

Dear Medicare Savings Program Applicant:

Enclosed is an application to apply for the Medicare Savings Program. Individuals applying for the Medicare Savings Program may apply through a mail-in process. A personal interview is not required. The following documentation must be submitted along with your signed application form. Also enclosed is information regarding the income and resource requirements for the Medicare Savings Program for the current year.

PROOF OF INCOME (provide the documentation that applies to you)

Earned Income from Employer.....	Current paycheck/stubs (4 consecutive weeks) or letter from employer
Self-Employment Income	Current signed income tax return or record of earnings and expenses
Rental/Roomer-Boarder Income.....	Letter from roomer, boarder, tenant or check stub
Unemployment Benefits	Award letter/certificate, benefit check, correspondence from NYS Dept. of Labor
Private Pensions/Annuities	Statement from pension/annuity
Social Security	Award letter/certificate, benefit check, correspondence from Social Security Administration
Child Support/Alimony.....	Letter from person providing support, letter from court, child support/alimony check stub
Worker's Compensation	Award letter, check stub
Veteran's Benefits.....	Award letter, benefit check stub, correspondence from Veterans Administration
Military Pay	Award letter, check stub
Support from other Family Members	Signed statement and/or letter from family member
Income from a trust.....	Trust document

IDENTITY AND CITIZENSHIP OR CURRENT IMMIGRATION STATUS

Identity	Copy of front and back of your and your spouse’s Medicare cards
Citizenship	A copy of your Medicare card also serves as documentation of U.S citizenship
Lawful Permanent Resident (LPR)/Immigrant	Immigration documentation such as USCIS form I-551 “Green Card”

RESIDENCY / HOME ADDRESS (provide one of the following for each applicant)

- ID card with address Postmarked non-window envelope, postcard, or magazine label with name, address and date
- Driver’s license issued within past 6 Utility bill within last six months (gas, Months electric, cable), or correspondence from a government agency
- School Record showing address Property tax records or mortgage statement
- Letter/lease/rent receipt with home address from landlord

HEALTH INSURANCE PREMIUMS (Provide, if applicable.)

- Letter from employer Premium statement Pay stub

Please mail the signed and dated application, along with all necessary documentation to:

If you are applying for full Medicaid or Medicaid with a spenddown, you will need to contact your local Medicaid office to schedule an appointment to apply for Medicaid.