

REQUEST FOR EMPLOYMENT INFORMATION

SECTION A: To be completed by individual signing up for Medicare Part B (Medical Insurance)

1. Employer's Name	2. Date <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/				
		/			/						
3. Employer's Address											
City	State										
4. Applicant's Name	5. Applicant's Social Security Number										
6. Employee's Name	7. Employee's Social Security Number										

SECTION B: To be completed by Employers

For Employer Group Health Plans ONLY:

1. Is (or was) the applicant covered under an employer group health plan? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. If yes, give the date the applicant's coverage began. (mm/yyyy) <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/				
		/					
3. Has the coverage ended? <input type="checkbox"/> Yes <input type="checkbox"/> No							
4. If yes, give the date the coverage ended. (mm/yyyy) <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/				
		/					
5. When did the employee work for your company?							
From: (mm/yyyy) <table style="border: 1px solid black; width: 60px; height: 20px;"></table> / <table style="border: 1px solid black; width: 60px; height: 20px;"></table>							
To: (mm/yyyy) <table style="border: 1px solid black; width: 60px; height: 20px;"></table> / <table style="border: 1px solid black; width: 60px; height: 20px;"></table>							
Still Employed: (mm/yyyy) <table style="border: 1px solid black; width: 60px; height: 20px;"></table> / <table style="border: 1px solid black; width: 60px; height: 20px;"></table>							
6. If you're a large group health plan and the applicant is disabled, please list the timeframe (all months) that your group health plan was primary payer.							
From: (mm/yyyy) <table style="border: 1px solid black; width: 60px; height: 20px;"></table> / <table style="border: 1px solid black; width: 60px; height: 20px;"></table>							
To: (mm/yyyy) <table style="border: 1px solid black; width: 60px; height: 20px;"></table> / <table style="border: 1px solid black; width: 60px; height: 20px;"></table>							

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? <input type="checkbox"/> Yes <input type="checkbox"/> No							
2. If yes, does the applicant have hours remaining in reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No							
3. Date reserve hours ended or will be used? (mm/yyyy) <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/				
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All Employers:

Signature of Company Official	Date Signed <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: none; padding: 0 5px;">/</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>			/			/				
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Title of Company Official	Phone Number (<table style="border: 1px solid black; width: 30px; height: 20px;"></table>) <table style="border: 1px solid black; width: 30px; height: 20px;"></table> - <table style="border: 1px solid black; width: 30px; height: 20px;"></table> <table style="border: 1px solid black; width: 30px; height: 20px;"></table>										

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