# Medicare Checklist

## 3 Months Before Your Retirement

- ○ Contact the Social Security Administration (SSA) and apply for Medicare Parts A and B online by visiting www.ssa.gov/benefits/medicare or by phone at (800) 772-1213. Use the chart to the right to know when to apply.
- ○ Establish how your Medicare Part B premium will be paid to SSA. This premium is separate from MAPD premium and cannot be deducted from your monthly pension checks.
- ○ Verify your residential and mailing address with SSA. If SSA does not have your current address, you are required to update your address with SSA while enrolling in Medicare Parts A and B. Your Medicare ID card will be issued to the address on file.
- ○ Verify your residential and mailing address with your retirement system. Your address on file with your retirement system must match the address on file with SSA.

| Retirement Date | Month to Apply for Medicare |
|---|---|
| January 1st | October |
| February 1st | November |
| March 1st | December |
| April 1st | January |
| May 1st | February |
| June 1st | March |
| July 1st | April |
| August 1st | May |
| September 1st | June |
| October 1st | July |
| November 1st | August |
| December 1st | September |

If SSA determines that you are not eligible for Medicare coverage: Request a statement of Medicare ineligibility from SSA to submit to your Retirement System.

## 2 Months Before Your Retirement

- ○ Receive your Medicare Card or Statement of Medicare Ineligibility from SSA.
- ○ Make a legible copy of the front side of your Medicare card or ineligibility statement and send it to your Retirement System or CMS Medicare COB Unit

## Retirement – Enroll in Your New TRAIL MAPD Plan

- ○ Review the TRAIL Medicare Advantage Initial Enrollment Guide mailed to you from the State of Illinois Department of Central Management Services. You can also review the materials online at MyBenefits.illinois.gov, just click on the TRAIL MAPD Enrollment Information tile located on the home page.
- ○ Review the TRAIL Medicare Advantage Enrollment materials mailed to you from the TRAIL insurance carriers available in your residential area.
- ○ Choose a TRAIL MAPD plan. You may elect your plan by visiting MyBenefits.illinois.gov and completing your enrollment online or by contacting the MyBenefits Service Center at (844)251-1777.

  **Note**: You are required to complete your TRAIL MAPD enrollment within 60 days of your retirement date. Your current coverage will be terminated at the expiration of this enrollment opportunity. You may re-enroll at a later date; however, you WILL experience a break in coverage.

  **Important**: If your residential or mailing address changes, you must notify both your retirement system and the SSA as quickly as possible. **Your address must be the same at both places.**

**Reminder:** The TRAIL Program is specifically designed to cover members who are enrolled in Medicare. To be eligible for coverage under a TRAIL MAPD plan, you and your eligible dependent(s) must:

- be enrolled in Medicare Parts A and B,
- live in the United States or U.S. territories

KEEP THIS CHECKLIST FOR FUTURE REFERENCE