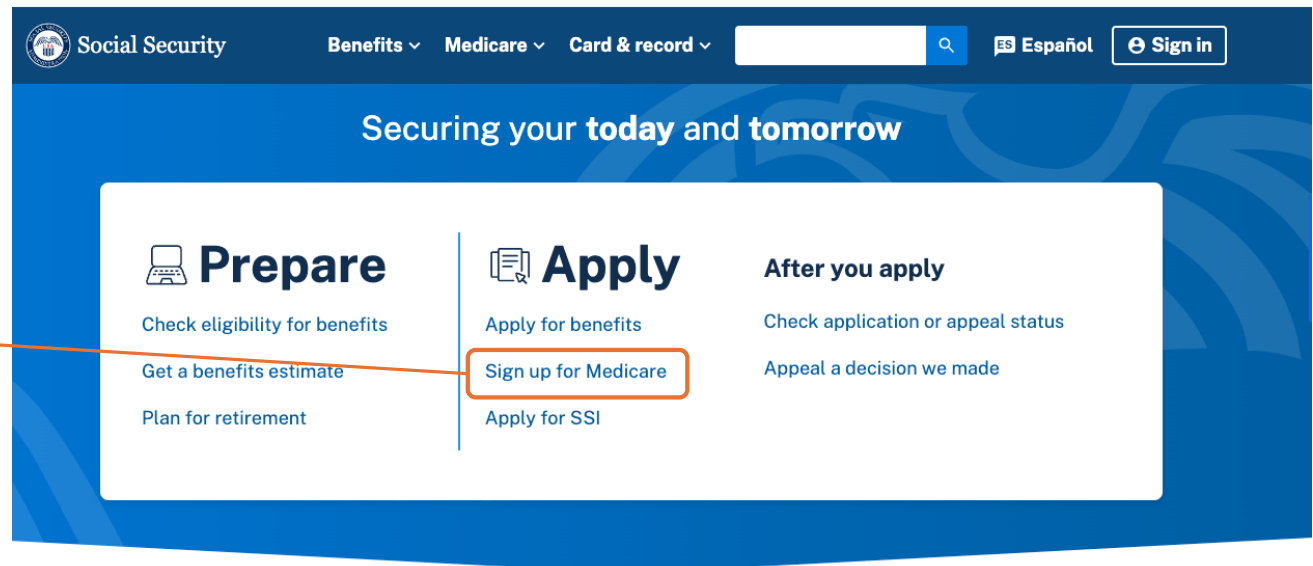


It's easier  
than you  
think.

# How to apply for Medicare - Online

STEP 1: go to SSA.gov

STEP 2: click on SIGN UP  
FOR MEDICARE



STEP 3: Will navigate to  
<https://www.ssa.gov/medicare/sign-up>

STEP 4: Scroll down the page and either  
sign up for Parts A & B or Part B only.

STEP 5: Click the appropriate button  
based on what the person is enrolling  
into.



## Sign up for Medicare

If you're 65 or older, you can enroll online for Parts A and B, or Part A only. You can delay Part B if you're already covered through an employer group health plan.

The application is for retirement benefits and Medicare, or Medicare only.

**Apply online**



## Sign up for Part B only

If you already have Part A and previously declined or never signed up for Part B, you can sign up for Part B only.

**Get started**

This is the process for enrolling into Parts A & B at the same time.

Part B only enrollment directions to follow.

STEP 6: Applicant must read the terms of service and check the attestation box.

STEP 7: Click the NEXT button.

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

### Apply for Benefits

#### Benefits Application Terms of Service

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

☒ I understand and agree to the above statements.

#### Information about Social Security's Online Policies

We are committed to protecting individual privacy and securing the personal information made available to us when you visit our website, SSA.gov. Our [Internet Privacy Policy](#) explains our online information practices.

