

**APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)**

1. Your Medicare Number

2. Do you wish to sign up for Medicare Part B (Medical Insurance)?  YES

3. Your Name (Last Name, First Name, Middle Name)

4. Mailing Address (Number and Street, P.O. Box, or Route)

5. City

State

Zip code

6. Phone Number (including area code)

( ) ( ) - ( )

7. Written Signature (DO NOT PRINT)

8. Date Signed

( ) ( ) ( )

**IF THIS APPLICATION HAS BEEN SIGNED BY MARK (X), A WITNESS WHO KNOWS THE APPLICANT  
MUST SUPPLY THE INFORMATION REQUESTED BELOW.**

9. Signature of Witness

10. Date Signed

( ) ( ) ( )

11. Address of Witness

12. Remarks

[Empty box for remarks]

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 collection is 0938-1230. The time required to complete this information 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 any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

CMS-40B (04/19)

**SPECIAL MESSAGE FOR INDIVIDUAL APPLYING FOR PART B**

This form is your application for Medicare Part B (Medical Insurance).  
You can use this form to sign up for Part B:

- During your Initial Enrollment Period (IEP) when you're first eligible for Medicare
- During the General Enrollment Period (GEP) from January 1 through March 31 of each year
- If you're eligible for a Special Enrollment Period (SEP), like if you're covered under a group health plan (GHP) based on current employment.

**Initial Enrollment Period**

**Special Enrollment Period**

If you don't sign up for Part B during your IEP, you can sign up without a late enrollment penalty during a Special Enrollment Period (SEP). If you think that you may be eligible for a SEP, please contact Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778. You can use a SEP when your IEP has ended. The most common SEPs apply to the working aged, disabled, and international volunteers.

**Working Aged/Disabled**

You have a SEP if you're covered under a group health plan (GHP) based on **current** employment. To use this SEP, you must:

- Be 65 or older and currently employed

**APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)****WHO CAN USE THIS APPLICATION?****People with Medicare who have Part A but not Part B**

**NOTE:** If you do not have Part A, do **not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

**WHEN DO YOU USE THIS APPLICATION?****Use this form:**

- If you're in your **Initial Enrollment Period (IEP)** and live in **Puerto Rico**. You must sign up for Part B using this form.
- If you're in your **IEP** and **refused Part B** or did not sign up when you applied for Medicare, but now want Part B.
- If you want to sign up for Part B during the General Enrollment Period (GEP) from January 1 – March 31 each year.
- If you refused Part B during your IEP because you had group health plan (GHP) coverage through your or your spouse's current employment. You may sign up during your 8-month Special Enrollment Period (SEP).
- If you have Medicare due to disability and refused Part B during your IEP because you had group health plan coverage through your, your spouse or family member's current employment.
- You may sign up during your 8-month SEP.

**NOTE:** Your IEP lasts for 7 months. It begins 3 months before your 65th birthday (or 25th month of disability) and ends 3 months after you reach 65 (or 3 months after the 25th month of disability).

**WHAT INFORMATION DO YOU NEED TO COMPLETE THIS APPLICATION?****You will need:**

- Your Medicare Number
- Your current address and phone number
- Form CMS-L564 "Request for Employment Information" completed by your employer if you're signing up in a SEP.

**WHAT HAPPENS NEXT?**

Send your completed and signed application to your local Social Security office. If you sign up in a SEP, include the CMS-L564 with your Part B application. If you have questions, call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.

**HOW DO YOU GET HELP WITH THIS APPLICATION?**

- **Phone:** Call Social Security at **1-800-772-1213**. TTY users should call **1-800-325-0778**.
- **En español:** Llame a SSA gratis al **1-800-772-1213** y oprima el 2 si desea el servicio en español y espere a que le atienda un agente.
- **In person:** Your local Social Security office. For an office near you check [www.ssa.gov](http://www.ssa.gov).

**REMINDERS**

- If you sign up for Part B, you must pay premiums for every month you have the coverage.
- If you sign up after your IEP, you may have to pay a late enrollment penalty (LEP) of 10% for each full 12-month period you don't have Part B but were eligible to sign up.

You have the right to get Medicare information in an accessible format, like large print, Braille, or audio. You also have the right to file a complaint if you feel you've been discriminated against. Visit <https://www.medicare.gov/about-us/accessibility/nondiscrimination-notice>, or call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users can call 1-877-486-2048.