



, please have the following items:  
**Number**  
I have "REQUEST FOR EMPLOYMENT INFORMATION" form completed by your employee.

attached and uploaded as part of your app

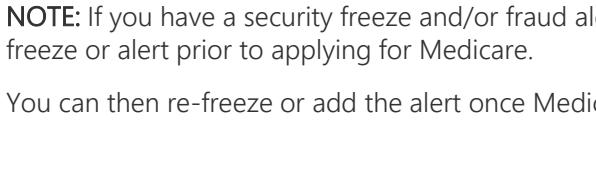
Sign up for Paid

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](#)

Once you are on the SSA.gov site, you will see a title "Sign up for Medicare".

Scrolled down till you see "Sign up for Part B only" and click "Get Started"



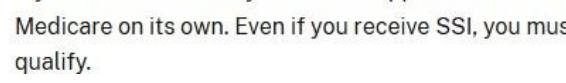
One of our partners has accepted your application.

## for Medicare

Medicare is our country's health insurance program for people age 65 or older. You'll sign up for Medicare Part A and Part B through

Social Security, so you can make both retirement and health care choices that work for you.

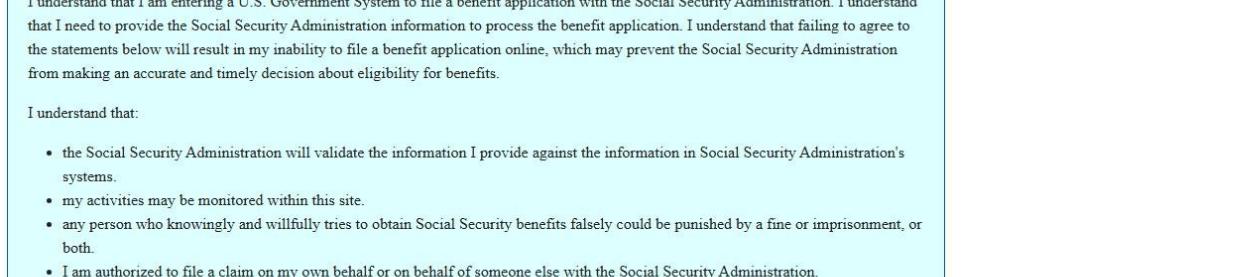
## Manage Medicare benefits



**Sign up for Part B only**

to accept "I understand and agree to the above statement." Then click "Start" to begin the survey.

Page 10 of 10



**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](#).

Start Application

Click the “Continue” button then the “Start” arrow on the left-hand side of the document. Enter the requested information. Be sure to add desired coverage date in **section**. These are the only relevant pages. On page 4 be sure to attach your **Verification of Coverage**.

Options: <a href="#">View</a> <a href="#">Print</a> <a href="#">Email</a>	Planning Medicare Part B Online Application	<a href="#">Next Required</a> 
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**APPLICATION FOR ENROLMENT 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)  
\*

7. Remark (For Example - Desired Coverage Start Date)

Powered by Adobe Acrobat Sign

↑ ↓ 3 / 6 | - + X

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

1. Verifying Documents

Start

1. Verifying Documents

 [Click to Attach Employment Verification ...](#)

 [Click to Attach Employment Verification Fi...](#)

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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.**