QUALIFIED MEDICARE BENEFICIARY (QMB), SPECIFIED LOW-INCOME MEDICARE BENEFICIARY (SLMB), AND QUALIFYING INDIVIDUAL (QI) APPLICATION

Name	Social Security Number	Medicare Number	Date

Telephone Number ( )	Date of Birth	Sex ☐ Male ☐ Female	Marital Status ☐ Married ☐ Divorced ☐ Separated ☐ Single ☐ Widowed

Address (number, street)	City	State	Zip Code

This information is to help you apply for the Qualified Medicare Beneficiary (QMB), Specified Low-Income Medicare Beneficiary (SLMB), or the Qualifying Individual (QI) programs. The State will pay Medicare Parts A and B premiums, deductibles, and coinsurance fees for persons eligible for the QMB program. The State will pay Medicare Part B premiums for persons eligible for SLMB or QI. You may apply for QMB, SLMB, or QI by completing and mailing this form to your local county social services agency.

To be eligible for QMB, SLMB, or QI, you must

- Be eligible for Medicare Part A (hospital insurance).
- Be eligible for Medicare Part B (medical insurance).
- Meet the following income requirements
  - ☑ **QMB:** Net countable income at or below 100% of the Federal Poverty Level (FPL) (at or below $1,153* for a single person, or $1,546* for a couple).
  - ☑ **SLMB:** Net countable income below 120% of the FPL (below $1,380* for a single person, or $1,852* for a couple).
  - ☑ **QI:** Net countable income below 135% of the FPL (below $1,550* for a single person, or $2,081* for a couple)

  *If you have a child living in the home with you, these amounts may be higher. These amounts are expected to increase each year in April. If you received a Title II Social Security cost of living adjustment in January, this amount will not be counted until April.
- Have no more than $8,400 in nonexempt property for a single person or $12,600 for a couple. • Meet certain requirements and conditions, such as being a resident of California.

IMPORTANT

You may be eligible for other Medi-Cal programs in addition to the QMB and SLMB programs, such as CalFresh and/or Medi-Cal with a monthly spenddown (share-of-cost). You may also be eligible for Medi-Cal with a monthly share-of-cost if you are ***over*** the income limits of the QMB, SLMB, and QI programs. If you wish to apply for these other programs, check yes and the county will send you other forms to complete. ☐ Yes ☐ No

Do you wish to apply for three months of retroactive coverage for the SLMB and QI programs (there is no retroactive coverage for QMB). ☐ Yes ☐ No

List all persons living in your household (spouse/children). If you have more than three persons living with you, you may list them on a separate page.

Name	Social Security Number	Sex Female, Male	Date of Birth	Relationship to You

MAIL COMPLETED FORM TO YOUR LOCAL COUNTY SOCIAL SERVICES AGENCY.

A. COUNTABLE INCOME

1. Fill in the MONTHLY unearned income received by the QMB/SLMB/QI applicant:

a. Social Security check $ _____
b. VA benefits $ _____
c. Interest from bank accounts or certificate(s) of deposit $ _____
d. Retirement income $ _____
e. Any other unearned income $ _____
f. Total UNEARNED INCOME–add lines a. through e. $ _____

2. If you are married and living with your SPOUSE, fill in the MONTHLY unearned income received by your spouse:

g. Social Security check $ _____
h. VA benefits $ _____
i. Interest from bank accounts or certificate(s) of deposit $ _____
j. Any other unearned income $ _____
k. Retirement income $ _____
l. Total SPOUSE'S UNEARNED INCOME –add lines g. through k. $ _____

3. Fill in the MONTHLY earned income received by the QMB/SLMB/QI applicant and spouse:

m. Gross earnings for the person who wants to be a QMB, SLMB, or QI $ _____
n. Gross earnings for the spouse $ _____
o. Total–add lines m. through n. $ _____
p. Subtract $65 $ _____
q. Remainder $ _____
r. Divide by 2 $ _____

4. Total Income:

Add lines f., l., and r $ _____
s. Minus $20 (any income deduction) $ _____

5. TOTAL COUNTABLE INCOME $ _____

6. Potential QMB, SLMB, or QI eligibles:

☑ You are potentially eligible as a QMB if your income is at or below 100% of the FPL (at $1,153* for a single person, or at $1,546* for a couple).

