



# Cómo solicitar por internet la cobertura de Medicare solamente

*¡Es fácil! Solo vaya a [www.segurosocial.gov](http://www.segurosocial.gov)*

## Bienvenido a la solicitud de beneficios de Seguro Social

- Comience su solicitud al seleccionar «Comenzar una solicitud nueva»; o
- Continúe llenando la solicitud que ya ha comenzado.

**NOTA ACLARATORIA:** Este servicio solo está disponible en inglés.

## Información sobre usted

- Nombre;
- Número de Seguro Social;
- Fecha de nacimiento; y
- Género.

## Número de reingreso

Cuando haya comenzado su solicitud exitosamente, recibirá un número de reingreso que puede usar para:

- Continuar su solicitud más tarde si necesita una pausa; y
- Verificar el estado de su solicitud una vez completada.

**Social Security**  
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Identification | General | Other Benefits | Remarks | Review & Sign

**Medicare Information for Joan Public**

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time? [Things to Consider](#)

Yes  No

**In this section...**

- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information**
- Re-entry Number
- Other SSNs and Names

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**Decisión de Medicare solamente**  
Elija inscribirse para Medicare solamente y no recibir beneficios por jubilación en este momento.

## Preguntas sobre sus beneficios de salud

- Otra cobertura de seguro de salud;
- Información acerca de planes de salud para grupos;
- Información de empleo; e
- Información sobre las fechas de cobertura.

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**Electronic Signature Agreement**

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

agree with the Electronic Signature Agreement above.

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**Group Health Plan Information for Joan Public**

**In this section...**

- Health Insurance Information
- Medicaid Information
- Group Health Plan**

Is Joan Public covered under a Group Health Plan? [More Info](#)

Yes  No

Is Joan Public covered under a Group Health Plan through your own current employment?

Yes  No

**Employment Information**  
The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)

Month Day Year

What date did employment end? [More Info](#)

Month Day Year

Employment has not ended

**Health Insurance Information**

What date did health insurance start? [More Info](#)

Month Year

What date did health insurance end? [More Info](#)

Month Year

Health insurance has not ended

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## Completando su solicitud

- Verifique el resumen de su solicitud para exactitud;
- Firme su solicitud al seleccionar el botón de «Presentar ahora»;
- Obtenga un recibo de su solicitud; y
- Obtenga información sobre los próximos pasos a seguir.



Asegurando el presente y el futuro

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