



How to Apply Online for Medicare Only

It's so easy! Just go to www.socialsecurity.gov

Welcome to the Social Security Benefit Application

- Apply for benefits by selecting “Start a New Application;” or
- “Return to Saved Application Process.”


Information About You

- Name;
- Social Security number;
- Date of birth; and
- Gender.

Re-entry Number

When you have successfully started your application, you will get a re-entry number that you can use to:

- Continue your application later if you need a break; and
- Check the status of your completed application.



Social Security
The Official Website of the U.S. Social Security Administration

Apply for Benefits

Identification
 General
 Other Benefits
 Remarks
 Review & Sign

Medicare Information for Joan Public

Do you wish to apply for Medicare ONLY, but not for monthly retirement cash benefits at this time? [Things to Consider](#)

Yes
 No

In this section...


- Applicant Identification
- Contact Information
- Birth and Citizenship
- Medicare Information
- Re-entry Number
- Other SSNs and Names

Medicare-only Decision

Choose to sign up for Medicare only and not receive retirement benefits at this time.

Questions About Your Health Benefits

- Other health insurance coverage;
- Group health plan information;
- Employment information; and
- Dates of coverage information.



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Group Health Plan Information for Joan Public

Is Joan Public covered under a Group Health Plan? [More Info](#)

Yes
 No

Is Joan Public covered under a Group Health Plan through your own current employment?

Yes
 No

In this section...

- Health Insurance Information
- Medicaid Information
- Group Health Plan

Employment Information

The questions below apply to the employment that provides group health plan insurance.

What date did employment start? [More Info](#)

 Month Day Year

What date did employment end? [More Info](#)

 Month Day Year

Employment has not ended

Health Insurance Information


What date did health insurance start? [More Info](#)

 Month Year

What date did health insurance end? [More Info](#)

 Month Year

Health insurance has not ended



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Electronic Signature Agreement

Congratulations, you're just about ready to complete your application for Medicare insurance.

Please read and accept the following statement to finish the application. If you are helping someone apply, then the person filing for benefits must read and accept this agreement by checking the box themselves.

I apply for all insurance benefits for which I may be eligible under Part A (and Part B, if applicable) of Title XVIII (Health Insurance for the Aged and Disabled) of the Social Security Act as presently amended.

I understand and agree that my application will be signed electronically when I select the check box below. I also understand that my electronic signature means that I intend to file for Medicare insurance and have provided the Social Security Administration with accurate information.

I understand that I must apply separately to get monthly Social Security benefits.

I declare under penalty of perjury that I have examined all the information on this application and it is true and correct to the best of my knowledge. I understand that anyone who knowingly gives a false or misleading statement about a material fact in this electronic application, or causes someone else to do so, commits a crime and may be sent to prison or may face other penalties, or both.

agree with the Electronic Signature Agreement above.

⚠ You will no longer be able to change this information once you continue.

When you select "Submit Now" below, you will be sending this completed information electronically to the Social Security Administration. Please make sure that everything is correct.

Finishing Your Application

- Go over a summary of your application for accuracy;
- Accept the agreement and sign your application by selecting the "Submit Now" button;
- Get a receipt for your application; and
- Get information on what to do next.



Securing today
and tomorrow

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