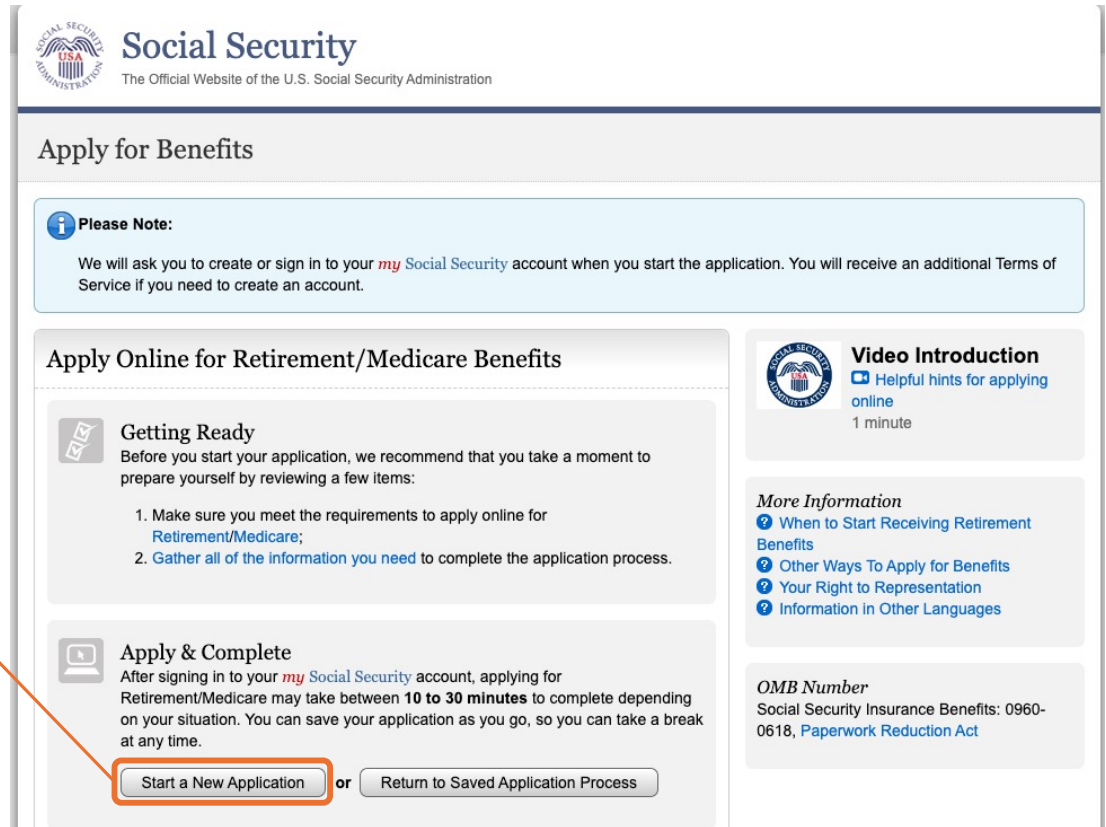
**Next** [Exit](#)




STEP 8: Create or sign into your Social Security account.


STEP 9: Make sure you have the items required to apply. [CLICK HERE](#) for the checklist.

STEP 9: Click START A NEW APPLICATION.




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

## Apply for Benefits

 **Please Note:**


We will ask you to create or sign in to your [my Social Security](#) account when you start the application. You will receive an additional Terms of Service if you need to create an account.

### Apply Online for Retirement/Medicare Benefits

 **Getting Ready**


Before you start your application, we recommend that you take a moment to prepare yourself by reviewing a few items:

1. Make sure you meet the requirements to apply online for [Retirement/Medicare](#);
2. [Gather all of the information you need](#) to complete the application process.

 **Apply & Complete**

After signing in to your [my Social Security](#) account, applying for Retirement/Medicare may take between **10 to 30 minutes** to complete depending on your situation. You can save your application as you go, so you can take a break at any time.

[Start a New Application](#) or [Return to Saved Application Process](#)

 **Video Introduction**  
[Helpful hints for applying online](#)  
1 minute


**More Information**

- [When to Start Receiving Retirement Benefits](#)
- [Other Ways To Apply for Benefits](#)
- [Your Right to Representation](#)
- [Information in Other Languages](#)

**OMB Number**  
Social Security Insurance Benefits: 0960-0618, [Paperwork Reduction Act](#)

STEP 10: Begin completing the application by answering the required questions.

