

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: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">/</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> </tr> </table>		/		/		
	/		/				
3. Employer's Address							
City	State	Zip code					
4. Applicant's Name	5. Applicant's Social Security Number <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">-</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">-</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> </tr> </table>			-		-	
	-		-				
6. Employee's Name	7. Employee's Social Security Number <table style="width:100%; border: none;"> <tr> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">-</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> <td style="border: 1px solid black; width: 30px; text-align: center;">-</td> <td style="border: 1px solid black; width: 30px; text-align: center;"> </td> </tr> </table>			-		-	
	-		-				

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? Yes No

2. If yes, give the date the applicant's coverage began. (mm/yyyy)

	/		/		
--	---	--	---	--	--

3. Has the coverage ended? Yes No

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

	/		/		
--	---	--	---	--	--

5. When did the employee work for your company?

From: (mm/yyyy) <table style="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td></tr></table>		/		/			To: (mm/yyyy) <table style="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td></tr></table>		/		/			Still Employed: (mm/yyyy) <table style="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td></tr></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="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td></tr></table>		/		/			To: (mm/yyyy) <table style="width:100%; border: none;"><tr><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;">/</td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td><td style="border: 1px solid black; width: 30px; text-align: center;"> </td></tr></table>		/		/			
	/		/											
	/		/											

For Hours Bank Arrangements ONLY:

1. Is (or was) the applicant covered under an Hours Bank Arrangement? Yes No

2. If yes, does the applicant have hours remaining in reserve? Yes No

3. Date reserve hours ended or will be used? (mm/yyyy)

	/		/		
--	---	--	---	--	--

All Employers:

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

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information is 0938-0787. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.