SSO REPORT OF STATE BUY-IN PROBLEM		OBLEM	Name IDENTIFICATION			
To:						
CMS P.O. Box 11977 Baltimore, Maryland 21207-0977 From:		Medicare Beneficiary Identifier				
		Railroad Retirement Board (RRB) Number Sex		er Sex		
			Welfare ID Number		Social Security Number (BOAN)	
			State and County of Residence			
			Claimant's Mailing Address			
PART 1 Report of Problem by	SSO	D D Dro	mium boing	C Daine hillad	D. Individual received	
A. Part B Claim Denied Carrier Name	. Part B Claim Denied de		mium being lucted from eficiary check	C. Being billed for premiums	 D. Individual received Part B Termination Notice 	
☐ E. Other (Explain—Give For	rm numbers if appl	licable)				
PART 2 SSI Status at SSO Receiving:			art Date Stop Date			
Federal SSI Che		3	iait Dale		Stop Date	
Federal Admin. State Sup	р. 🗌	(Attach SS	R & HMQ Print	outs)		
Signature of SSO Representative		Title	,	Date		
PART 3 Report of Buy-In Statu	ıs by Welfare Dep	oartment (Ch	neck and Comp	lete Applicable Items)		
ACCORDING TO WELFARE OFFICE, THE INDIVIDUAL IDENTIFIED ABOVE,						
1. Has never been eligible	for State buy-in.					
2. Has been continuously eligible for State buy-in beginning (Mo., Yr.)						
· ·	3. Has been eligible for State buy-in only for months of through (Inclu			If eligibility ended because of death, give date of death.		
PART 4 Information from State	e's records and/o	r actions be	ing taken by S	tate		
1. Individual is shown on S	State's bill as Code	41 continuir	ng item beginnir	ng (Mo., Yr.)		
2. Individual is shown on S	2. Individual is shown on State's bill as other code. (Show code)					
3. State will submit (Show	State will submit (Show code) in the monthly data exchange (Show month)					
Accretion Effective (Mo., Yr.)			Deletion Effective (Mo., Yr.)			
4. Other						
					CONTINUED ON REVERSE	
Dept. of Public Welfare Signature			Title		Date	

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0035. The time required to complete this information collection is estimated to average 17.5 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, Attn: PRA Reports Clearance Officer, 7500 Security Boulevard, Baltimore, Maryland 21244-1850.

PRIVACY ACT STATEMENT

Section 1320.6 of title 5 to the U.S. Code authorizes collection of this information. The primary use of this information is to process changes to Hospital Insurance (HI)/Supplemental Medical Insurance (SMI) premium payments by third parties (such as State agencies, or private groups) on behalf of Medicare beneficiaries; for billing third parties; and for enrolling individuals for SMI coverage under State buy-in agreements.

Disclosure of the information may be made to State welfare departments pursuant to agreements with the Department of Health and Human Services for enrollment of welfare recipients for medical insurance under section 1843 of the Social Security Act or a congressional office from the record of an individual in response to an inquiry from the congressional office made at the request of that individual.

Furnishing the information on this form including your Social Security Number, is voluntary but failure to do so may result in disapproval of this request.