

## **Medicare Savings Program Application Instructions and Check-List**

**1) Please fill in the highlighted portions of the enclosed application and release forms and sign where required.**

- Original signed and completed application (DOH – 4328)  
*\*Enclosed*
- Original signed release form (OCA No. 960)  
*\*Enclosed*

**2) Please send copies of the following documents:**

- Copy of U.S. Birth Certificate, U.S. Passport, State ID or Permanent Resident Card
- Copy of Social Security Card
- Copy of Medicare Card
- Copy of Medicaid Card (if applicable)
- Proof of Other Names (if applicable)
  - Copy of Marriage License or Death Certificate of spouse
- Proof of Home Address
  - Copy of Phone, Electric, or Rent bill with your name and home address on it
- Proof of Income (all sources)
  - Social Security Income (copy of current year's Social Security award letter)
  - Income from Employment (3 pay stubs)
  - Pension or Veterans' Benefits (statement indicating amount and frequency of payment or 1099 form)
  - Income from Annuity (3 bank statements OR 1099 form)
  - Retirement Account Dividends (3 bank statements OR 1099 form)
  - Other \_\_\_\_\_
- Proof of Other Health Insurance Premium (ex: Medigap or HMO premium)
  - Copy of Premium statement or 3 consecutive monthly bills

**3) Send completed application packet to:**

**Medicare Savings Program Applications  
Medicare Rights Center  
266 West 37<sup>th</sup> Street, 3<sup>rd</sup> Floor  
New York, NY 10018**