



On behalf of St. Lawrence County, Allsup is a nationwide provider of Social Security disability representation and Medicare services conducting reviews of retirees and dependents under age 65 who are covered under St. Lawrence County group health insurance. Allsup has been retained by St. Lawrence County to determine if you could benefit from assistance with enrolling in Medicare or understanding how Medicare works with your group health insurance.

### **What You Need To Do**

Please complete the enclosed questionnaire that was mailed to you from Allsup and return it within 10 days, using the postage-paid envelope provided. Even if you're already enrolled in Medicare, it's important that you complete and return the questionnaire so your entitlement to Medicare benefits can be verified.

### **What Happens Next**

After receiving your completed questionnaire, Allsup will assess your coverage and benefit entitlement:

- **If you're receiving Social Security Disability Insurance (SSDI)**, Allsup will assess your Medicare entitlement and establish Medicare as primary payer for your medical claims. Allsup can also assist those who have not maintained their Part B coverage by re-enrolling them in Part B without being assessed a penalty. There is no charge for this service.
- **If you have a disability but are not currently receiving SSDI**, Allsup may be able to assist you in filing for these benefits, which can provide significant advantages for you and your family. There is a fee for this service only if Allsup is able to obtain your SSDI benefits.
- **If you don't have a disability**, no additional action is required. Simply notate and return the questionnaire. If you become disabled prior to your 65<sup>th</sup> birthday, please contact Allsup for possible assistance with your application for SSDI benefits.

### **How to Contact Allsup**

If you have any questions, please contact Allsup Medicare Coordination at 1-800-883-6650 or contact the St. Lawrence County Human Resource office at 315-379-2210.

**MEDICAL INSURANCE QUESTIONNAIRE  
FOR \_\_\_\_\_ RETIREES**

Allsup Medicare Coordination Services® • 300 Allsup Place, Belleville, IL 62223

Name:

Last 4 of SSN:

Address, City, State, Zip:

Date of Birth:

Phone: (    )


E-mail:

**EMPLOYMENT INFORMATION**

1. When did you start working for \_\_\_\_\_? (mm/yy)
2. When did you stop working for \_\_\_\_\_? (mm/yy)
3. Are you currently working for any employer?  NO  YES
4. Did you retire due to a medical condition?  NO  YES
5. Do you currently have a medical condition that limits your activities?  
 NO...skip to #8  YES...continue with #6

**SOCIAL SECURITY DISABILITY & MEDICARE INFORMATION**

6. Are you receiving Social Security **disability** benefits (SSDI)?  
 NO...Have you filed with Social Security for SSDI benefits?  NO  YES  
 YES...Please fill in the areas below as shown on your **Medicare card**, or send us a copy of your card.

<b>MEDICARE</b>			<b>HEALTH INSURANCE</b>	
1-800-MEDICARE (1-800-633-4227)				
NAME OF BENEFICIARY _____				
MEDICARE CLAIM NUMBER _____				
IS ENTITLED TO		EFFECTIVE DATE		
<b>HOSPITAL (PART A)</b>		_____	_____	
<b>MEDICAL (PART B)</b>		_____	_____	
CO-PAY _____				
SIGN HERE _____				

7. Since your Part A date have you had health insurance through the employer of an actively working family member?  
 NO  YES...Once your questionnaire is received an Allsup specialist will call to gather information.

**SPOUSE/DEPENDENT INFORMATION**

8. Is there any other dependent, covered under your \_\_\_\_\_ health insurance plan, with a medical condition that limits their activities?  
 NO  YES...Once your questionnaire is received an Allsup specialist will call to gather information.

