

# DRAFT

Social Security Administration  
Retirement, Survivors, and Disability Insurance  
Notice of Change in Benefits

SSA-OAS-SEC 625 Project  
P.O. Box 15430  
Kansas City MO 64106-0430

Jane Doe  
2300 Carolina  
CLOVIS NM 88101-8510  
\*881018510008\*

Date:  
Claim Number: 999-99-9999A

We are writing to give you new information on this Social Security record.

## **What We Will Pay**

- Your next scheduled payment of \$742.00 which is for September 2004, will be received on or about the third of October 2004.
- After that you will receive \$808.00 on or about the third of each month.

## **Information About Medicare**

To be eligible for TRICARE, you must be enrolled in Medicare Part B (medical insurance) unless you are a family member of an Active Duty sponsor. We have enrolled you in Medicare Part B (medical insurance) to make sure you can be eligible for TRICARE as described later in this letter.

You are entitled to Medicare Part B (medical insurance) beginning September 2004.

We enrolled you in medical insurance now because the Medicare Prescription Drug, Improvement and Modernization Act of 2003 provides an extra special enrollment period for medical insurance for certain people with Medicare who are also eligible for TRICARE. During this special enrollment period, beneficiaries who have Medicare Part A can enroll in Medicare Part B (medical insurance) without paying a higher premium. If you do not take medical insurance during this special enrollment period, you may have to pay a higher premium if you enroll later.

ENCLOSURES:  
ENVELOPE  
FORM CMS-20018

SEE NEXT PAGE

We charge a monthly premium for your medical insurance. The rates are shown below:

\$66.60    September 2004

We are taking medical insurance premiums due through October 2004 out of the check you will receive around October 3, 2004. These premiums total \$133.20. We will deduct medical insurance premiums 1 month in advance.

We will send you a new Medicare card. It will show that you are entitled to hospital and medical insurance. You should take this card with you when you need medical care. If you need medical care before you receive the new card, use this letter as proof that you are covered by Medicare.

**If you agree with the September 2004 entitlement date for your medical insurance benefits, you do not need to take any further action.**

You can, however, choose to have your medical insurance benefits begin any month from January 2004 through December 2004 without paying a higher premium. If you want to change the date your medical insurance benefits start, you must tell us within 60 days after the date of this notice.

**If you want an earlier date:**

If you want your medical insurance to start earlier than September 2004:

- Use the enclosed form to tell us the month you want your medical insurance benefits to begin, and
- Tell us we can withhold the premiums (\$66.60 for each month) from your payments, and
- Return the form in the enclosed envelope.

If you want the benefits earlier but would find it hard to pay the premium amount in a lump sum, ask us about other ways to pay the money. Complete the enclosed form and take it with this letter to your local Social Security office.

**If you want a later date:**

If you want your medical insurance to start later in 2004:

- Use the enclosed form to tell us the month you want your medical insurance benefits to begin, sign and return it in the enclosed envelope. We will refund any premiums that you have paid.

**If you don't want medical insurance:**

If you do not want medical insurance, please complete the enclosed form, sign and return it to us in the envelope we have provided. You will need to do this within 60 days after the date of this notice. If you decide you do not want the insurance, we will return any premiums that you have paid.

## **Information About Other Medicare Enrollment Periods**

If you do not take medical insurance during this special enrollment period in 2004, you can sign up again during the General Enrollment Period that runs from January through March of each year. Your medical insurance coverage will start on July 1 of the year you sign up. The cost of your medical insurance will go up 10% for each 12-month period that you could have had medical insurance but didn't take it.

You may also be able to sign up for medical insurance during another Special Enrollment Period. If you have group health plan coverage because you or your spouse is currently working:

- You can sign up any time you are still covered by a group health plan because you or your spouse is working, or
- During the eight months following the month the group health plan coverage ends or the employment ends, whichever is first.

If you are a family member of an active duty sponsor:

- You can sign up for medical insurance anytime while the sponsor is on active duty status, or
- During the 8-month period following the month that the sponsor retires from military service.

## **Additional Information About TRICARE**

To be eligible for TRICARE, you must enroll in Medicare Part B unless you have an active duty sponsor. TRICARE offers wrap-around coverage for Medicare beneficiaries as well as a pharmacy benefit. For general information about TRICARE benefits, you may call Wisconsin Physicians Service (WPS) TRICARE for Life at 1-866-773-0404 or visit the TRICARE website at [www.tricare.osd.mil](http://www.tricare.osd.mil) on the Internet.

You must also be enrolled in the Defense Enrollment Eligibility Reporting System (DEERS) to remain eligible for TRICARE benefits. If you need to update your information in DEERS, you may visit an identification card issuing facility or contact the Defense Manpower Data Center Support Office (DSO) Telephone Center at (800) 538-9552. (If you are deaf or hearing impaired, you may call the toll-free DSO TTY number at 1-866-363-2883.) To find the nearest identification card issuing facility, you may visit [www.dmdc.osd.mil/rsl](http://www.dmdc.osd.mil/rsl) on the Internet.

## **Do You Think We Are Wrong?**

If you disagree with this decision, you have the right to appeal. We will review your case and consider any new facts you have. A person who did not make the first decision will decide your case. We will correct any mistakes. We will review those parts of the decision which you believe are wrong and will look at any new facts you have.

We may also review those parts which you believe are correct and may make them unfavorable or less favorable to you.

- You have 60 days to ask for an appeal.
- The 60 days start the day after you get this letter. We assume you got this letter 5 days after the date on it unless you show us that you did not get it within the 5-day period.
- You must have a good reason for waiting more than 60 days to ask for an appeal.
- You have to ask for an appeal in writing. We will ask you to sign a form SSA-561-U2, called "Request for Reconsideration." Contact one of our offices if you want help.

### **If You Want Help With Your Appeal**

You can have a friend, lawyer or someone else help you. There are groups that can help you find a lawyer or give you free legal services if you qualify. There are also lawyers who do not charge unless you win your appeal. Your local Social Security office has a list of groups that can help you with your appeal.

If you get someone to help you, you should let us know. If you hire someone, we must approve the fee before he or she can collect it. And if you hire a lawyer, we will withhold up to 25 percent of any past due benefits to pay toward the fee.

### **If You Have Any Questions**

We invite you to visit our website at [www.socialsecurity.gov](http://www.socialsecurity.gov) on the Internet to find general information about Social Security. If you have any specific questions, you may call us toll free at 1-800-772-1213, or call your local Social Security office at 1-505-742-2915. We can answer most questions over the phone. If you are deaf or hard of hearing, you may call our TTY number, 1-800-325-0778. You can also write or visit any Social Security office. The office that serves your area is located at:

SOCIAL SECURITY  
912 PARKLAND DRIVE  
CLOVIS NM 88101

If you do call or visit an office, please have this letter with you. It will help us answer your questions. Also, if you plan to visit an office, you may call ahead to make an appointment. This will help us serve you more quickly when you arrive at the office.