

Instructions for Completing the Division of Aging Services NJSave Paper Application

By filling out the paper NJSave Application, you could get the following benefits if you are eligible:

- Prescription assistance programs (PAAD or Senior Gold)
- Utility assistance programs (Lifeline Utility Credit Program or Tenants Lifeline Assistance Program, Universal Service Fund (USF), Low-Income Home Energy Assistance Program (LIHEAP)
- Medicare Savings programs (SLMB or SLMB QI1) which pay Medicare Part B premium payments
- Hearing Aid Assistance Program for the Aged and Disabled
- Medicare Part D premium payments if PAAD eligible
- Medicare Part D wrap-around cost payments, such as co-payments, co-insurance, and deductibles, if PAAD or Senior Gold eligible
- Supplemental Nutrition Assistance Program (SNAP)
- Voter registration information

Many other programs use the acceptable PAAD/Lifeline eligibility determination to give even more benefits:

- Motor Vehicle registration discount
- Low-cost pet spay/neuter
- Property Tax Freeze

These instructions are primarily intended to assist third parties (e.g. powers of attorney, case workers, legislative officials, area agencies on aging, etc.) with the proper completion of the NJSave application. The instructions are equally beneficial to applicants if they desire to be more informed before completing their NJSave application. An application must be completed for each person on the program. Married couples must complete two separate applications.

The instructions provide detailed information on each question, including:

- 1) A brief explanation of how each question relates to the determination of eligibility and why the question has been included on this application.
- 2) Step by step instructions for completing each question.
- 3) Examples illustrating how an applicant would fill out the NJSave application.

Question 1: Applicant's Name

Question 1 is used to properly identify the applicant.

Instructions:

- **NOTE:** The applicant must enter his/her name exactly the way it appears on records or documents that he/she receives from Medicare. If the applicant does not have Medicare, print name exactly as it appears on Social Security records.
- Do **NOT** write outside of the red boxes.
- If the applicant's name has more letters than there are red boxes, just complete the answer only up to the number of boxes available.
- Applicant's Last Name - Print the letters of the last name.
- Applicant's Suffix - Print the suffix, if any, to the name (Jr., Sr., II, III, etc.).
- Applicant's First Name - Print the letters of the first name.
- Applicant's Middle Initial - Print the middle initial.
- Applicant's Sex – For Gender, print M for Male or F for Female.
- Applicant's Social Security Number – Print the applicant's Social Security number.
NOTE: DO NOT ENTER the Medicare Claim Number.
- **NOTE:** Your Social Security number will be used to check your identity, prevent duplicate participation, create a unique identifier to track your application, to provide and record pharmaceutical benefits, to verify eligibility by matching tax files at the New Jersey Division of Taxation, and to identify other prescription coverage by searching health insurance records.
- Applicant's Date of Birth – Print the applicant's date of birth. Use the boxes with "Month" written above them for the month, use the boxes with "Day" written above them for the day, and use the boxes with "Year" written above them for the year. For example, if the applicant's birthday is May 1, 1934, print **05/ 01 /1934**. Do **NOT** write outside of the boxes.

Question 2: Spouse's Name (if married and living together)

Question 2 is used to identify the applicant's spouse.

Instructions:

- **NOTE:** The spouse's name must be entered exactly the way it appears on records or documents that the spouse receives from Medicare. If the spouse does not have Medicare, print name exactly as it appears on the Social Security or birth record. Do **NOT** write outside of the red boxes.
- If the spouse's name has more letters than there are red boxes, just complete the answer only up to the number of boxes available.
- Spouse's Last Name - Print the letters of the last name.
- Spouse's Suffix - Print the suffix, if any, to the name (Jr., Sr., II, III, etc.).
- Spouse's First Name - Print the letters of the first name.
- Spouse's Middle Initial - Print the middle initial.
- Spouse's Sex – For Gender, print M for Male or F for Female.
- Spouse's Social Security Number – Print the spouse's Social Security number.
NOTE: DO NOT ENTER the Spouse's Medicare Claim Number.
- **NOTE:** Your spouse's Social Security Number will be used to verify eligibility by matching tax files at the New Jersey Division of Taxation, and to identify other prescription coverage by searching health insurance records.
- Spouse's Date of Birth – Print the spouse's date of birth. Use the boxes with "Month" written above them for the month, use the boxes with "Day" written above them for the day, and use the boxes with "Year" written above them for the year. For example, if the spouse's birthday is May 1, 1934, print **05/ 01 /1934**. Do **NOT** write outside of the boxes.

Question 3: Marital Status & Nursing Home Residency

This question has two parts. The first part of the question is used to identify current marital status and to determine if the applicant's marital status has changed recently.

The second part of the question is used to determine if the applicant and/or the spouse reside in a nursing home. These questions are important because different income limits are used for married and single/separated applicants.

