

EPIC New York State Senior Prescription Plan

P.O. Box 15022

Albany, NY 12212-5022

1-800-332-3742

Dear EPIC Participant,

Based on the income you reported to EPIC, you may be eligible for “Extra Help”. This is a federal benefit that will help you pay for Medicare Part D coverage and save even more on your prescription drugs.

Therefore, you are required by New York State law to provide additional information in order to keep your EPIC coverage. Please complete, sign, and return the attached Request for Additional Information form within thirty (30) days from receipt of this letter.

Married couples need only complete one form. EPIC will use this information to apply to the Social Security Administration (SSA) for Extra Help on your behalf.

If you need help completing the attached form, please ask a relative or caregiver to assist you. You can also call the **EPIC Helpline at 1-800-332-3742** for assistance. We can also schedule an appointment at a convenient time for you to meet with an EPIC representative or a counselor in your community to assist you with completing the form.

The SSA will notify you by letter if you are approved for Extra Help, and may call you before then if they have questions. If you are approved, and you are not already enrolled in Medicare Part D, EPIC will help you select and enroll in a Part D plan that can be used with EPIC for greater savings. You will not have to pay a Medicare Part D premium and you will pay much lower co-payments and still be able to receive the same drugs you do now. If you are not approved and believe an error was made, please call the EPIC Helpline if you would like to appeal the determination.

This is a wonderful opportunity to save even more on your prescriptions. To avoid any disruption in your EPIC coverage, please **do not delay in completing and returning** the form. Please call the EPIC Helpline (1-800-332-3742) if you have any questions.

Sincerely,

Julie A. Naglieri
Director

¿Necesita ayuda? Llame 1-800-332-3742



Request for Additional Information

Please separate the form at the perforation and return only the form to EPIC.

Instructions – Call the EPIC Helpline at 1-800-332-3742 if you need assistance

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Single

You are single, divorced, widowed, or your spouse does not live with you.

Married

You and your spouse live in the same household. If both of you are enrolled in EPIC, please enter both EPIC ID#, complete, sign and return **ONLY** one form to EPIC.

Monthly Income (1 - 7)

1-4. Please enter the current monthly income for each type i.e., social security, veterans. If the amount changes from month to month, then calculate (or estimate) the average monthly income for the past 12 months for each line. On each line, enter \$0 if none.

5. **Do NOT include wages and self-employment, interest income, dividends, public assistance, medical reimbursements or foster care payments. Enter \$0 if none.**

5A. Please specify the TYPE of Other Income that you or your spouse is reporting on Line 5, such as alimony, net rental income or workers compensation.

Assets (8 - 11)

8-10. Please report the current balance (or estimate) for the bank accounts, investments or cash that either you, your spouse (if married and living together) or both of you own. Include cash or investments that either of you own with another person. **Do NOT include your home, vehicles, burial plots or personal possessions. On each line, enter \$0 if none.**

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12. Please check yes if you expect cash or money from any investments listed under Assets on lines (8-10), or cash from any life insurance policy, will be used to pay for funeral or burial expenses for you or your spouse. Otherwise, check no.
13. Please check yes if you or your spouse own real estate other than your home. Otherwise, check no.
14. Please enter the number of relatives that live with you that depend on you or your spouse to provide at least one-half of their financial support. Relatives may include anyone related to you by blood, marriage or adoption.
15. Please enter the amount of money you would receive today if you cashed in your life insurance policies (**not term life insurance policies**). You may need to call your insurance company to help answer this question.
16. Please calculate the average monthly amount you receive from friends and relatives to pay for any of the household expenses listed. **Do NOT include food stamps, house repairs, help from a housing agency, an energy assistance program, Meals on Wheels, or help with medical treatment and drugs.**

Please SKIP questions 17-21 if you or your spouse (if married and living together) have NOT worked in the last two years. Otherwise, please answer questions 17-21.

17. Please estimate the amount you or your spouse expects to earn in wages *before taxes* this year.
18. If self-employed, please estimate the amount you or your spouse expects to earn or lose this year. Please enter a negative number if you expect a loss.
19. Please check yes if the amounts reported on Lines 17 or 18 decreased in the last two years. Otherwise, check no.
20. Please enter the month and year (MM/YYYY) that you stopped working or plan to stop working. Please leave this blank if you or your spouse plan to continue working.
21. Please check either yes or no if you or your spouse pay for things that allow your spouse to work. Examples of such expenses are: a wheelchair; cost of medical treatment and drugs for illnesses; personal attendant services; vehicle modifications or other transportation needs; work-related assistive technology; guide dog expenses; sensory and visual aids; and Braille translations. **Please check N/A (not applicable) if single or your spouse is 65 or older.**



Request for Additional Information



THIS FORM MUST BE COMPLETED AND RETURNED TO KEEP YOUR EPIC COVERAGE

PLEASE PRINT CLEARLY – Please make corrections to any inaccurate information directly on the form.

