MISSOURI DEPARTMENT OF SOCIAL SERVICES
FAMILY SUPPORT DIVISION
APPLICATION FOR MEDICARE SAVINGS PROGRAMS

INSTRUCTIONS:

Read and answer each question completely and accurately. Attach additional pages as needed. If you are unable to complete this application, you may have someone else help you. If you have questions, contact Family Support Division (FSD) toll free at 855-373-4636.

Sign, date and return the application to FSD by:

- Uploading your application: Visit mydssupload.mo.gov to upload a copy of your completed application
- Mail to: Family Support Division, PO BOX 2700, Jefferson City, MO 65102
- Fax to: 573-526-9400

NOTE: This is **NOT** an application for Healthcare. If you want to apply for MO HealthNet or other assistance programs, go to http://mydss.mo.gov/ and select *Apply for Services* or visit an FSD office to request an application. To apply by phone for **MO HealthNet only** call 855-373-9994.

☐ I/We hereby apply for payment of Medicare premiums.

APPLICANT NAME (FIRST, MIDDLE, LAST)
HOME ADDRESS (HOUSE NO. AND STREET)
CITY, STATE, ZIP CODE
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)
CITY, STATE, ZIP CODE
PRIMARY PHONE NUMBER
ALTERNATE PHONE NUMBER
EMAIL ADDRESS
COMPLETE THE FOLLOWING INFORMATION FOR YOU AND YOUR SPOUSE (IF MARRIED)
NAME: (FIRST, MIDDLE, LAST) (MAIDEN) HISPANIC Y/N ☐ YES ☐ NO

RACE*/SEX

DATE OF BIRTH

PLACE OF BIRTH (City and State)

SOCIAL SECURITY NUMBER

DO YOU HAVE MEDICARE? ☐ YES ☐ NO

MARRIAGE DATE

NAME: (FIRST, MIDDLE, LAST)

(MAIDEN)

HISPANIC Y/N ☐ YES ☐ NO

RACE*/SEX

DATE OF BIRTH

PLACE OF BIRTH (City and State)

SOCIAL SECURITY NUMBER

DO YOU HAVE MEDICARE? ☐ YES ☐ NO

MARRIAGE DATE

*0. PREFER NOT TO ANSWER or UNABLE TO DETERMINE
1. WHITE/CAUCASIAN
2. BLACK/AFRICAN AMERICAN
3. AMERICAN INDIAN/ALASKAN NATIVE
4. ASIAN
5. NATIVE HAWAIIAN/PACIFIC ISLANDER
6. MULTI-RACIAL

Are you applying for Medicare Savings for your spouse too? ☐ YES ☐ NO

I/We are residents of Missouri and intend to remain.

☐ YES ☐ NO

Are all of the persons applying US citizens?

☐ YES ☐ NO

If no, list the following information for applicants named above who are not US citizens: Name, immigration status, registration number, and date of entry:

Are you or your spouse now employed?

☐ YES ☐ NO

WHO IS EMPLOYED

EMPLOYER'S NAME

AMOUNT PAID BEFORE DEDUCTIONS

FREQUENCY

WHO IS EMPLOYED

EMPLOYER'S NAME

AMOUNT PAID BEFORE DEDUCTIONS

FREQUENCY

Does anyone in your home operate their own business, or are they otherwise self-employed?

☐ YES ☐ NO

If yes, list who, describe what type of self-employment (babysitting, farm income, etc.), and amount earned (after taxes).

WHO IS SELF-EMPLOYED
TYPE OF SELF-EMPLOYMENT
AMOUNT EARNED AFTER EXPENSES
FREQUENCY
WHO IS SELF-EMPLOYED
TYPE OF SELF-EMPLOYMENT
AMOUNT EARNED AFTER EXPENSES
FREQUENCY
I/We receive other income. ☐ YES ☐ NO
Other income may include: Social Security Supplemental Security Income (SSI) Trust Funds Annuities Pensions/Retirement Unemployment Compensation Alimony Veteran's Benefits Disability

Interest/Dividends/Investments Assistance from friends or relatives Any other income not from a job or self-employment
RECEIVED BY
TYPE OF INCOME
CLAIM NUMBER
AMOUNT PER MONTH
RECEIVED BY
TYPE OF INCOME
CLAIM NUMBER
AMOUNT PER MONTH
RECEIVED BY
TYPE OF INCOME
CLAIM NUMBER
AMOUNT PER MONTH
RECEIVED BY
TYPE OF INCOME
CLAIM NUMBER
AMOUNT PER MONTH

ASSETS – List all assets owned by you or your spouse.
CASH AND ACCOUNTS – Include all checking accounts, savings accounts, certificates of deposit, annuities, cash on hand, stocks, bonds or other investments, notes or mortgages owed to you, property held in safe deposit boxes or any other resources.
CASH AND ACCOUNTS
IN WHOSE NAME
ACCOUNT NUMBER
LOCATION/BANK NAME
CURRENT BALANCE
CASH AND ACCOUNTS
IN WHOSE NAME
ACCOUNT NUMBER
LOCATION/BANK NAME
CURRENT BALANCE

