

# How to Apply for Medicare Part B



**TINDON**  
HEALTH ⚡ WEALTH

A STEP-BY-STEP GUIDE

If you enrolled in Medicare Part A when you turned 65 but delayed Part B (if you kept working and kept your employer coverage) you'll need to apply for Part B separately when you're ready to retire. Begin by visiting the website below.

**Step 1: Go to [www.ssa.gov/medicare/sign-up/part-b-only](https://www.ssa.gov/medicare/sign-up/part-b-only).**

**Step 2: Click on "Start Application"**

**Step 3: Make sure you have all materials you will need and accept terms.**

You'll reach a page here that shows the terms and privacy statement as well as what you will need to fill out the application.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

#### Information about Social Security's Online Policies

The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).



**I understand and agree to the above statement**

# Step 4: Fill out Section A with personal information and previous coverage.

You'll need your Medicare number from the card you received with your Part A coverage, your mailing address, legal name and phone number.

Under **Step 7. Remark** include your desired coverage start date.

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)

SECTION A: Applicant Info

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)?

YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip Code

6. Phone Number (including area code)

7. Remark (For Example - Desired Coverage Start Date)

# Step 5: Fill out Sections B and C with your employer information.

SECTION B: Employment Information

For questions regarding how to respond to any of these questions, please refer to the 'Step by Step' instructions at the end of this doc

1. Employer's Name

2. Employer's Address

City

State

Zip Code

3. Applicant's Name

4. Applicant's Social Security Number

5. Employee's Name

6. Employee's Social Security Number

SECTION C: For Employer Group Health Plans ONLY

Complete this information to the best of your ability.

1. Are or were you covered under an employer group health plan?

Yes No

2. If yes, provide date coverage began. (mm/yyyy)

3. Has the coverage ended?

Yes No

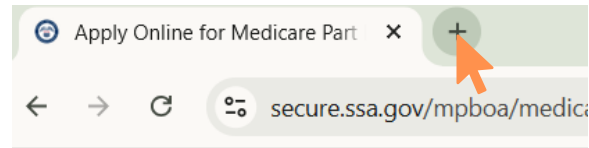
4. If yes, provide date coverage ended. (mm/yyyy)

5. When did you or your spouse work for the company?

From: (mm/yyyy)

To: (mm/yyyy)

**Step 6: In a new tab, fill out CMS-L564, a form that allows your employer to verify you've had group coverage.**



Without closing your current application, open a new tab and go to this link:

<https://www.cms.gov/cms-l564-request-employment-information>

You'll fill out Section A with your employment information, then have your HR manager or employer fill out Section B and sign.

The image shows a screenshot of the CMS-L564 form, titled 'REQUEST FOR EMPLOYMENT INFORMATION'. The form is divided into two main sections: Section A (To be completed by individual signing up for Medicare Part B) and Section B (To be completed by Employers). Section A includes fields for Employer's Name, Address, City, State, Zip code, Applicant's Name, and Applicant's Social Security Number. Section B includes fields for Employer Group Health Plans ONLY and Hours Bank Arrangements ONLY. The form also includes a section for All Employers to sign and a 'Download and print to PDF' button at the bottom. There are two callout boxes: one orange box pointing to Section A with the text 'YOU fill out this part.' and one blue box pointing to the employer signature section with the text 'Your EMPLOYER fills out this part.'.

You can click the button at the bottom to download as a PDF and send, or fill it out together online with an HR manager prior to retirement.

Save the completed form on your computer and continue with the original application.

## Step 7: Complete Section D by uploading your completed CMS-L564 form.

### SECTION D: Employment Verification

#### INSTRUCTIONS

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTE, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages

#### 1. Verifying Documents

 [\\* Click to Attach Employment Verification ...](#)

 [Click to Attach Employment Verification Fi...](#)

#### 2. Signature

[\\* Click here to sign](#)

Click here to attach your completed employer verification form you filled out with your employer in the previous step. Complete the form with your signature at the bottom and click **Submit** and you're all done!

**If you have any questions on which plan is right for you, or any concerns during this process, reach out to us to schedule a free consultation meeting with one of our experienced insurance agents to learn about your options.**

### Tindon Health & Wealth

Health Insurance Coverage, Financial Advising, and Retirement Assistance

Address: 655 Post Road, Wells ME 04090

Phone: (207) 248-8411

Website: [www.tindonhw.com](http://www.tindonhw.com)

Email: [admin@tindon.us](mailto:admin@tindon.us)



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