Instructions:

- **Current Marital Status** - Print an "X" in the box that represents the applicant's current marital status. Print an "X" in only one box.
- **NOTE:** If an applicant is separated from his/her spouse, the applicant should contact 1-800-792-7945 and request an 'Affidavit of Separation' form, which must accompany the application.
- **Marital Status Change** - If the applicant's marital status has changed in the last year, print an "X" in the **YES** box and write the date of change in the space provided. Please write the date in month, day, and year order. For example, if the applicant got divorced on May 1, 2015, write 05/01/15. If the applicant's marital status has stayed the same, print an "X" in the **NO** box.
- **Nursing Home Residency** – If the applicant and/or the spouse (if applicable) reside in a nursing home, print an "X" in the **YES** box(es). Otherwise, print an "X" in the **NO** box(es). **DO NOT LEAVE BLANK.**
- If the applicant or the spouse resides in a long-term care facility, a letter from the facility indicating the date admitted needs to be submitted with the application.

Question 4: Principal Residence

This question is used to determine the address of the applicant's principal place of residence and to determine if the applicant is a resident of the State of New Jersey.

Instructions:

- Enter the applicant's actual physical street address (Street, City, State & Zip Code) including any apartment number in the boxes provided. Do **NOT** write outside of the boxes.
- **NOTE:** P.O. Box addresses are not acceptable as a principal place of residence. If using a P.O. Box, enter it in the "Mailing Address" boxes provided in Question 5.
- **NOTE:** The applicant must submit two proofs of residence. Please refer to Question 4 in the NJSave application for examples of acceptable proofs of residence.

NOTE: SEASONAL OR TEMPORARY RESIDENCE IN NEW JERSEY OF WHATEVER DURATION, DOES NOT QUALIFY AS A PRINCIPAL PLACE OF RESIDENCE.

Question 5: Mailing Address

This question is used to determine the mailing address of the applicant.

Instructions:

- If the applicant uses a mailing address, the applicant must print his/her complete mailing address (Street, City, State & Zip Code) in the boxes provided. Do **NOT** write outside of the boxes.
- If using a Power of Attorney (POA), please enter the Power of Attorney's mailing address and submit a copy of the Power of Attorney.

Question 6: Income Tax

This question identifies applicants who filed a Federal or State income tax return last year.

Instructions:

- If the applicant and/or spouse filed a Federal or State income tax return, a signed copy of each return should accompany the application.
- If the applicant and spouse each filed their own tax return (e.g. "married -filing separate"), copies of all income tax returns should be sent with the application.
- Copies of tax returns should include all schedules.

Question 7: Income Part I (Yearly Railroad Retirement, Veterans, Other Pensions, Annuities, Other Income)

Question 7 collects information about the most common sources of income. This information will be used to determine income eligibility. **NOTE:** This question does **NOT** ask the applicant or spouse (if applicable) to include income from Social Security Benefits, Wages, Self-Employment, Interest, or Dividends. These sources of income will be asked for in Questions 10 and 14.

Social Security will compare the information on this application with data obtained from other Federal agencies and Social Security's own benefit records to determine Medicare Part D Low-Income Subsidy (LIS) eligibility. They may contact the applicant to resolve any discrepancies.

Instructions:

- Calculate the total current annual income for each income category: 1) Railroad Retirement, 2) Veterans Benefits, 3) Other Pensions, 4) Annuities, and 5) Other Income including: a) net rental, b) workers comp, c) alimony and d) other.
- Print the applicant's and the spouse's (if applicable) current yearly income for each category. Do **NOT** include cents. Round up to the nearest dollar.
- Include income from other pensions such as private pensions and annuities.
- Do **NOT** include wages and self-employment income, interest income, public assistance, Social Security Benefits, dividends, medical reimbursements or foster care payments here.
- Identify all possible sources of income.

Do **NOT** leave any blanks, if the applicant and/or spouse do not earn income in a particular income category, print an **"X"** in the **NONE** box next to the category(ies).

Question 8: Decrease in Income

Since the data Social Security obtains from other Federal agencies may not be as current as the information on this application, Question 8 may enable Social Security to resolve discrepancies without contacting the applicant. Income information available to Social Security may be up to two years old. This question will help Social Security obtain more updated income information.

Instructions:

- Indicate if any of the income amounts that were listed in Question 7 have decreased in the last two years by printing an **"X"** in the **YES** or **NO** box.

Question 9: Has the Applicant or Spouse Worked in the Last Two Years?

This question is included for the same purpose as Question 8.

Instructions:

- If the applicant and/or the spouse (if married and living together) have worked in the last 2 years, put an “X” in the appropriate box(es).

Question 10: Income Part II (Yearly Wages and Self-employment)

Question 10 collects information about the applicant’s and spouse’s wages or self-employment income (or losses). This information will be used to determine income eligibility. Social Security will compare the information on the NJSave application with data obtained from other Federal agencies. If Social Security identifies any discrepancies, they may contact the applicant to resolve them.

