

# 2008 Schedule A Physician's Statement

Attach to the claimant's Form IL-1363.

You may need to complete Schedule A if you were **younger** than 65 years of age on January 1, 2009, and

- you are the claimant, **or**
- you are the claimant's spouse who is applying for help paying for prescription drugs or the monthly rebate.

## Step 1: Answer the following questions to determine if you should complete this schedule.

- 1 Did you receive Social Security disability benefits in 2008? ..... **yes**  **no**
- 2 Did you receive disability benefits from Railroad Retirement or Civil Service in 2008? ..... **yes**  **no**
- 3 Did you receive disability benefits from the Veterans Administration in 2008? ..... **yes**  **no**
- 4 Did you have a Class 2 disability card from the Illinois Secretary of State's office in 2008? .... **yes**  **no**



If you answered "yes" to **any** of the questions 1 through 4, **stop. Do not** complete this schedule, instead see the instructions for what you may need to attach to Form IL-1363.

## Step 2: Complete the following information about yourself. Please print.

**Note** Complete a separate Schedule A for each person and attach it to the claimant's Form IL-1363.

- 5 Social Security number
- 9 Birth date   
Month Day Year
- 6 Name \_\_\_\_\_  
First MI Last
- 10 Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Code
- 7 Address \_\_\_\_\_ Apt. \_\_\_\_\_
- 11 Claimant's Social Security number  
(from Line 1 on Form IL-1363)
- 8 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Step 3: A physician must complete the following information about the person named on Line 6.

**Note** The patient must meet the total disability criteria established by the Social Security Administration. Social Security Administration guidelines **do not** include alcoholism or drug abuse as a qualification for disability status.

- 12 Patient's name \_\_\_\_\_  
First MI Last
- 13 Date patient became disabled \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year
- 14 Was the patient able to work for a living after the above date? ..... **yes**  **no**
- 15 Has the disability lasted or is it expected to continue for 12 months or more? ..... **yes**  **no**
- 16 What is the nature of the disability? \_\_\_\_\_
- 17 Physician's name \_\_\_\_\_
- 18 Physician's signature and date \_\_\_\_\_  
Month Day Year
- 19 Physician's Illinois registration number 3 6 - \_\_\_\_\_  
(This number is issued by the Illinois Department of Financial and Professional Regulation.)
- 20 Physician's phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Code

# Line-by-line instructions for Schedule A

You may need to complete Schedule A if you are younger than 65 years of age on January 1, 2009, and

- you are the claimant, or
- you are the claimant's spouse who is applying for help paying for prescription drugs or the monthly rebate.

## Step 1: Answer the following questions to determine if you should complete this schedule.

### 1 through 4

If you answered

- **"No" to all** of the questions 1 through 4, you must complete Schedule A.
- **"Yes" to question 1 and you did not file an approved Form IL-1363 last year**, send us one of the following instead of Schedule A:
  - a copy of Form SSA-1099 showing a Medicare deduction
  - a copy of your statement showing SSI benefits
  - a copy of your statement showing a Medicare deduction
- **"Yes" to question 2**, send us the following item instead of Schedule A:
  - a copy of your pension statement from the Railroad Retirement or Civil Service agency stating that you were totally disabled or you had a deduction for Medicare
- **"Yes" to question 3**, send us one of the following instead of Schedule A:
  - a copy of your pension statement
  - a copy of your statement showing compensation rated at 100 percent
- **"Yes" to question 4**, send us the following item instead of Schedule A:
  - a copy of your Class 2 disability card as proof of your disability

## Step 2: Complete the following information about yourself.

### 5 through 10

Complete the information about yourself (the person for whom Schedule A is being filed as proof of disability).

- 11 Write the claimant's Social Security number (same as Line 1 on Form IL-1363).

## Step 3: A physician must complete the following information about the person named on Line 6.

You should give this schedule to the physician of the person named on Line 6. The physician **must** complete Step 3.

**Note** → Qualified additional residents are not eligible for prescription drug coverage or the monthly rebate under the Illinois Cares Rx program.