As you answer questions, more will populate.

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

Apply for Benefits

**Who Is Completing This Application?**

**Tell us information about the person completing this application:**

☐ I am applying for myself.

☐ I am helping someone who is not with me, and therefore cannot sign the application at this time.

[Next](#) [Previous](#)

## PART B ONLY ENROLLMENT

STEP 6: directed to

<https://www.ssa.gov/medicare/sign-up/part-b-only>

STEP 7: Scroll down and click START APPLICATION.

## Sign up for Part B only

Part B helps pay for your basic healthcare services. If you already have Part A, you can add Part B during specific enrollment periods.

It's important to sign up promptly to avoid gaps in coverage or late enrollment penalties. Your coverage generally begins the first day of the month after you sign up.

## When you're ending an employer group health plan

If you've been covered by an active employer group health plan (either yours or your spouse's) since turning 65, and it ended within the last 8 months, you can enroll in Part B without any penalty. This is considered a "Special Enrollment Period." [See exactly when to sign up.](#)



### Submit an application

You can apply online when you're ending an employer group health plan. During this Special Enrollment Period, you can apply any time of year.

**Start application**

STEP 8: Instructions and attestation.  
Make sure to check the box and click  
START APPLICATION.

Instructions

### Medicare Part B Enrollment:

The Social Security Administration is accepting Medicare Part B enrollment applications online for working individuals who qualify for a Special Enrollment Period (SEP).

You may use this online enrollment application if you are age 65 or older and you currently have or had within the last 8 months, group health plan (GHP) coverage through your (or your spouse's) current employment.

To complete this online enrollment application you will need:

- Your Medicare number
- Your current address and phone number
- A valid email address
- Documentation verifying your GHP coverage through your or your spouse's current employment.

**IMPORTANT:** You will need to digitally sign the form to complete your application. To complete your digital signature, you will need to provide an email address. You will receive an email from echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

**PLEASE NOTE:**

- This application is most compatible with the following browsers: Microsoft Edge and Google Chrome.

I understand that I am entering a U.S. Government System to file a benefit application with the Social Security Administration. I understand that I need to provide the Social Security Administration information to process the benefit application. I understand that failing to agree to the statements below will result in my inability to file a benefit application online, which may prevent the Social Security Administration from making an accurate and timely decision about eligibility for benefits.

I understand that:

- the Social Security Administration will validate the information I provide against the information in Social Security Administration's systems.
- my activities may be monitored within this site.
- any person who knowingly and willfully tries to obtain Social Security benefits falsely could be punished by a fine or imprisonment, or both.
- I am authorized to file a claim on my own behalf or on behalf of someone else with the Social Security Administration.

**Information about Social Security's Online Policies**

The privacy of our customers is always very important to us. We encourage you to read our [Privacy Act Statement](#).

☒ I understand and agree to the above statement

Start Application



STEP 9: click blue CONTINUE button.

Apply Online for Medicare Part B During a Special Enrollment Period

Options ▾

Please sign: Medicare Part B Online Application

Next Required 21

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

APPLICATION FOR ENROLLMENT IN MEDICARE PART B (MEDICAL INSURANCE)  
UNDER A SPECIAL ENROLLMENT PERIOD

**WHO CAN USE THIS APPLICATION?**  
**People with Medicare who have Part A but not Part B AND qualify for a Special Enrollment Period (SEP)**  
In order to apply for Medicare in an SEP, you must have or had group health plan (GHP) coverage within the last 8 months through your or your spouse's current employment.  
  
**NOTE:** If you **do not** have Part A, **do not** complete this form. If you **do not** qualify for an SEP, **do not** complete this form. Contact Social Security if you want to apply for Medicare for the first time.

**WHAT HAPPENS NEXT?**  
Complete and then sign the form digitally. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.** If you have questions, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

**WHEN DO YOU USE THIS APPLICATION?**

Start

By clicking continue, I acknowledge that I have read and agree to the Adobe [Terms of Use](#). See our [Privacy Policy](#) for details on our privacy practices.