Instructions:

WAGES

- Anticipate the total amount of wages earned (before taxes) this year for the applicant and the applicant's spouse.
- Print the applicant's and spouse’s wage earnings this year in the red boxes. Do **NOT** include cents. Round up to the nearest dollar.
- If neither applicant nor spouse, if applicable, has worked this year print an “X” in the **NONE** box(es).

SELF-EMPLOYMENT

- Anticipate the net amount of self-employment earnings or losses this year for the applicant and the applicant's spouse.
- Print the applicant’s and spouse’s self-employment net earnings or losses in the red boxes. Do **NOT** include cents. Round up to the nearest dollar.
- If neither applicant nor spouse, if applicable, has self-employment income this year print an “X” in the **NONE** box(es).

INDICATE NET LOSS FROM SELF-EMPLOYMENT

- If the applicant expects a net loss in self-employment, print an “X” in the **YOU** box. If the net loss pertains to the spouse, print an “X” in the **SPOUSE** box.
- Social Security will subtract any self-employment net losses from wages.
- **NOTE:** Net losses are **NOT** subtracted for PAAD, Senior Gold, Lifeline or HAAAD eligibility determinations.

Question 11: Decrease in Wages or Self-Employment

Similar to Question 8, Question 11 may enable Social Security to resolve discrepancies between the earned income amounts listed on this application and the data available from State records and other Federal agencies without contacting the applicant.

Instructions:

- Indicate if any of the amounts that were listed in Question 10 have decreased over the last two years by printing an “X” in the **YES** or **NO** box.

Question 12: Has the Applicant/Spouse Recently Stopped Working or Plan to Stop Working?

Question 12 will enable Social Security to take into account planned reductions in wages or self-employment for the coming year to determine average monthly earnings and yearly totals for the current year.

Instructions:

- If the applicant and/or spouse have stopped working in the last 2 years or have plans to stop working within the next year, complete this question.
- Indicate the month and year that the applicant and/or spouse has recently stopped working or plans to stop working in the boxes provided. Use two digits for the month and four digits for the year. For example, if the applicant plans to stop working in August of 2019, enter 08/2019.

Question 13: Work Related Expenses for the Disabled and Blind

Under the applicable SSI rules, certain work-related expenses of individuals who are disabled or blind and under age 65 may be excluded from their earned income. If an applicant whose Social Security records indicate he/she is disabled or blind checks "YES" to this question, Social Security will automatically exclude a standard amount of work expenses. Furthermore, Social Security will notify the applicant of the amount that Social Security has used and give him/her the opportunity to provide evidence that the expenses (and thus the amount excluded) are higher. This question will notify Social Security if the applicant is entitled to impairment related work expenses (IRWE) or blind work expenses (BWE). Social Security will exclude the average amount of IRWE and BWE from the applicant's wages or self-employment income. **NOTE:** PAAD, Senior Gold, Lifeline, SLMB and HAAAD do **NOT** take work-related expenses into account when making eligibility determinations.

Instructions:

- If the applicant is single, divorced, separated or widowed and 65 or older, skip this question.
- If the applicant is married and living with his or her spouse and both are 65 or older, skip this question.
- **NOTE:** According to Social Security, applicants 65 or older are classified as aged applicants and are no longer classified as disabled applicants. Therefore, Social Security does **NOT** exclude work related expenses for applicants who are 65 or older.
- Refer to Question 13 in the NJSave application for examples of what qualifies as work-related expenses and indicate if the applicant and/or the spouse (if applicable) must pay for these expenses by printing an "X" in the **YES** or **NO** box(es).

Question 14: Income Part III (Yearly Social Security, Medicare Part B, Medicare Part D, Interest, Dividends, IRA distributions)

This question is used to identify income sources counted towards eligibility determinations. Such sources include Social Security Benefits (net), Medicare Part B Premiums (only if deducted from Social Security check), Medicare Part D Premiums (only if deducted from Social Security check), Interest (including tax-exempt), Dividends and IRA distributions.

Instructions:

- In the boxes next to **YOU**, enter the current **YEARLY** amount of income the applicant earned from each category: 1) Social Security Benefits (net), 2) Medicare Part B premium paid, 3) Medicare Part D premium paid, 4) Interest (including tax-exempt), 5) Dividends, and 6) IRA Distributions.
- **DO NOT LEAVE ANY BLANKS.** If no income is received in a category, print an “**X**” in the **NONE** box next to the appropriate category(ies).
- In the boxes next to **SPOUSE** (if applicable), enter the current **YEARLY** amount of income the spouse earned from each category: 1) Social Security Benefits (net), 2) Medicare Part B premium paid, 3) Medicare Part D premium paid, 4) Interest (including tax-exempt), 5) Dividends, and 6) IRA Distributions.
- **DO NOT LEAVE ANY BLANKS.** If no income is received in a category, print an “**X**” in the **NONE** box next to the appropriate category(ies).
- **NOTE:** For all income figures, do **NOT** include cents. Round up to the nearest dollar.

