

How to Apply for Medicare Part B



A STEP-BY-STEP GUIDE

TINDON
HEALTH & WEALTH

If you enrolled in Medicare Part A when you turned 65 but delayed Part B (if you kept working and kept your employer coverage) you'll need to apply for Part B separately when you're ready to retire. Begin by visiting the website below.

Step 1: Go to www.ssa.gov/medicare/sign-up/part-b-only.

You can also get here by going to www.ssa.gov, navigating to Medicare, Apply for Medicare Part B. See the video walkthrough on our website [here](#) for more help.

Step 2: Click on "Get Started"

You should already have an account from when you signed up for Medicare Part A. You'll need to verify your phone number with a code, as well as accepting terms and conditions and verifying your identity with your birthdate and SSN.

Step 3: Make sure you have all materials you will need and accept terms.

You'll reach a page here that shows the terms and privacy statement as well as what you will need to fill out the application.

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 (CMS-L564 is available for download on www.ssa.gov and www.tindon.com/resources)

Step 4: Click on “CMS-40B Application for Enrollment in Medicare - Part B(Medical Insurance)” to open the PDF and fill it out.

This is the actual application file for Part B. By clicking this, your computer will download the form and you can open it to fill in your information. **You do not need to print it or sign it in any way.** When you upload the completed form, that counts as your signature.

Upload Documents

✔ Select Document Type

Prepare and Upload

Review and Submit

Confirmation

CMS-40B Application for Enrollment in Medicare - Part B (Medical Insurance)

A red asterisk (*) indicates a required field.

1. Prepare the Form

Complete the following form available on the Centers for Medicare & Medicaid Services (CMS) website and Save it to your device.

[CMS-40B Application for Enrollment in Medicare - Part B \(Medical Insurance\)](#)

Help

2. Prepare Supporting Documentation

Provide proof of coverage for a health plan by completing and/or including documentation from one of the following options:

- An employer-completed CMS-L564 Request for Employment information form available on the Centers for Medicare & Medicaid Services (CMS) website (preferred)

Step 5: Fill out Section 1 with your personal and contact information.

This will include your Medicare number, which you should have from enrolling in Part A previously.

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB No. 0938-1230
Expires: 07/31/2028

Request for Enrollment in Medicare Part B (Medical Insurance)

Section 1: Basic information

1. Medicare Number

2. First name

Middle name

Last name

Suffix

3. Mailing address (number and street, P.O. Box, or route)

City

State

ZIP code

4. Phone number

5. Email address

Step 6: Fill out Section 2, regarding your previous coverage from an employer or spouse's employer.

The dates should be entered MM/YYYY. At the bottom of this section, you'll select your coverage start date. This will likely depend on your retirement date.

Section 2: Enrollment in Medicare Part B

1. Do you have (or did you have) coverage through an employer or union group health plan since you turned 65? (If yes, complete item 3.) Yes No

Note: If you sign up for Part B, you must pay premiums for every month you have the coverage.

2. Are you currently (or were you) an international volunteer for a non-profit organization that provided health coverage to you? (If yes, complete item 3.) Yes No

3. Enter dates of employment (or volunteer work) and health coverage (enter dates as mm/yyyy). Attach a separate sheet if you need more space. Have your employer fill out the form CMS-L564 (Request for Employment Information) and return it with your application.

Dates you (or your spouse) worked for an employer that provided health coverage

Start date: / End date: / Not ended

Dates you worked as a volunteer outside the U.S.

Start date: / End date: / Not ended

Dates of health coverage from employer (or non-profit organization)

Start date: / End date: / Not ended

4. Has an employer, health insurance provider, or other entity asked or required you to enroll in Part B? (If yes, explain how and why in the space below, and include proof or documentation with this form.) Yes No

Choose your coverage start date

If you're enrolling in Medicare while you're still covered by a group health plan based on current employment (or during the first full month you're not enrolled in the group health plan), you can choose when your Medicare coverage will start. Choose one:

The first day of the month you enroll

The first day of any of the 3 months after you enroll. Write the month and year you want coverage to start: (mm/yyyy)

/

Step 7: Add today's date to Section 3.

