

2008 Schedule C Pharmaceutical Benefits

Attach to the claimant's Form IL-1363.

If you marked "no" on Line 36, 36a or 36b of Form IL-1363, you **must** complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs or the \$25 monthly rebate available through Illinois Cares Rx.

Step 1: Tell us about yourself (claimant) and your spouse. Please print.

1a Claimant's Social Security number

b Claimant's Birth date ____/____/____
Month Day Year

2a Claimant's Name _____
First MI Last

e Marital status (only one box)

- 1 Single, widow(er), or divorced
- 2 Married and living together
- 3 Married, but not living together

b Address _____ Apt. _____

c City _____ State _____ ZIP _____

d Phone (_____) _____ - _____

3a Spouse's Social Security number

b Spouse's Birth date ____/____/____
Month Day Year

4 Spouse's Name _____
First MI Last

Step 2: Complete the following information about you and your spouse (if married and living together).

5 Did you work in 2008 or 2009?

You: yes no

Spouse (If living together): yes no

6 List your expected wages before taxes in 2009. If none, place a zero in the space.

You:

Spouse (If living together):

7 If self-employed, list your expected net earnings or losses in 2009. If none, place a zero in the space.

You:

Spouse (If living together):

8 Have any of the amounts you listed on Lines 6 or 7 decreased in the last two years? yes no

9 If you recently stopped working or plan to stop working, enter the month and year.

You: ____/____ Spouse (If living together): ____/____

10 How many relatives live with you **and** depend on you or your spouse for at least one-half of their financial support? If none, place a zero in the space. **Do not** count yourself or your spouse.

11 a Does anyone provide or help you or your spouse pay for your food, mortgage, rent, heat/gas, electricity, water or property taxes? **Do not** count: food stamps, house repairs, help from a housing agency (Section 8), an energy assistance program, Meals on Wheels, or help with medical treatment and drugs. yes no

b If "yes," how much help do you get each month? If the amount changes from month to month or you do not receive it every month, tell us the average monthly amount for the past year.

Line-by-line instructions for Schedule C

Complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs or the \$25 monthly rebate available through Illinois Cares Rx.

If you mark “no” on Line 36, 36a or 36b of Form IL-1363 you must complete Schedule C. If you mark “yes” on Line 36, 36a or 36b, you do not need to complete Schedule C.

Note It is important that you complete your "extra help" application and send it to Social Security for a decision even if you do not think you will be eligible.

Step 1: Tell us about yourself (claimant) and your spouse.

1 through 4

Complete the requested identification information for you and your spouse.

Note Complete Lines 3a, 3b, and 4 only if you checked Marital status 2, “Married and living together,” on Line 2e. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household with your spouse, go to Step 2.

Step 2: Complete the following information about you and your spouse (if married and living together)

- 5** Mark “yes” if you worked in 2008 or 2009. Otherwise, mark “no.”
- 6** List the amount you expect to earn in wages, before taxes, in 2009. If none, place a zero in the space.
- 7** List the amount of your expected earnings or losses from self-employment in 2009. If none, place a zero in the space.
- 8** Mark “yes” if the amounts listed on Lines 6 or 7 have decreased in the last two years. Otherwise, mark “no.”
- 9** List the month and year that you recently stopped working (or you plan to stop working).

10 List the number of relatives who live with you **and** depend on you or your spouse for at least one-half of their financial support. If none, place a zero in the box.

11a Mark “yes” if anyone provides or helps you or your spouse pay for food, mortgage, rent, heat/gas, electricity, water or property taxes. Otherwise, mark “no” and go to Line 12.

Note **Do not** count: food stamps, house repairs, help from a housing agency (Section 8), an energy assistance program, Meal on Wheels, or help with medical treatments and drugs.

11b If “yes,” list how much help you get each month. If the amount changes from month to month or you do not receive it every month, tell us the average monthly amount for the past year.

12 List the savings and resources owned by you or your spouse.

12a List the total amount of bank accounts (checking, savings and certificates of deposit).

12b List the total amount of stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments.

12c List the total amount of any other cash you or your spouse have at home or elsewhere.

Note For Lines 12a, 12b, and 12c, if you and your spouse **do not** own an item listed, place a zero in the space.

13a Mark “yes” if you own life insurance policies with a total face value greater than \$1,500. (You may need to call your insurance company to help answer this question). Otherwise, mark “no,” and go to Line 14.

13b List the amount you would get by cashing in your life insurance policies. Cash value is different than the face value. (You may need to call your insurance company to help answer this question).

(Continued on next page.)

Line-by-line instructions for Schedule C

- 14** Mark “**yes**” if you plan to use any of the savings or resources on Lines 12a, 12b, 12c, and 13b to pay for funeral and burial expenses for yourself or your spouse. Otherwise, mark “**no**.”
- 15** Mark “**yes**” if you or your spouse own real estate other than your home and the property on which your home is located. Otherwise, mark “**no**.”
- 16** List the monthly income for each of the items. If none, place a zero in the space.
- 16a** List the monthly amount you get from Social Security (include Medicare deductions).
- 16b** List the monthly amount you get from Railroad Retirement (include Medicare deductions).
- 16c** List the monthly amount you get from the Veterans Administration.
- 16d** List the monthly amount you get from any other pensions or annuities.
- Note** For Lines 16a, 16b, 16c, and 16d, use the amount on your annual cost-of-living adjustment letter. This is the amount before any deductions.
- 16e** List the monthly amount you get from any other source, including alimony, net rental income, worker’s compensation, etc. If the amount changes from month to month or you do not receive it every month, tell us the average monthly income for the past year. **Do not** count: wages, self-employment, interest, public assistance, medical reimbursement, or foster care payments.

17 Mark “**yes**” if any of the amounts listed on Lines 16a, 16b, 16c, 16d, or 16e have decreased in the last two years. Mark “**no**” if there has been no decrease.

18a Mark “**yes**” if you get Social Security benefits for a disability. Otherwise, mark “**no**.”

18b Mark “**yes**” if you get Social Security benefits because you are blind. Otherwise, mark “**no**.”

18c If “**yes**” for either Line 18a **or** 18b **and** you pay for special transportation, personal attendant services, or adaptive equipment to work, list how much you pay each **month**. If this amount is not the same each month, tell us the average monthly amount for the past year.

Step 3: Sign below.

19 Claimant’s signature

You, the claimant (the person named on Line 2a), must sign this schedule.

20 Spouse’s signature

Your spouse (the person named on Line 4) must sign this schedule.

21 Preparer’s name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this schedule for you, that person should print or type his or her name and telephone number on Line 21.