Question 15: Asset Screening

This is a screening question to determine eligibility for the federally funded extra help with prescription drug costs. It is used by Social Security to quickly screen applicants who are not eligible for the federally funded extra help based on assets (defined here as savings, investments and real estate other than the applicant's home and property on which it is located). The asset limits listed in the question (\$14,390 for a single person and \$28,720 for a couple) are the maximum limits for 2019 defined by law after allowing for the \$1,500 burial exclusion (\$3,000 for a couple). **NOTE:** Asset information is **NOT** used for PAAD, Senior Gold, Lifeline, or HAAAD eligibility determinations.

Instructions:

- Calculate the total value of all assets that the applicant (and the applicant's spouse if married and living together) have. Compare that total to the asset limit of \$14,390 for a single person and \$28,720 for married couples (2019).
- Remember that liquid assets are counted. Liquid assets are cash and investments that normally can be converted to cash within 20 workdays. In addition, property other than the primary residence is counted.
- Some examples of liquid assets are stocks, bonds, mutual fund shares, promissory notes, and mortgages on property other than the principal place of residence.
- **DO NOT** include the applicant's/spouse's home, vehicles, burial plots or personal possessions in this answer.
- Print an "X" in either the **YES or NO/NOT SURE** box.

NOTE: If "X" is entered in the YES box, skip questions 16 through 24 and continue at question 25.

If YES is answered, the applicant is **NOT** eligible for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual 1 (QI1).

MSP have lower asset limits (\$7,730 for single, \$11,600 for married in 2019). In addition, MSP include the value of certain vehicles, valuable personal property, life insurance surrender values and funeral/burial arrangements toward the asset limit.

Question 16: Value of Assets

In this question, the applicant attests to the value of the major categories of assets that he/she owns. Social Security will compare the information on the NJSave application with data obtained from other Federal agencies. If Social Security identifies any discrepancies, they will contact the applicant to resolve them. In addition, this information will be used for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual 1 (QI1) eligibility. **NOTE:** Asset information is **NOT** used for PAAD, Senior Gold, Lifeline or HAAAD eligibility determinations.

Instructions:

- Each spouse must complete his/her own NJSave application and list the combined total of assets on both applications.
- Calculate the total amount of money that the applicant (and spouse if married and living together) has in each asset category: 1) savings 2) investments 3) cash.
- Print the total amounts inside the appropriate red boxes. **NOTE:** Do **NOT** use cents. Round up to the nearest dollar.
- If the applicant (or the applicant's spouse to whom they are married and living together) does not have money in a particular asset category, print an “X” in the **NONE** box next to the appropriate category(ies).

Question 17: Vehicle

This question establishes if the applicant and/or spouse (if applicable) own a vehicle and if the vehicle is used by the applicant or any member of the applicant’s household for transportation to work or for transportation to medical care. Vehicles may count as an asset for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual (QI1) eligibility. **NOTE:** Vehicle information is **NOT** used for PAAD, Senior Gold, Lifeline or HAAAD eligibility determinations.

Instructions:

- Indicate if the applicant and/or the applicant’s spouse have a vehicle by printing an “X” in the **YES** or **NO** box.
- If the applicant and/or spouse **DOES** have a vehicle, the applicant is asked to identify if the vehicle is used for transportation for work and/or transportation to obtain medical care by printing an “X” in the **YES** or **NO** box.
- **NOTE:** Medical care can be defined as any doctor’s appointment (medical, dental, eye, etc.), picking up a prescription at the pharmacy, etc.
- Indicate in the spaces provided: the owner’s name, the vehicle make and model, amount owed, and the current market value.
- If more room is needed, attach an additional sheet of paper.
- SLMB and QI1 will exclude one vehicle, regardless of the value, if it meets the transportation criteria.

Question 18: Social Security Exclusion for Funeral or Burial Expenses

Social Security uses this question to determine if a portion of the assets listed in Question 16 can be excluded. Social Security excludes up to \$1,500 of the assets entered in Question 16 (\$3,000 for a couple), if the applicant and/or spouse indicate that they expect to use the assets for funeral or burial expenses. **NOTE:** Assets are not counted when determining PAAD, Senior Gold, Lifeline or HAAAD eligibility. **NOTE:** MSP does **NOT** allow this exclusion.

Instructions:

- Indicate if the applicant and/or spouse if married and living together intend to use money listed in Question 16 for funeral or burial expenses. Print an “X” in the **YES** or **NO** box(es).

Question 19: Real Estate

This question identifies applicants who own real estate.

Instructions:

- Indicate if the applicant and/or spouse own any real estate **OTHER THAN** their home and the property on which it is located. Print an “X” in the **YES** or **NO** box.
- If the applicant and/or the applicant’s spouse **DO** own real estate, the applicant is asked to list the current market value(s) and send current real estate tax bill(s) to verify ownership.
- **NOTE:** Do **NOT** include the home the applicant lives in or the property on which it is located.

