IOWA Health and Human Services

Addendum to Application for Help with Medicare Prescription Drug Plan Costs

As an applicant, by signing this, I understand that:

- I can ask the United States Social Security Administration (SSA) to decide if I can get help with my Medicare prescription drug plan costs. I do not want SSA to make this decision. I choose to have the Iowa Department of Health and Human Services (HHS) decide if I can get help.
- By asking HHS to decide if I can get help with my Medicare prescription drug plan costs, I must tell HHS about any problems I have with this help. Any information, including the application, I am asked to give will stay at the HHS county office. If I do not like the decision made by HHS, I have the right to file an appeal.
- Information about the help I get will be sent to SSA. The prescription drug plan that I choose will know what level of help I am getting.

By signing this as an applicant or spouse:

- I state, under penalty of perjury, that the information I gave on the application is true and correct to the best of my knowledge. I know that anyone who gives a false or misleading statement on purpose, or causes someone else to do so, commits a crime and may face penalties, including prison.
- I understand that the information given on the application is required and will be used to decide if I can get help. Failing to give any information asked for may mean I will not get help. People outside HHS may be given my information to check it as stated below.
- I understand that HHS may check my answers on the application and compare its records with those of Federal, State, or local government agencies, including the Internal Revenue Service; to make sure my statements are correct.
- I give HHS permission to get and share information related to my income, resources, and assets, consistent with applicable privacy laws. This information may include, but is not limited to, information about my wages, account balances, investments, insurance policies, benefits, or pensions.

Your Signature	Date
Your Spouse's Signature (if living together)	Date

If you cannot sign, the person who signed your application may also sign this.