

The Part B Special Enrollment Period

Special Enrollment Periods (SEPs) are periods of time outside normal enrollment periods when you can enroll in health insurance. They are typically triggered by specific circumstances.

The Part B SEP starts when you have coverage from current work (job-based insurance) and you are in your first month of eligibility for Part B. It ends eight months after you lose coverage from current employment because the employment or insurance ends. Using the Part B SEP also means you will not have to pay a Part B late enrollment penalty (LEP).

Using the Part B SEP

You can use the Part B SEP while you have job-based insurance, or for eight months after you no longer have job-based insurance (either from your job, your spouse's job, or sometimes a family member's job). In order to be eligible for it, you also must have been continuously covered by insurance from current work or by Medicare Part B since becoming eligible for Medicare (including the first month you became Medicare-eligible). If you have had more than eight consecutive months without coverage from either current work or Part B, you are not eligible for the Part B SEP.

Remember: Job-based insurance is coverage you have based on your, your spouse's, or in some cases a family member's current employment. Retiree insurance and COBRA are **not** forms of job-based insurance.

In most cases, you should enroll in Medicare before losing job-based insurance to avoid gaps in coverage. Remember, even if you use the SEP to avoid a late enrollment penalty, you may still be responsible for any health care costs you incur in the months after losing job-based coverage before your Medicare coverage takes effect. For help timing your Medicare enrollment to ensure it starts immediately after you no longer have job-based insurance, reach out to your human resources department and contact Social Security one to two months in advance.

If you do not meet the criteria listed above, you are not eligible for the SEP and may have to use the General Enrollment Period (GEP) to enroll in Medicare.

- GEP takes place January 1 through March 31 of each year
- Enrolling during the GEP means your coverage will start on July 1 and you will have to pay a Part B LEP

Note: If you qualify, you may also be able to enroll in Part B using either a Medicare Savings Program (MSP) or equitable relief. Both can also remove Part B late enrollment penalties.

How do I enroll in Part B through the SEP?

Due to the coronavirus public health emergency, local Social Security offices are closed to the public, but you can still enroll in Part B through the SEP online, by fax, or by mail.

Enrolling online

To enroll in Part B online, you can use the application found here:

<https://secure.ssa.gov/mpboa/medicare-part-b-online-application/>

The online application asks you to upload proof that you had coverage based on current work. Typically, this proof is form [CMS L564](#).

Ask your employer if they can fill out the form, sign it, and send you a digital copy. If your employer cannot or will not fill out this form, you can submit alternative proof of your employment and health insurance coverage, such as premium payment receipts, pay stubs that show deductions for health insurance, or tax returns. To learn more about your options if you do not have proof of employment or health insurance contact the Medicare Rights Center at 800-333-4114

Enrolling by mail or fax

To enroll in Part B by mail or fax, follow the instructions below.

1. Contact the Social Security Administration (SSA) at 800-772-1213 and request forms.

You will need the following forms from SSA

- CMS 40B (Application for enrollment in Medicare)
- CMS L564 (Request for employment information)

You should fill out and sign CMS 40B. Ask the employer to complete CMS L564. These forms show SSA that you have been continuously covered by job-based insurance.

Be aware that if you have had job-based insurance from multiple employers since you became eligible for Medicare, you should request additional copies of CMS L564 from SSA and ask each employer to complete the form. If a previous employer has gone out of business or you are otherwise unable to get them to fill out this form, you can submit alternative proof of employment and coverage. To learn more about your options if you do not have proof of employment or health insurance contact the Medicare Rights Center at 800-333-4114.

2. Submit all forms to SSA.

Once you have gathered all needed documents, either send your application to the mailing address of your local Social Security office or fax them to 1-833-914-2016. To find your local Social Security office, visit <https://www.ssa.gov/locator> or call Social Security at 800-772-1213.

Be sure to keep copies of everything you submit. After submission, you will receive a letter in the mail from SSA with your enrollment decision. If you are approved, your Medicare coverage will either be effective on the first of the month that you applied or on the first of the following month, depending on your situation. In some situations, you may opt to delay your Part B start date up to three months. If you are denied enrollment, you have the right to appeal the decision.

Sample letter to SSA for Part B SEP

[Date]

Social Security Administration
[Address of local office]

Re: Medicare Part B Special Enrollment Period Beneficiary: [Name]
SSN: [Social Security Number]

To whom it may concern,

I am submitting my application for enrollment into Medicare Part B and am requesting that my Part B benefit become effective on [date]_____. Enclosed please find my completed **Application for Enrollment into Medicare** (CMS-40B) and **Request for Employment Information** form (CMS-L564).

I am eligible for a Special Enrollment Period (SEP) because I meet the following requirements:

- I became eligible for Medicare on (month)_____, (year) _____ due to [age/disability]. Since that time, I have never had more than eight consecutive months of lapses in coverage from either Medicare Part B or from a group health plan based on [my/my spouse's/my family member's] **current** employment.

In addition to meeting the above criteria: Check one:

- I am currently covered by [my/my spouse's/my family member's] group health plan or large group health plan based on **current** employment
- I am not currently covered by a group health plan or large group health plan based on current employment at this time. However, I was covered by [my/my spouse's/my family member's] employer group health plan based on **current** employment within the last eight months. I lost my employer group plan based on current employment on (month)_____ (year)_____.

According to Social Security's Program Operations Manual section HI 00805.275 SEP Enrollments:

Beginning 3/95, individuals who are age 65 and over or disabled, can enroll (or reenroll) in SMI and/or Premium-HI:

- *during any month (including a partial month) in which he/she is enrolled in a GHP or LGHP (as defined in [HI 00805.266A.](#)) based on current employment status, or*
- *in any of the 8 consecutive months following the last month during any part of which the individual was enrolled in the GHP based on current employment status.*

Additionally, HI 00805.275(G) states that lapses in Part B and/or GHP coverage from current employer do not disqualify me for a special enrollment period, as long as I did not have a lapse in coverage for more than 8 consecutive:

The SEP provisions permit an 8-month period after the month GHP/LGHP coverage based on current employment status ends to enroll in SMI (or Premium-HI). Therefore, when employment or GHP/LGHP coverage ends, but before the 8-month period expires, a beneficiary is once again covered under a GHP or LGHP based on current employment status, the SEP is deemed not to have occurred. This protects the individual's rights to an SEP or to a subsequent SEP.

Furthermore, according to POMS GN 03101.070, my request for an SEP into Medicare Part B is a request for an initial determination and is therefore subject to administrative and judicial review. Consequently, I will receive a formal decision letter from SSA that outlines my rights to appeal if I am denied enrollment into Medicare.

Thank you in advance for your attention to this matter.

Sincerely,

[Your name]
[Your title]

Attachments: **[List, if any]**