

{Request for Information Cover Letter}

{County Address}

{County Telephone No.}

{Applicant's Name}

{Applicant's Address}

Date:

Dear Consumer:

You recently applied to the Social Security Administration for Extra Help with your Medicare Part D prescription drug coverage. At that time, you agreed to have your application sent to the New York State Medicaid office to apply for help with your Medicare costs through the Medicare Savings Program.

In order for us to determine if you are eligible for this benefit, we need some additional information. Please mail the following documents to the address listed above:

- A copy of the completed and signed "Request for Information" form.
- A photocopy of the front and back of your Medicare card (the red, white and blue card).
- Proof of income, such as paychecks stubs, a letter from employer, income tax return, award letter for any unearned income benefit such as social security, unemployment, or veteran's benefit, or letter from renter, boarder or tenant.
- Proof of any other health insurance premium that you pay other than Medicare, such as a letter from employer, premium statement or pay stub.
- If you are not a U. S. citizen, you must provide documents indicating your current immigration status.

If we do not receive the requested information by _____, we will assume that you do not want to receive benefits through the Medicare Savings Program and we will send you a notice informing you that you are not eligible for the Medicare Savings Program.

If you need help with this form, you may contact the Medicaid office listed above or contact the Health Insurance Information Counseling & Assistance Program (HIICAP) at 1-800-701-0501. TTY users should call 1-877-486-2048.