

Application for Illinois Cares Rx

After Form IL-1363 has been filed in a claim year

Clerk ID

Official use only

Complete this application only if you want help paying for drugs or a monthly rebate **and** did not make this request on your previously filed 2007 Form IL-1363, Application for Circuit Breaker and Illinois Cares Rx.

Step 1: Claimant Information.

1 Social Security number

2 Name _____
First M I Last

3 Address _____ Apt. _____
City _____ State _____ ZIP _____

4 Are you Male Female

5 a Yes, I want help paying for drugs or a monthly rebate. If no, go to Step 2.

b Are you a U.S. citizen or qualified noncitizen? See instructions.

Note You may still qualify for drug coverage if no box is checked in Line 5b.

6 Are you eligible for Medicare Part A and/or Part B for your hospital or doctor expenses?
yes no If no, go to Line 7.

a If you are already enrolled in a Medicare Part D plan, what is the name of your plan?

- | | | |
|--|---|---|
| <input type="checkbox"/> 1 AARP Medicare Rx Preferred | <input type="checkbox"/> 7 Health Alliance Medical Plans | <input type="checkbox"/> 13 SilverScript |
| <input type="checkbox"/> 2 Essence | <input type="checkbox"/> 8 HealthSpring | <input type="checkbox"/> 14 UnitedHealth Rx Basic |
| <input type="checkbox"/> 3 Erickson | <input type="checkbox"/> 9 Humana | <input type="checkbox"/> 15 WellCare |
| <input type="checkbox"/> 4 Evercare | <input type="checkbox"/> 10 OSF HealthPlans | <input type="checkbox"/> 16 Other: _____ |
| <input type="checkbox"/> 5 First Health Part D – Premier | <input type="checkbox"/> 11 PersonalCare | |
| <input type="checkbox"/> 6 Group Health Plan (GHP) | <input type="checkbox"/> 12 SecureHorizons by United Healthcare | |

b Have you applied with Social Security for “extra help” under Medicare Part D? yes no

c Do you have HIV/AIDS? yes no See instructions for added “wrap around” benefits.

d Print the name and claim number as it appears on your Medicare card or Railroad Retirement card.

First Name Last name Claim number

7 You can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Do you have private, creditable health insurance, Veterans Administration benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? yes no If no, go to Step 2.

b Can you enroll in Medicare Part D without losing your private, creditable health insurance? yes no

c Do you want a \$25 monthly rebate **instead of** help paying for prescriptions? yes no

Note Do not mark "yes" if you are receiving prescriptions through a coordinating Medicare Part D plan and need “wrap around” benefits under Illinois Cares Rx.



Instructions

Line 5b and 11b

If you are not a U.S. citizen or qualified noncitizen, you may still qualify for prescription drug assistance through Illinois Cares Rx Basic, not Illinois Cares Rx Plus. You may skip Line 5b (Line 11b for your spouse).

Information for noncitizens:

If you are not a U.S. citizen, you must submit proof of your qualified noncitizenship status to receive help paying for prescription drugs under the Illinois Cares Rx Plus program.

Qualified noncitizens subject to this documentation requirement must:

- be age 65 or older **and**
- be one of the following:
 1. a lawful permanent resident who has lived in the U.S. for at least five years;
 2. a refugee, an asylee, or a parolee;
 3. a U.S. veteran or the spouse of a U.S. veteran;
 4. a national of Cuba or Haiti admitted to the U.S. on or after April 21, 1980;
 5. an Amerasian from Vietnam admitted through the Orderly Departure Program beginning on March 20, 1988;
 6. identified by the federal Office of Refugee Resettlement as a victim of trafficking;
 7. a member of Hmong or Highland Laotian tribe during the Vietnam era between August 5, 1968, and May 7, 1975 (this includes the person's spouse, widow, or widower who has not remarried);
 8. an American Indian born in Canada to whom Section 289 of the Immigration and Nationality Act applies or a member of an Indian tribe defined in Section 4e of the Indian Self-Determination and Education Assistance Act;
 9. a victim of domestic abuse; **or**
 10. your deportation is being withheld under Section 243(h) or Section 241(b)(3) of the INA.

Proof of Qualified Noncitizenship Status

If you are a qualified noncitizen, you must submit one of the following documents:

- Alien Registration Receipt Card (I-151)
- Permanent Resident Card (I-551)
- Memorandum of Creation of Record of Lawful Permanent Residence (I-181)
- Arrival-Departure Record (I-94)
- Other Department of Homeland Security (U.S. Citizenship and Immigration Services) documents
- U.S. military discharge papers or current orders (DD Form 214, Report of Separation)

Line 6c and 12c

If you have Medicare, you may qualify for additional “wrap around” benefits by answering this question. The answer will be kept confidential. If you do not have HIV/AIDS, this question does not pertain to you and it will not affect the processing of your application.

Line 7c and 13c

Carefully consider your situation. Your request may permanently affect your health care benefits.

Note Failure to submit required proof may affect your Illinois Cares Rx prescription drug benefits.

If you need additional assistance, do one or more of the following steps.

- Visit www.cbrx.il.gov on the Web.
- Find a local agency serving seniors, by calling the Senior HelpLine at **1-800-252-8966** or 1-888-206-1327 (TTY).
- Call us at **1-800-624-2459** or 1-888-206-1327 (TTY).