

QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUALS (QI) APPLICATION

Name		Social security number		Medicare number		Date	
Telephone number ()		Date of birth		Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		Marital status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed	
Address (number, street)				City		State	ZIP code

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual-1 (QI-1) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI-1. You may apply for QMB, SLMB, or QI-1 by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, or QI-1, you must:

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements:
 - **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below \$908* for a single person, or \$1,226* for a couple).
 - **SLMB:** Net countable income below 120% of the FPL (below \$1,089* for a single person, or \$1,471* for a couple).
 - **QI-1:** Net countable income below 135% of the FPL (below \$1,226* for a single person, or \$1,655* for a couple).
- * If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than \$6,680 in nonexempt property for a single person, or \$10,020 for a couple.
- Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT:

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as food stamps and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are **over** the income limits of the QMB, SLMB, and QI-1 programs. This coverage would include payment of the Medicare Part B premium. If you wish to apply for these other programs, check yes and the county will send you other forms to complete. Yes No

Do you wish to apply for three months of retroactive coverage for the SLMB and QI -1 programs (there is no retroactive coverage for QMB). Yes No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex M=Male F=Female	Date of Birth	Relationship to You

**MAIL COMPLETED FORM TO YOUR COUNTY SOCIAL SERVICES AGENCY.
(ADDRESSES ON BACK SIDE OF THIS FORM)**

A. COUNTABLE INCOME

1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI-1 applicant:

- a. Social security check \$ _____
- b. VA benefits \$ _____
- c. Interest from bank accounts or certificate(s) of deposit \$ _____
- d. Retirement income \$ _____
- e. Any other unearned income \$ _____
- f. Total UNEARNED INCOME—add lines a. through e. \$ _____

2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

- g. Social security check \$ _____
- h. VA benefits \$ _____
- i. Interest from bank accounts or certificate(s) of deposit \$ _____
- j. Any other unearned income \$ _____
- k. Retirement income \$ _____
- l. Total SPOUSE'S UNEARNED INCOME—add lines g. through k. \$ _____

3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI applicant and spouse:

- m. Gross earnings for the person who wants to be a QMB, SLMB, or QI-1 \$ _____
- n. Gross earnings for the spouse \$ _____
- o. Total—add lines m. and n. \$ _____
- p. Subtract \$65 \$ _____
- q. Remainder \$ _____
- r. Divide by 2 \$ _____
- s. Total EARNED AND UNEARNED INCOME—add lines f., l., and r. \$ _____

4. Potential QMB, SLMB, or QI-1 eligibles:

- You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at \$908* for a single person, or at \$1,226* for a couple).
- You are potentially eligible as a SLMB if your income is below 120% of FPL (below \$1,089* for a single person, or below \$1,471* for a couple).
- You are potentially eligible as a QI-1 if your income is below 135% of FPL (below 1,226* for a single person, or below \$1,655* for a couple).

* If you have a child in the home, these amounts may be higher.

COUNTY USE	
Applicant's unearned income (line f)	\$ _____
Spouse's unearned income (line l)	+ _____
Any income deduction	- _____
Net unearned income	_____
Net earned income (line r)	+ _____
Total net income	_____
MFBU size	_____
Compare to QMB/SLMB/QI-1/QI-2 income limit.	
If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.	

B. PROPERTY

A QMB, SLMB, or QI-1 who is not married or not living with his/her spouse may have countable property which is equal to or less than \$6,600. A QMB, SLMB, or QI-1 who is married and living with his/her spouse must have countable property which is equal to or less than \$9,910.

The following are examples of countable property. **Important:** The home you and/or a spouse live in **does not** count. One car used for transportation **does not** count. If you apply at the county welfare department as a QMB, SLMB, or QI-1, the county may treat the property listed on this form differently. There are other types of property which the county welfare department, will also look at, i.e., certificates of deposit. This other property **may** or **may not** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

- 1. Checking accounts \$ _____
- 2. Savings accounts \$ _____
- 3. Certificate(s) of deposit \$ _____
- 4. Stocks \$ _____
- 5. Bonds \$ _____
- 6. A second car (value minus amount owed) \$ _____
- 7. A second home (value minus amount owed) \$ _____
- 8. The cash surrender value of life insurance policies if the face value of **all** policies combined exceeds \$1,500 (Do not include "term" insurance policies) \$ _____
- 9. Total PROPERTY—add lines 1 through 8 **\$ _____

COUNTY USE

** This total cannot exceed \$6,680 for a single person or \$10,020 for a couple.

Additional information: You may be eligible for **up to three months of retroactive coverage** of your Medicare Part B premiums under the SLMB and QI programs.

NOTE: Individuals enrolled in traditional Medi-Cal, in addition to the QMB/SLMB/QI programs, may be subject to Estate Recovery. Medi-Cal benefits received by an individual after age 55 may be recoverable by the State. Recovery may be made from the estate or the distributee/heir of the Medi-Cal beneficiary if the beneficiary does not leave a surviving spouse, minor children, or a totally disabled or blind son or daughter. **Individuals enrolled in only the QMB/SLMB/QI programs, however, are not subject to Estate Recovery.**

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.

Signature (or mark) of applicant	Date
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COUNTY USE			
<input type="checkbox"/> QMB approved	<input type="checkbox"/> SLMB approved	<input type="checkbox"/> QI-1 approved	<input type="checkbox"/> QMB/SLMB/QI-1 denied

Eligibility Worker's signature	Date
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Privacy Statement

This information given in this application is private and confidential under Welfare and Institutions Code 14100.2. This information will be disclosed only in accordance with those laws.

Sections 14011 and 14012 of the Welfare and Institutions Code allow county welfare departments to get certain facts from you, or the person(s) you represent, so that you can get Medi-Cal benefits. You must provide these facts to get some or all of your Medicare costs paid by Medi-Cal. You are required to provide your Social Security Number under the Social Security Act, Section 1137(a)(1) and the Welfare and Institutions Code, Section 14011.2.