139	Spouse's Middle Name	PIC X(15)	Spouse's Middle Name
140-161	Spouse's Last Name	PIC X(22)	Spouse's Last Name
162-165	Spouse's Suffix	PIC X(04)	Spouse's Suffix
166-173	Spouse's Date of Birth	PIC 9(08)	Spouse's Date of Birth Format: MMDDCCYY
174-177	Spouse's Burial/Funeral Expenses	PIC 9(04)	VALUES = <ul style="list-style-type: none"> • 0, or • 1500
178-199	Mailing Address (8 lines) Note: Total Size of this Mailing Address block is <u>121 bytes</u>	PIC X(22)	<ul style="list-style-type: none"> • 1st Line of Address
200-221		PIC X(22)	<ul style="list-style-type: none"> • 2nd Line of Address
222-243		PIC X(22)	<ul style="list-style-type: none"> • 3rd Line of Address
244-265		PIC X(22)	<ul style="list-style-type: none"> • 4th Line of Address
266-287		PIC X(22)	<ul style="list-style-type: none"> • City
288-289		PIC X(02)	<ul style="list-style-type: none"> • State
290-294		PIC X(05)	<ul style="list-style-type: none"> • Zip + 5
295-298		PIC X(04) Total Size = 121 bytes	<ul style="list-style-type: none"> • Zip +4
299-313	Phone	PIC X(15)	Phone Number
314	Subsidy Approved	PIC X(01)	VALUES = <ul style="list-style-type: none"> • Y (Awd) • N (Den)
315-322	Subsidy Approval/Disapproval Date	PIC 9(08)	Format: <ul style="list-style-type: none"> • MMDDCCYY
323-330	Subsidy Effective Date	PIC 9(08)	Format: <ul style="list-style-type: none"> • MMDDCCYY

331-347	Level of Resources	PIC X(17)	VALUES = <ul style="list-style-type: none"> • Reduced Co-Pay, or • No Reduced Co-Pay
348-350	Income Used for Determination	PIC X(03)	VALUES = <ul style="list-style-type: none"> • SNG = Individual • CPL = Couple
351-353	Income as Percentage of FPL	PIC X(03)	Numeric #'s – Can vary (EX: 050; 176; 300; etc.)
354-356	Premium Subsidy % Of Subsidy Award	PIC 9(03)	VALUES = <ul style="list-style-type: none"> • 000 • 025 • 050 • 075 • 100
357-359	Denial Reason Code 1	PIC X(3)	VALUES = <ul style="list-style-type: none"> • NAB
360-389	Denial Reason Description 1	PIC X(30)	<ul style="list-style-type: none"> • Not a A/B Medicare Bene
390-392	Denial Reason Code 2	PIC X(3)	<ul style="list-style-type: none"> • FTC
393-422	Denial Reason Description 2	PIC X(30)	<ul style="list-style-type: none"> • Failure to Cooperate
423-425	Denial Reason Code 3	PIC X(3)	<ul style="list-style-type: none"> • RES
426-455	Denial Reason Description 3	PIC X(30)	<ul style="list-style-type: none"> • Resources
456-458	Denial Reason Code 4	PIC X(3)	<ul style="list-style-type: none"> • INC
459-488	Denial Reason Description 4	PIC X(30)	<ul style="list-style-type: none"> • Income
		Total Size = 132 bytes	

489-496	Application Date	PIC 9(08)	Format: <ul style="list-style-type: none"> • MMDDCCYY
497	Check "YES" on Question 3 (Y shown if applicable. Otherwise, position 293 will be blank if N or N/A applicable)	PIC X(01)	VALUES = <ul style="list-style-type: none"> • Y (Yes) BLANK SPACES = <ul style="list-style-type: none"> • N (No), or • N/A (Not Applicable)
498-502 503-507 508-512 513-517	Resources	PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99 PIC S9(06) V99	<ul style="list-style-type: none"> • Bank Accounts • Stocks, Bonds, other investments • Cash • Fields are Comp-3 • Value of Real Estate other than Bene's Home
518-519	Household Size	PIC 9(02)	<ul style="list-style-type: none"> • Amount of other relatives (1 thru 99) living in the household - Not including the bene & spouse. Otherwise, zeros in this space will represent no other relatives in the household.
520-524 525-529	Income Not from Work	PIC S9(06) V99 PIC S9(06) V99	<ul style="list-style-type: none"> • Social Security Benefits (before deductions) • Railroad Benefits (before deductions)
530-534		PIC S9(06) V99	<ul style="list-style-type: none"> • VA Benefits (before deductions)

535-539		PIC S9(06) V99	<ul style="list-style-type: none"> • Pensions or Annuities (before deductions)
540-544		PIC S9(06) V99	<ul style="list-style-type: none"> • Other Income
545-549	Earned Income: (Wages)	PIC S9(06) V99	<ul style="list-style-type: none"> • Beneficiaries Wages (before deductions)
550-554		PIC S9(06) V99	<ul style="list-style-type: none"> • Spouse's Wages (before deductions)
555-559	(Net Earnings from self –employment)	PIC S9(06) V99	<ul style="list-style-type: none"> • Bene's Net Earnings
560-564		PIC S9(06) V99	<ul style="list-style-type: none"> • Spouse's Net Earnings
565-569	(Net Loss from self – employment)	PIC S9(06) V99	<ul style="list-style-type: none"> • Bene's Net Losses
570-574		PIC S9(06) V99	<ul style="list-style-type: none"> • Spouse's Net Losses
575-1000	FILLER	PIC X(426)	<ul style="list-style-type: none"> • Blank Spaces (Future Considerations)