Question 20: Family Size

The Medicare Modernization Act (MMA) stipulates that eligibility for extra help with drug plan costs in the Medicare Part D program is limited to applicants whose income is less than 150 percent of the Federal Poverty Level for the size of their family. According to Centers for Medicare and Medicaid Services (CMS) regulations, family size is defined as "the applicant, the spouse who is living in the same household, if any, and the number of individuals who are related to the applicant or spouse, who are living in the same household and who are dependent on the applicant or the applicant's spouse for at least one-half of their financial support." In Question 20, the applicant attests to the number of individuals who fall within this definition. **NOTE:** Family size, other than the applicant and spouse, is **NOT** taken into account when determining PAAD, Senior Gold, Lifeline, SLMB or HAAAD eligibility.

Instructions:

- Print an "X" in the box that represents the total number of all relatives living with the applicant who are related by blood, marriage or adoption and who depend on the applicant or applicant's spouse for at least half of their financial support.
- Do **NOT** include the applicant and the applicant's spouse (if applicable) in the total number.
- The relatives must live with the applicant and the applicant's spouse if the applicant is married and living with his/her spouse.
- **NOTE:** Foster children do not count towards this total.
- Print an "X" in only one box. **DO NOT LEAVE BLANK.** If no relatives live with the applicant or spouse and depend on the applicant or spouse for half of their support, print an "X" in the **NONE** box.

Example:

All of John and Jane's children are grown and have moved out of their house. Currently they live alone so they put an "X" in the **NONE** box. John's mother had previously lived with them and they provided half of her support, but she moved into a nursing home last year. If she still lived with them, John and Jane would put an "X" in the **1** box.

Question 21: Valuable Personal Property

This question establishes if the applicant and/or spouse (if applicable) own any valuable personal property (e.g. jewelry, coin/stamp collections, furs, recreational vehicles, boats, motorcycles, etc.). Valuable personal property may count towards the resource limit for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual (QI1) eligibility. **NOTE:** Wedding and engagement rings are **NOT** counted. **NOTE:** Assets are **NOT** used when determining PAAD, Senior Gold, Lifeline or HAAAD eligibility.

Instructions:

- Indicate if the applicant and/or spouse own any valuable personal property. Print an “X” in the **YES** or **NO** box.
- If the applicant and/or the applicant’s spouse **DO** own valuable personal property, the applicant is asked to list the dollar value.
- **NOTE:** Do **NOT** include wedding and engagement rings.

Question 22: Liquid Assets

In this question, the applicant and the applicant's spouse, if married and living together, provide a more detailed accounting of their liquid assets. Liquid assets are cash or any item which can be easily converted to cash. These can include, but are not limited to: checking accounts, savings accounts, certificates of deposit, stocks, bonds, mutual funds, money market funds, individual retirement accounts (IRA), annuities, trusts, savings bonds, treasury bills or treasury bonds. **NOTE:** Assets are **NOT** counted when determining PAAD, Senior Gold, Lifeline or HAAAD eligibility.

Instructions:

For each asset owned by the applicant, the applicant's spouse, jointly or with another person:

- Enter the account type (i.e. savings, checking, certificate of deposit, money market, individual retirement account, annuity, stock, bond, etc.)
- Enter the name of the financial institution
- Enter the account number
- Enter the most recent account balance (round all dollar amounts)
- Supply bank/financial statements for all accounts
 - Account holder(s) name must be visible
 - Bank/financial institution's name must be on the document
 - All statement pages must be supplied
 - All account activity and balances must be visible

NOTE: If the applicant or the applicant's spouse, if married and living together, **DO NOT** own any bank accounts, an explanation of how the Social Security or other income checks are cashed must be provided.

NOTE: If the applicant or the applicant's spouse, if married and living together have his/her Social Security or other income deposited directly on to a pre-paid debit card, the debit card statement(s) showing all balances must be submitted.

Question 23: Life Insurance

This question establishes if the applicant and/or spouse (if applicable) own life insurance policies and requests the value of the policies. Cash surrender value is the dollar amount that would be received if the policy was turned in for cash today. Cash surrender value from life insurance policies may count as an asset for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual (QI1) eligibility. **NOTE:** Life insurance information is **NOT** used for PAAD, Senior Gold, Lifeline or HAAAD eligibility determinations.

Instructions:

- Answer if the applicant and/or spouse own any life insurance policies. Print an “X” in the **YES** or **NO** box.
- Indicate who owns the life insurance policies. Print an “X” in the **YES** or **NO** box(es).
- If the applicant and/or the applicant’s spouse **DO** own life insurance policies, the applicant is asked to list the total face value(s) and total cash surrender value(s). Face value is the amount the policy pays at time of death. Cash surrender value is the dollar amount that would be received if the policy was turned in for cash today.
- Current official documentation obtained from the insurance company(ies) showing the type of policy (e.g. Term, Whole Life) and values for all life insurance policies must be submitted.
- **NOTE: DO NOT** send the original life insurance policy(ies) or the chart/table of values from the policy(ies).