Continue

Medicare Part B Online Application

STEP 10: Complete the fillable PDF with all of the required information indicated by a red \*.

Complete all fields and pages.

Apply Online for Medicare Part B During a Special Enrollment Period

Options ▾ Please sign: Medicare Part B Online Application Next Required 21

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

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

SECTION A: Applicant Info

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)  
\*

Start

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Powered by Adobe Acrobat Sign

STEP 11: Page 4 requires verifying documents from your employer showing you have had credible coverage.

This avoids penalties.

[CLICK HERE](#) to obtain the form to be completed by the employer.

Form L564 must be uploaded during this process.

Apply Online for Medicare Part B During a Special Enrollment Period

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Options ▾

Please sign: Medicare Part B Online Application

Next Required 21

Start

**INSTRUCTIONS**

Attach documentation that verifies your group health plan coverage within the last 8 months through your or your spouse's current employment. Please see instructions for acceptable types of verifying documents. Please note that submitting incorrect or incomplete documentation may delay processing of your application and/or cause the application to be rejected.

Only attach PNG, JPG, JPEG, GIF, BMP, PDF, DOC, DOCX, WP, TXT, RTE, HTM, or HTML file types. Attachments are limited to 5 MB and 25 Pages

1. Verifying Documents

Click to Attach Employment Verification ...

Click to Attach Employment Verification Fi...

2. Signature

Click here to sign

You will need to digitally sign the form to complete your application. To provide your digital signature, you will need to provide an email address. You will receive an email from echosign@echosign.com asking you to confirm your digital signature. If you do not receive the confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. **YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.**

↑ ↓ 4 / 6 | ⌵ ⌶

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STEP 12: Apply signatures where required.  
Type your signature and then click APPLY.

Apply Online for Medicare Part B During a Special Enrollment Period

Please sign: Medicare Part B Online Application

Options ▾

Next Required 2

Type Draw

Sign

Type your signature here

Next

Close Apply

confirmation email within a few minutes of submitting your email address, please check your email Junk folder in case the confirmation was delivered there instead of your inbox. YOUR SIGNATURE IS NOT COMPLETE AND YOUR APPLICATION WILL NOT BE PROCESSED UNTIL YOU COMPLETE THE INSTRUCTIONS IN YOUR EMAIL.

4 / 6

Powered by Adobe Acrobat Sign

STEP 13: Once signed and completed, another signature is needed. Click the blue CLICK TO SIGN button.

Apply Online for Medicare Part B During a Special Enrollment Period

Options ▾ Please sign: Medicare Part B Online Application Required fields completed ✓

Information concerning a claimant's eligibility for Medicare part B requires, among other things, gathering and reviewing the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, MD 21244-1850.

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STEP BY STEP INSTRUCTIONS FOR FILLING OUT THIS APPLICATION

**SECTION A: APPLICANT INFO**

1. **Your Medicare Number:**  
Enter your Medicare number.

2. **Do you wish to sign up for Medicare Part B (Medical Insurance)?**  
Mark "YES" in this field if you want to sign up for Medicare Part B which provides you with medical insurance under Medicare. You can only sign up using this form if you already have Medicare Part A (Hospital Insurance). If your answer to

**SECTION C: FOR EMPLOYER GROUP HEALTH PLANS ONLY**

1. **Are (or were) you covered under an employer group health plan?** Please check yes or no if you were covered under your group health plan offered by your company. You (the applicant) may be the employee or another person related to the employee, such as a spouse. If the employer doesn't offer a group health plan, please check No. A group health plan is any plan of one or more employers to provide health benefits or

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

**Click to Sign**

Powered by Adobe Acrobat Sign



STEP 14: enter your email address and then click the blue CLICK TO SIGN button.