PERSONAL PROPERTY – Include burial lots, business or farm equipment, jewelry (other than wedding and engagement rings, watches or costumer jewelry), property claims in probate court, or other personal property.
PERSONAL PROPERTY
LOCATION
VALUE
DEBT
PERSONAL PROPERTY
LOCATION
VALUE
DEBT
VEHICLES – Include cars, trucks, vans, motorcycles, recreational vehicles, and any other vehicles.
MAKE/MODEL
YEAR
OWNER

VALUE
DEBT
HOW IS IT USED?
MAKE/MODEL
YEAR
OWNER
VALUE
DEBT
HOW IS IT USED?
REAL ESTATE – Include any homes, buildings, land, or other real estate you or your spouse own or are buying.
LIST KIND AND LOCATION
WHOSE NAME IS ON THE DEED?
VALUE

DEBT
HOW IS IT USED? (HOME, RENTAL, ACREAGE, OTHER)
LIST KIND AND LOCATION
WHOSE NAME IS ON THE DEED?
VALUE
DEBT
HOW IS IT USED? (HOME, RENTAL, ACREAGE, OTHER)
LIFE INSURANCE AND/OR BURIAL PLANS – Include any life insurance policies that you or your souse are a policy owner.
PERSON INSURED
POLICY OWNER
MARK (X) WHAT KIND ☐ LIFE ☐ BURIAL

INSURANCE COMPANY
POLICY NUMBER
FACE VALUE
CASH VALUE
PERSON INSURED
POLICY OWNER
MARK (X) WHAT KIND ☐ LIFE ☐ BURIAL
INSURANCE COMPANY
POLICY NUMBER
FACE VALUE
CASH VALUE
I/We have other health insurance. ☐ YES ☐ NO If yes, complete the following:

PERSON INSURED
INSURANCE COMPANY
POLICY NUMBER
TYPE OF COVERAGE
MONTHLY PREMIUM
PERSON INSURED
INSURANCE COMPANY
POLICY NUMBER
TYPE OF COVERAGE
MONTHLY PREMIUM
PLEASE READ CAREFULLY AND SIGN BELOW
I/We UNDERSTAND that: • I/we are entitled to fair and equal treatment regardless of race, color, national origin, sex, age, religion,

disability, ancestry, genetic information, pregnancy, sexual orientation, or veteran status.

- If I/we disagree with the decision concerning our eligibility, I/we may request a fair hearing by contacting the FSD at myDSS.mo.gov, by phone, mail, or in person. This request must be received within 90 days of the eligibility decision.
- I/we must provide Social Security Numbers (SSN) of all persons applying for MO HealthNet. The SSN is used to determine eligibility and verify information (Section 1137 of the Social Security Act).
- I/We authorize the Director of FSD or his/her appointee to investigate and verify these circumstances and statements.
- I/we must report any changes in circumstances within ten days of when they happen. Visit myDSS.mo.gov or call 855-373-4636, or visit any FSD Resource Center to report changes.
- It is against the law to obtain or attempt to obtain benefits to which I/we are not entitled. Any false claim, statement or concealment of any material fact whatever, in whole or in part, may subject me to criminal and/or civil prosecution.
- I/we must provide complete information regarding any health or accident insurance benefit available to any household member and I/we must report within 30 days any accident for which medical care is received.
- I/We hereby authorize all providers of medical benefits who render services or merchandise to me/us under

MO HealthNet to release all records regarding such services or merchandise to the Department of Social Services and its representatives.

- An application for and acceptance of MO HealthNet constitutes an assignment of rights to the Department of Social Services, MO HealthNet Division for payment for medical care from a third party.
- Provided I/we are found to be eligible for assistance, I/we wish payments by the MO HealthNet Division and/or the Title XVIII medical insurance program to be made directly to physicians and medical suppliers on any future covered unpaid bills for medical and other health services furnished me/us while eligible for MO HealthNet.
- By signing this application, you are giving permission to deliver, or cause to be delivered, automated phone calls and text messages regarding your case at the primary phone number you provided on page 2. You do not have to consent to this as a condition of eligibility. If you want to opt out of getting these calls or messages, check here:

☐ opt out calls ☐ opt out texts ☐ opt out calls and texts

My/our signature below certifies under penalty of perjury that all declarations made in this eligibility statement are true, accurate, and complete.

If signing electronically: I agree to submit this application by electronic means. I understand an electronic signature has the same legal effect and can be enforced in the same way as a written signature. ☐ **I agree**

SIGNATURE OF APPLICANT
DATE
SIGNATURE OF SPOUSE
DATE

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