Question 24: Funeral or Burial Arrangements

This question establishes if the applicant or the applicant's spouse, if married and living together, have pre-paid arrangements for funeral or burial expenses for the applicant or the applicant's spouse. The value of burial arrangements may count as an asset for Medicare Savings Programs (MSP): Specified Low-income Medicare Beneficiary (SLMB) and Qualified Individual (QI1) eligibility. **NOTE:** Funeral and/or burial arrangement information is **NOT** used for PAAD, Senior Gold, Lifeline or HAAAD eligibility determinations.

Instructions:

For each burial category:

- In the boxes next to **YOU**, enter the current value of each type of arrangement:
a) **Irrevocable arrangements**), b) **Other pre-paid arrangements**,
c) **Burial space items** , d) **Other money for burial**.
- **DO NOT LEAVE ANY BLANKS**. If no arrangement, print an “X” in the **NONE** box next to the appropriate category(ies).
- In the boxes next to **SPOUSE** (if applicable), enter the current value of each type of arrangement: a) **Irrevocable arrangements**), b) **Other pre-paid arrangements**, c) **Burial space items** , d) **Other money for burial**.
- **DO NOT LEAVE ANY BLANKS**. If no arrangement, print an “X” in the **NONE** box next to the appropriate category(ies).
- Provide official documentation
 - a. Irrevocable arrangements: Documentation from funeral home or trust account which must specifically state **IRREVOCABLE** and be dated within the past 6 months.
 - b. Other pre-paid arrangements: Statement of Funeral Services and Goods from the funeral home showing the arrangement has been pre-arranged and pre-paid.
 - c. Burial space items: Deed(s), receipt(s) of purchase.
NOTE: Burial space items include plots, caskets, headstones, vaults and opening/closing costs.
 - d. Other money for burial: Documentation of current account value.
NOTE: Other money for burial needs to be in a separate account specifically designated for burial.

Question 25: Medicare Information

This information is used to coordinate benefits with other State and Federal benefit programs.

Instructions:

- Print the applicant's (and spouse's if married and living together) Medicare Claim number(s) in the boxes provided. **NOTE:** Print the Medicare Claim number exactly as shown on the applicant's and spouse's (if applicable) Medicare Card(s).
- Print the Medicare Claim number in the appropriate boxes. If the applicant has Railroad Retirement Medicare, use the boxes provided for Railroad Retirement Medicare.
- Indicate if the applicant (and spouse if married and living together) has Medicare A (Hospital), Medicare B (Medical) and/or Medicare D (Prescription) coverage by placing an "X" in the **YES** or **NO** box(es).
- Print the effective dates for Parts A, B and D in the spaces provided. **NOTE:** Print Medicare A and B effective dates exactly as shown on the Medicare card(s).
- Remember to use only capital letters when answering questions. Do **NOT** write outside of the boxes.
- If the applicant or spouse, if applicable, is enrolled in a Medicare Prescription Drug Plan write the name of the plan on the PDP name line.
- Include copies of the Medicare card and the Medicare Prescription Drug card if any.

Question 26: Health Insurance

This question is used to determine if an applicant has additional health insurance plans so that all prescription benefits may be coordinated properly.

Instructions:

- If the applicant and/or the applicant's spouse currently have health insurance coverage (with or without prescription benefits) with ANY insurance company, then all questions in this section must be answered.
- Copies of the front and back of each of the applicant's and the spouse's health insurance card(s) and/or pharmacy card(s), must be attached to the application.
- If the applicant has more than one health insurance company, provide information for all of them. The applicant may use a separate page if needed.
- Remember to submit copies of any creditable coverage documentation.
- **NOTE: If the applicant or spouse have medical or prescription coverage through an employer or union group, it is extremely important to notify PAAD. If an applicant or spouse has 'creditable coverage' and enrolls into Medicare Part D, he /she may lose his/her employer or union prescription and health benefits coverage.**
- An applicant who has other prescription coverage through an employer or union group plan is able to utilize PAAD in conjunction with the employer/union plan. The employer/union plan will be the primary prescription coverage and PAAD will be secondary prescription coverage.
- Do **NOT** write in the FOR OFFICE USE ONLY section.

Question 27: Lifeline Credit/Tenants Lifeline Assistance Program

This question is used to determine eligibility for the annual \$225 utility benefit provided through the Lifeline Utility Assistance Program.