Marital Status Single (widow, divorced, married but living apart)
(please check one): Married (living with your spouse)
If married, and your spouse is not enrolled in EPIC, enter spouse's date of birth: ____ / ____ / ____

_____ Last Name	_____ First Name	_____ MI	_____ Your EPIC ID #
_____ Spouse's Last Name	_____ First Name	_____ MI	_____ Spouse's EPIC ID#
_____ Mailing Address		_____ Box# or Apt. #	_____ Your Social Security Number
			_____ Spouse's Social Security Number
_____ City/State	_____ Zip Code		_____ Phone Number (including area code)

INCOME (Include spouse's if married and living together)

If the amount changes month to month, estimate the average monthly income for the past 12 months for each line. Do NOT include wages and self-employment, interest income, dividends, public assistance, medical reimbursements or foster care payments. Please enter \$0 if you have no income to report on that line.

CURRENT MONTHLY AMOUNTS	You	Spouse's
1. Monthly Social Security (including Medicare)	\$ _____	\$ _____
2. Monthly Railroad Retirement	\$ _____	\$ _____
3. Monthly Veterans Benefits	\$ _____	\$ _____
4. Monthly – Other pensions and annuities (not including any amount reported in the Assets section below)	\$ _____	\$ _____
5. Monthly – Other income not listed above (including alimony, net rental income, workers' compensation)	\$ _____	\$ _____
5A. Specify TYPE of other income (line 5): _____		
6. Total MONTHLY Income (add lines 1-5)	\$ _____	\$ _____
7. Have any amounts reported on lines 1-5 decreased during the last two years? <input type="checkbox"/> Yes <input type="checkbox"/> No		

ASSETS (Include spouse's if married and living together)

Please report the current balance. Do NOT include your home, vehicles, burial plots, or personal possessions. Please enter \$0 if you have no assets to report on that line.

8. Bank accounts – total current balance (checking, savings, money market, certificates of deposit)	\$ _____
9. Stocks, bonds, savings bonds, mutual funds, Individual Retirement Accounts or other similar investments	\$ _____
10. Cash at home or anywhere else	\$ _____
11. Total Assets (add lines 8-10)	\$ _____

Please tear here and return form only.



Request for Additional Information

- If you are **SINGLE**, please answer questions (12-16) based on your income and assets.
- If you are **MARRIED** and living with your spouse, please answer questions (12-16) based on your **COMBINED** income and assets, where applicable.
- Please enter a 0 on lines 14-16 if this question is not applicable.

12. Will your assets or life insurance be used for funeral or burial expenses? Yes No
13. Do you own real estate other than your home? Yes No
14. How many relatives living with you depend on you to provide at least one-half of their financial support? (do not include you or your spouse) _____
15. What is the cash value of your life insurance policies? (not term insurance) \$ _____
16. What is the monthly amount provided to you by friends or relatives for food, mortgage, rent, heating fuel or gas, electricity, water and property taxes? \$ _____

- If you or your spouse (if married and living together) have **NOT** worked in the last two years, please **SKIP** questions (17 - 21) and go to the signature section; otherwise, please answer the following questions:

17. What do you expect to earn in wages before taxes this year? You: \$ _____
Spouse: \$ _____
18. If self-employed, what are your expected net earnings or loss this year? You: \$ _____
Spouse: \$ _____
19. Have the amounts reported for lines 17 or 18 decreased in the last two years? Yes No
20. If you recently stopped working or plan to stop working, enter the month and year (example: 05/2006 = May 2006) You: ___ / 20 ___
Spouse: ___ / 20 ___
21. If your spouse is younger than 65 and is blind or disabled, do you or your spouse pay for things that enable your spouse to work? Yes No N/A

THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED TO KEEP YOUR EPIC COVERAGE.

Read carefully and sign below:

I certify that the information on this form is true and correct to the best of my knowledge.

You and your spouse, or your representative, must sign below:

Your Signature

Spouse's Signature

- If someone assisted you in completing this form, please provide their name, address and phone number.

Print Name

Phone Number (including area code)

Mailing Address

City/State/Zip Code

EPIC
P.O. Box 15022, Albany, NY 12212-5022
EPIC Helpline Number is 1-800-332-3742 (TTY 1-800-290-9138)

Please tear here and return form only.