Apply Online for Medicare Part B During a Special Enrollment Period

Please sign: Medicare Part B Online Application

Options ▾ Required fields completed ✓

DEPARTMENT  
CENTERS FOR

SECTION

Complete the

1. Are or were you employed by a company that has a group health plan?

2. If yes, provide date coverage ended. (mm/yyyy)

01/2020

3. Has the company ever been a Medicare Part B contractor?

4. If yes, provide date coverage ended. (mm/yyyy)

01/2025

5. When did you or your spouse work for the company?

From: (mm/yyyy) To: (mm/yyyy)

01/2000 01/2025

SECTION D: Employment Verification

By signing, I agree to this document, the [Consumer Disclosure](#) and to utilize electronic signatures.

Click to Sign

Powered by Adobe Acrobat Sign

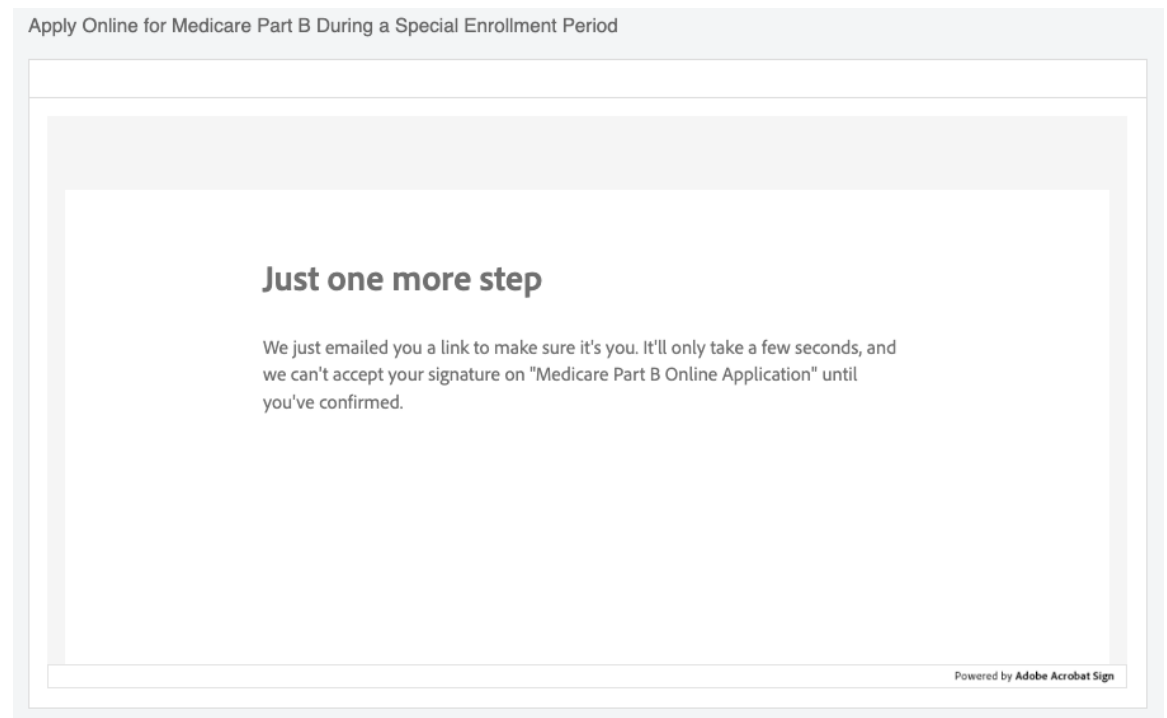
**Enter Your Information**

Please enter your email and then click to sign this document.

test@test.com

Cancel Click to sign

**STEP 15: Go to your email and confirm your application.**



# THINGS TO REMEMBER

- The process can take between 10 to 30 minutes.
- Ideal to complete the application at one time.
- If you need to stop, you may save your application, and you will be given a reference number to resume the application at a later time.
- Make sure to specify your start date.
- Make sure to get the required forms completed if applying for Part B only.



Our team of Medicare licensed and certified agents can help guide you through every step of your Medicare journey.

Reach out to your Both Hands FG agent for any guidance you need.

If you need to find an agent in your area, feel free to contact us.

[CONTACT US](#)