Instructions:

- The applicant must indicate if he/she is applying for the Lifeline or Tenant's benefit. If the applicant wishes to apply, he/she must print an "X" in the **YES** box. If the applicant does not wish to apply for the program, he/she must print an "X" in the **NO** box. **DO NOT LEAVE BLANK.**
- If the applicant is not a customer of an Electric or Natural Gas company **OR** the applicant does not have utilities included in his/her rent payment, check **NO**.
- Supplemental Security Income (SSI) applicants should **NOT** apply, the Lifeline utility benefit is already included in monthly SSI checks.
- If applying for a utility benefit, the applicant must indicate their utility code(s), utility account number(s), the account holder's name(s) and the relationship to applicant in the boxes provided.
- If the applicant is a utility customer, submit copies of current gas and/or electric bill(s)/statement(s).
- The utility bill(s) must show the applicant's name, service address and account number(s).
- If an applicant has both electric utilities and natural gas utilities, both accounts must be listed.
- If the applicant is a tenant and his/her electric and gas are included in the rent payment, the applicant must list the monthly amount of rent paid and the landlord's name and address in Section B and submit a copy of the current lease agreement.
- If applying for the Tenants' benefit, print an "X" in the box at the bottom of page 11 that best describes the applicant's principal place of residence.

Question 28: Universal Service Fund (USF)/Low Income Home Energy Assistance (LIHEAP) Program Eligibility

This question is used to determine if the applicant wishes to be screened for USF/LIHEAP eligibility. By providing the following information, the applicant’s household may be screened for USF/LIHEAP. USF is an energy assistance program for low-income electric and natural gas customers provided by the New Jersey Board of Public Utilities. The USF benefit is calculated based on a number of factors, including annual household income, benefits that the household receives from the Lifeline utility assistance program, the Low Income Home Energy Assistance Program (LIHEAP), and the annual energy burden which is based on the electric and natural gas bills for the household. LIHEAP helps low income families and individuals meet home heating costs and is provided by New Jersey Department of Community Affairs. The LIHEAP heating benefit is determined by income, household size, fuel type, and heating region. This information must be provided in this section in order to be screened for USF/LIHEAP eligibility, and it will only be used for that purpose.

Instructions:

- The applicant must indicate if he/she is applying for LIHEAP, USF, Both LIHEAP and USF or NOT APPLYING. If the applicant wishes to apply, he/she must print an “X” in the ‘LIHEAP’, ‘USF’, or ‘Both LIHEAP and USF’ box. If the applicant does not wish to apply for the program, he/she must print an “X” in the ‘NOT APPLYING’ box. **DO NOT LEAVE BLANK.**
- The applicant must indicate in the boxes provided, the total number of all persons residing at his/her principal place of residence, including the applicant and spouse, if living together.
- The applicant must list the total gross income for all household members over the age of 18, including the applicant and spouse, in the boxes provided.
- The applicant must identify his/her primary source of heat at his/her principal place of residence. The applicant must place an “X” in the box that indicates his/her primary source of heat. (Example: if you pay for natural gas to heat your house, but have to use an electric heater to heat any specific room of your unit, your primary heating fuel type will be natural gas)
- If the applicant places an “X” in the ‘OTHER’ box, he/she must then select the corresponding option of Fuel Oil, Propane, Kerosene, Wood or Coal and list the name of the heating fuel supplier.
- If the applicant does not pay for his/her own heat, the applicant should place an “X” in the appropriate box which best describes his/her heating arrangement.

Heat provided by public housing/rent subsidy	Heat included in non-subsidized rent	Share cost of heat with others
Pay a separate charge to Landlord for heat	Heat paid for by others	Pay for secondary source of heat (such as a wood stove, a kerosene stove, electric heater, etc.)

Question 29: Hearing Aid Assistance to the Aged and Disabled

This question is used to determine if the applicant is applying for reimbursement for a hearing aid. The applicant may be reimbursed \$100 for the purchase of a hearing aid.

Instructions:

- Please indicate if the applicant is applying for the Hearing Aid Assistance to the Aged and Disabled (HAAAD) program by printing an “X” in the **YES** or **NO** box.
- If the applicant is applying, the following must be submitted with the application: 1) a physician’s prescription or letter attesting to the medical necessity for obtaining a hearing aid and 2) a receipt for the recent purchase of the hearing aid.
- **DO NOT LEAVE BLANK.** If the applicant is not applying for HAAAD, print an “X” in the **NO** box.

Question 30: Supplemental Nutrition Assistance Program (SNAP)

This question is used to determine if the applicant wishes to have his or her information submitted to the State of New Jersey’s Division of Family Development (DFD) to begin an application for nutrition assistance. The applicant has the option to opt-out of having his or her information sent to DFD.

Instructions:

- Please indicate if the applicant wants his or her information submitted to begin a SNAP application by printing an “X” in the **YES** or **NO** box.

Question 31: Signatures

Signatures are necessary to process this application. The applicant must sign this page. If the applicant is married and living with his/her spouse, the spouse must also sign this page.

