



Application for Illinois Cares Rx

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

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 2008 Form IL-1363, Application for Circuit Breaker and Illinois Cares Rx.

Step 1: Claimant Information.

1 Social Security number

2 Name _____
First MI Last

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

4 Are you Male Female

5 Are you a U.S. citizen or qualified noncitizen?

Note You may still qualify for Illinois Cares Rx Basic even if no box is checked above.

6 Are you currently eligible for Medicare Part A and/or Part B for your hospital or doctor expenses?

yes no

a If "yes," print the name and claim number as it appears on your red, white and blue Medicare card or Railroad Retirement card.

First name Last name Claim number

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

c Do you have HIV/AIDS? yes no

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 (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? yes no

b 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 listed in line 6b. If you enrolled in one of these plans, Illinois Cares Rx will help pay for your prescription drugs.

Step 2: For your Spouse's Illinois Cares Rx Benefits or Monthly Rebate.

8 Spouse's Social Security number

9 Spouse's name _____
First MI Last

10 Spouse's birth date
Month Day Year

11 Is your spouse a U.S. citizen or qualified noncitizen? (See instructions.)

Note Your spouse may still qualify for Illinois Cares Rx Basic even if no box is checked above.

12 Is your spouse eligible for Medicare Part A and/or Part B for his or her hospital or doctor expenses?

yes no (If no, go to Line 13.)

a If "yes," print the name and claim number as it appears on your spouse's red, white and blue Medicare card or Railroad Retirement card.

First name Last name Claim number

b If your spouse is already enrolled in a Medicare Part D plan, what is the name of your spouse's plan?

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

c Does your spouse have HIV/AIDS? yes no (See instructions for added "wrap around" benefits.)

13 Your spouse can choose to receive a \$25 monthly rebate **instead of** help paying for prescriptions.

a Does your spouse have private, creditable health insurance, Veterans Administration (VA) benefits, or a non-coordinating Medicare Part D plan that pays for prescription drugs? yes no (If no, go to Step 3.)

b Does your spouse want a \$25 monthly rebate **instead of** help paying for prescriptions? yes no

Note Do not mark "yes" if your spouse is receiving prescriptions through a coordinating Medicare Part D plan listed in line 12b. If your spouse enrolled in one of these plans, Illinois Cares Rx will help pay for your prescription drugs.

Step 3: For your or your spouse's Illinois Cares Rx Benefit or Monthly Rebate

If you or your spouse want help paying for prescription drugs or a monthly rebate, failure to complete this section will delay the processing of your application.

14 Do you, your spouse (if married and living together), or both of you own any of the following items:

- Bank accounts (checking, savings and certificates of deposit);
- Stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments;
- Real estate (other than your home); or
- Any other cash at home or elsewhere? yes no

If "yes," a Single: Is the total value of the items listed above worth more than \$12,510? yes no

b Married and living together: Is the total value of the items listed above worth more than \$25,010? yes no

Note If you answered "no" on Line 14, 14a or 14b, you must complete Social Security form SSA-1020 (Help with Medicare Prescription Drug Costs). Forms can be obtained by going to www.socialsecurity.gov on the internet or by contacting Social Security at 1-800-772-1213 or 1-800-325-0778 (TTY).

Instructions

Line 5 and 11

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 5 (Line 11 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 (INA) 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 or removal 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)

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

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 7 and 13

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