Once again, you do not need to provide a signature. Uploading this form with information completed counts as your signature, and there is no need for a witness. Simply fill out the date you are completing the form and save the document.

Section 3: Signature(s)

1. Signature of applicant

2. Date signed (mm/dd/yyyy)

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If this form has been signed by mark (X), a witness who knows the person applying must also sign below:

3. Name of witness (first and last name)

4. Signature of witness

5. Date signed (mm/dd/yyyy)

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Submit your form by mail or fax

Mail or fax your completed, signed form to your local Social Security office. Find an office near you at [SSA.gov/locator](https://www.ssa.gov/locator).

Step 8: Return to the [ssa.gov](https://www.ssa.gov) browser where you left off, and complete the CMS-L564 Request for Employment Information, (if not done already.)

Now that you've completed your application, it's time to submit proof of credible coverage. Download this form if you haven't already by clicking the link here.

✔ Select Document Type

Prepare and Upload

Review and Submit

Confirmation

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1. Prepare the Form Help

Complete the following form available on the Centers for Medicare & Medicaid Services (CMS) website and Save it to your device.

[CMS-40B Application for Enrollment in Medicare - Part B \(Medical Insurance\)](#)

2. Prepare Supporting Documentation

Provide proof of coverage for a health plan by completing and/or including documentation from one of the following options:

- An employer-completed **CMS-L564 Request for Employment information form available on the Centers for Medicare & Medicaid Services (CMS) website (preferred)**. [CMS-L564 Request for Employment Information](#)
- A signed and dated letter from your employer, Group Health Plan (GHP), or Large Group Health Plan (LGHP) showing health insurance coverage dates.

You will need to complete Section A with your information and the employee's information. If you are covered by your own employer, these two lines will both be your information. If you are covered by your spouse's employer, the second line will be their information.

Medicare Request for Employment Information

You complete Section A of this form, then ask your employer to fill out Section B.

Section A: To be completed by person signing up for Medicare Part B (Medical Insurance)

Applicant's name Who is applying for Medicare	Applicant's Social Security Number (SSN) [][]-[][]-[][][][]	
Employee's name (if different from applicant) Whose employer currently offers coverage for the person above	Employee's SSN (if different) [][]-[][]-[][][][]	
Employer's name		
Employer's address		
City	State	ZIP code

Section B will need to be filled by your employer, typically the HR department. Once your employer has signed the form, you can upload a copy to the application portal in the www.ssa.gov page.

Step 9: Upload your CMS-L564 form and electronically sign and submit the application.

Document Name	Document Preview
cms40b-e.pdf	
cms-l564e.pdf	

Document Type [Edit](#)

Document Type: **SSA Form**

* I reviewed the document name(s) listed above and confirmed that I uploaded or completed the document(s) I intend to sign. By checking this box, I am certifying that I am the authenticated person named above and I am applying my electronic signature to each signature field in the uploaded or completed document(s) listed above. I agree that my electronic signature has the same meaning, legal effect, and validity as my handwritten signature.

NOTE: Your electronic signature applies only to your CMS 40B – Application for Enrollment in Medicare – Part B (Medical Insurance). Your electronic signature does not apply to any Supporting Documentation. If your supporting documents need a signature, you must comply with the requirements of the document(s).

[Submit](#)
[Previous](#)
[Back to Upload Your Documents](#)

After submission, you will receive a new Medicare card in the mail within a few weeks. If you're experiencing delays or curious about the status of your Part B, we can check that for you.

Once you have Part B, the next step is getting you prescription drug coverage to avoid accruing a penalty. You may also want to add supplemental coverage based on your medical needs. Make an appointment with us to help by calling 207-248-8411, or by email to admin@tindon.com.

If you have any questions on which plan is right for you, or any concerns during this process, reach out to us to schedule a free consultation meeting with one of our experienced insurance agents to learn about your options.

Tindon Health & Wealth

Health Insurance Coverage, Financial Advising, and Retirement Assistance

Address: 655 Post Road, Wells ME 04090

Phone: (207) 248-8411

Website: www.tindonhw.com

Email: admin@tindon.us



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