Instructions:

- The signature page contains the Penalty Clause. When signing Section A of the application, which is located below the Penalty Clause, the person(s) signing the form:
 - Certifies that all information provided on the application is true and correct.
 - Certifies that he or she understands that knowingly giving false information is a crime.
 - Certifies that he or she understands that Social Security will compare statements with records from other Federal, State, and local government agencies.
 - Authorizes Social Security to obtain information about income, resources, and assets such as wages, account balances, pensions, etc.
 - Authorizes the Division of Aging Services or the Department of Human Services to disclose financial, utility and other personally identifiable information (i.e. name, date of birth, social security number, etc.) to other state agencies to begin application processes for other benefits.
- The Penalty Clause statement means that everything the applicant has placed on the application is true to the best of his or her knowledge. Some of the information requested can change from one day to the next. Some amounts entered are estimates. Social Security will not penalize an applicant as long as he or she has given the best estimates in those situations.
- The person(s) signing the application also assigns the State of New Jersey as his/her authorized representative to any right to drug benefits to which he/she may be entitled under any other plan of assistance or insurance from any other liable third party or drug benefits under any other plan of governmental assistance.
- The person(s) applying should sign the form in Section A. If the person(s) applying is not able to sign the form, a personal representative may sign on his or her behalf. The representative may be a family member, friend, attorney, advocate, social worker, agency, or someone else acting on behalf of the applicant.
- If the person(s) applying prefers that someone else is contacted if questions arise about the application, enter the contact's name and phone number on the signature page in Sections A.
- If someone assisted the applicant with completing the application, fill out Section B.

Final Mailing Instructions

- Place the completed NJSave application and photocopies of required documentation in the postage-paid return envelope provided.
- For the applicant's own records, make a photocopy of the completed application and any attached documents.
- Please allow at least 30-40 days for the applicant to be notified of his or her eligibility. Social Security will send the applicant a determination regarding eligibility for the Federal extra help with prescription drug costs at a later date.

NJSave INCOME CHECKLIST

*(Note: This listing is NOT all-inclusive;
other types of income may be included as income)*

EARNED INCOME

- Awards & Bonuses
- Interest & Dividends
(including tax exempt)
- Employee Gifts
- Fees for Service
- Prizes
- Railroad Retirement Benefits
- Severance Pay
- Sick Leave Pay
- Strike & Lockout Pay
- Third Party Sick Pay
- Lump Sum Compensation for
Lost Wages
- Wages, including tips
- Unemployment benefits
- Vacation Allowance

PENSION BENEFITS

- Annuity
- Black Lung Benefits
- Disability Benefits
- Individual Retirement
Account (*IRA*)
- Profit Sharing Plan
- Veterans' Benefits

OTHER INCOME

- Alimony
- Benefit Payments from
Foreign Countries
- Canceled Debts Paid for
Applicant by Another
- Capital Gains (*e.g. bonds,
stocks, mutual funds, etc.*)
- Capital Gains Taxable &
Nontaxable (*e.g. sale of
residence*)
- Compensation for Personal
Injury / Damage to Character
- Damages from Copyright
Infringement or Breach of
Contract
- Death Benefits
- Gambling, Lottery & Raffle
Winnings
- Gain on Sale of Personal
Property (*e.g. car, furniture,
stereo, etc.*)
- Gifts (*e.g. cash or checks*)
- Inheritances or Bequests
- Life Insurance Proceeds
*(Exception: Deceased
Spouse's Policy)*
- Liquidation & Return of
Capital Distributions
- Bankruptcy, Sale of business,
etc.
- Punitive Damages and
Compensation
- Rental Income (*Net*)
- Self-employment/Business
Income (*Net*)
- Royalties
- Share of Subchapter S
Corporation Taxable Income
- Stock Rights
- Trust & Estate Income

SOCIAL SECURITY BENEFITS

ALL TAXABLE AND NONTAXABLE INCOME IS INCLUDED

PAAD, LIFELINE, HAAAD AND SENIOR GOLD INCOME EXCLUSIONS

- Agent Orange Payments
- Benefits received for the Homestead Credit/Rebate Program
- Benefits received from the NJ State Lifeline Credit Program/Tenants Lifeline Assistance Program
- Proceeds from spouse's life insurance policy upon the death of the insured
- Loans and Reverse Mortgages
- All programs of the Older Americans Act
- Support received on behalf of a child
- Capital Gains on the sale of a principal residence of up to \$250,000 if single and up to \$500,000 if married (*Capital Gains in excess of \$250,000 and \$500,000 respectively, are fully includable*)
- Holocaust Reparations
- Wartime Reparations
- Viatical Settlements from life insurance policies for medical/nursing home expenses of the policyholder
- Rollovers from one tax deferred financial instrument (*pension, annuity, IRA, insurance contract or other retirement benefits*) to another tax deferred financial instrument if made within 60 days of a distribution
- 1035 Tax Free Exchanges of a policy or contract handled between two insurance companies
- Proceeds from Long Term Care Insurance Policies distributed to the insured if certified by a licensed health care practitioner to be chronically ill or terminally ill
- An insurance policyholder's original contributions if Demutualization of the policy occurs (*in that case, only the earnings on the policy would be counted*)
- Proceeds received by the beneficiary of a Special Needs Trust
- Money received as direct reimbursement for out-of-pocket medical expenses

NOTE: MSP: SLMB/SLMB QI1 does **NOT EXCLUDE** Reverse Mortgages or Loans that are payable from income/asset determinations.