

How To Apply Online For Medicare Only



It takes less than 10 minutes! Just go to www.socialsecurity.gov

Welcome to the Social Security Benefit Application

- Start your application by selecting "Apply for Benefits;" or
- Continue completing an application you already started.

Welcome to the Social Security Benefit Application

Thank you for using our online Retirement/Medicare application.

What will you need before you begin?

Find information and necessary documents you need to complete the application online for:

- Myself
- Someone else

Watch Video: Helpful hints for completing this application

Applying for benefits

- To start a new application for retirement or Medicare, select the "Apply for Benefits" button.
- To finish an application you already started, select the "Return to a Saved Application" button.
- To obtain estimates of your future retirement benefits use the Retirement Estimator.

How long will it take?

We estimate that completing the application will take between 10 and 30 minutes depending on the number of questions you need to answer. You can save your application as you go, so you can take a break at any time.

To Continue Your Application

If you want to finish an application that you already started:

[Return to a Saved Application](#)

To Start The Application Process

Please select one of the following. Tell us information about the person completing this application.

- I am applying for myself.
- I am helping someone who wants to apply for benefits and is with me.
- I am helping someone who is not with me, and therefore cannot sign the application at this time.

Blind or visually impaired applicants can use the Internet Special Notices Option page to choose how to receive notices from Social Security.

Please select one:

- I am not blind or visually impaired; or, I am not applying for myself.
- I have visited the Internet Special Notices Option page.

[Apply for Benefits](#)

Applicant Identification

Applicant's Name:
Please provide the name as it appears on the most recent Social Security card.

First Middle Last Suffix

Social Security Number (SSN):

Gender:
 Male Female

Date of Birth:
Month Day Year

In this section...

- Initial Information
- Applicant Identification
- Contact Information
- Birth and Citizenship
- Application Number
- Additional Information

Information About You

- Name;
- Social Security number;
- Gender; and
- Date of birth.

Application Number

When you have successfully started your application, you will get an application number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.

Application Number:

You have successfully started your Medicare application. We are providing you with an Application Number. The number can be used to restart an incomplete application. You will need it to complete your online application if you decide to continue the application later or to check the status of your claim.

Application Number: **57298287**

Print or save this page, or write down the number, so you will have what you need to return to your application at a later time.

[Print this page](#)

In this section...

- Initial Information
- Applicant Identification
- Application Number



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

Benefit Application

Identification
 General
 Other Benefits
 Remarks
 Review & Submit
 Next Steps

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


Are you already enrolled in Medicare under a Social Security Number other than your own?
 More Info
 Yes No

In this section...

- Initial Information
- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Application Number
- Additional Information

Medicare-only Decision

Choose to sign up for Medicare only and not receive retirement benefits at this time.



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Group Health Plan Information for Joan Public

Are you covered under a Group Health Plan? More Info
 Yes No

Are you covered under a Group Health Plan through your own 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

In this section...

- Benefit Information
- Health Insurance Information
- Medicaid Information
- Group Health Plan

Questions About Your Health Benefits

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.



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Electronic Signature & Submission for Joan Public

In this section...

- Overall Summary
- Send this Application

Congratulations, you've almost completed your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone to complete the application, then that person needs to read and accept the statements.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B) 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.

When you select "Submit Now," you will be sending your completed information electronically to the Social Security Administration. You will no longer be able to change your information.

I agree with the Electronic Signature & Submission Agreement above. I wish to submit my application electronically now.

Finishing Your Application

- Go over a summary of your application for accuracy;
- Sign your application by selecting the "Submit Now" button;
- Get a receipt for your application; and
- Get information on what to do next.



Social Security Administration
 SSA Publication No. 05-10531
 ICN 470148
 Unit of Issue - HD (one hundred)
 November 2011 (Recycle prior editions)