☑ You are potentially eligible as a SLMB if your income is below 120% of FPL (below $1,380* for a single person, or below $1,852* for a couple).

☑ You are potentially eligible as a QI if your income is below 135% of FPL (below $1,550* for a single person, or below $2,081* for a couple).

*If you have a child in the home, these amounts may be higher.

COUNTY USE

Applicant's unearned income (line f)
$_____

Spouse's unearned income (line l)
+_____

_____

Any Income deduction
-_____

Net unearned income
_____

Net earned income (line r)
+_____

Total net income
_____

MFBU size
_____

Compare to QMB/SLMB/QI income limit.

If over income limit, is there a spouse and/or children in the home? Complete the MC 176-2 A QMB/SLMB/QI form.

B. PROPERTY

A QMB, SLMB, or QI who is not married or not living with his/her spouse may have countable property which is equal to or less than $8,400. A QMB, SLMB, or QI who is married and living with his/her spouse must have countable property which is equal to or less than $12,600.

The following are examples of countable property. **Important:** The home you and/or a spouse live in does not count. One car used for transportation ***does not*** count. If you apply at your local county social services agency as a QMB, SLMB, or QI, the county may treat the property listed on this form differently. There are other types of property which the county social services agency, will also look at, i. e., certificate(s) of deposit. This other property ***may*** or ***may not*** count towards the property limit.

Fill in the value of the following property which belongs to you, your spouse, or both of you.

1. Checking accounts	$ _____	***COUNTY USE***
2. Savings accounts	$ _____	
3. Certificate(s) of deposit	$ _____	
4. Stocks	$ _____	
5. Bonds	$ _____	
6. A second car (value minus amount owed)	$ _____	
7. A second home (value minus amount owned)	$ _____	
8. The cash surrender value of life insurance policies if the face value of ***all*** policies combined exceeds $1,500 (Do not include "term" insurance policies)	$ _____	
9. Total PROPERTY- add lines 1 through 8 **This total cannot exceed $8,400 for a single person or $12,600 for a couple.	**$ _____	

Additional information: You may be eligible for ***up to three months of retroactive coverage*** of your Medicare Part B premiums under the SLMB and QI programs.

NOTE: **The Medi-Cal program must seek repayment from the estates of certain deceased Medi-Cal members for payments made, including managed care premiums, for nursing facility services, home and community-based services, and related hospital and prescription drug services provided to the deceased Medi-Cal member on or after the member's 55th birthday. If a deceased member does not leave an estate or owns nothing when they die, nothing will be owed. For more information you may visit the Estate Recovery website at http://dhcs.ca.gov/er or call (916) 650-0590. Individuals enrolled in the QMB/SLMB/QI programs (either in combination with Medi-Cal or without), however, are not subject to Estate Recovery for Medicare premiums, deductibles or co-payments.**

I declare under penalty of perjury, under the laws of the United States of America and the State of California, that information I have given on this form is true, correct, and complete.	
Signature (or mark) of applicant ➤	Date
County Use ❑ QMB approved ❑ SLMB approved ❑ QI approved ❑ QMB/SLMB/QI-denied	
Eligibility Worker's signature ➤	Date

DHCS PRIVACY STATEMENT

This form is for receiving benefits through the Department of Health Care Services (DHCS). The personal and medical information you provide on it is private and confidential. DHCS needs it to identify you and the other people on this form and to administer our programs. We will share your information with other state, federal, and local agencies, contractors, health plans, and programs only to administer programs, and with other state and federal agencies as required by law.

You must answer all of the questions on this form unless they are marked "optional." If your form is missing anything that we require, we will contact you to get it. If you do not provide it, we will not be able to make a decision on your benefits. You may have to submit a new application, or services may be denied.

In most cases, you have the right to see personal information about you that is in federal and state records. You can see it in an alternative format (such as large print) if you need that. For more information, contact the DHCS Information Protection Unit at:

P.O. Box 997413, MS 4721
Sacramento, CA
95899-7413
Phone: 1-866-866-0602
TTY: 1-877-735-2929

These state laws give us the right to collect and keep the information: CA Welfare and Institutions Code § 14011 and Article 3, Chapters 5 and 7, Parts 2 and 3, Division 9. We must give you this Privacy Statement under CA Civil Code § 1798.17.