

SEP Screenshots

HIHI Screen

NH	TRANSFER TO: _____	HEALTH INSURANCE BN	HIHI
----	--------------------	------------------------	------

HI STATUS: FREE AGE STRT:06/18 TERM:NONE
SMI STATUS: SMI DATA LOCATED - CHECK MBR
BIRTH DATE: _____ PROOF CODE: Q
TYPE OF ACTION - SMI: 1 PREMIUM HI:
1. ENROLL 3. WITHDRAW 5. WAIVE EQUITABLE RELIEF
2. REFUSE 4. CANCEL WITHDRAWAL.
IS PREM HI ENROLL REQ CONDITIONAL (Y/N): N
ALLEGED MONTH OF MISINFORMATION BY SSA (MMYY): _____
DATE OF REQUEST (MMDDYY): 081823 DOCUMENTATION RECEIVED (Y/N): Y
EQUITABLE RELIEF REQUESTED (Y/N):
COVERED UNDER A GROUP HEALTH PLAN BASED ON CURRENT EMPLOYMENT (Y/N): N
COVERED BY MANAGED HEALTH CARE PLAN IN LAST 8 MONTHS (Y/N): N
ENROLLING IN SPECIAL ENROLLMENT PERIOD OTHER THAN A GROUP HEALTH PLAN (Y/N): Y
FINAL REFUSAL ACCEPTANCE DATE (MMDDYY): _____

PF1 HELP AVAILABLE

Landing Page with no prior SEP occurrences

John Doe ▼

Special Enrollment Period

Requested Social Security Number (SSN)	Name

i [Information]
Instructional content explaining only being able to Edit or Add in a 24hr period.

No Information Found

Add SEP

Save & Exit

Landing Page with 1 prior SEP occurrence

Special Enrollment Period

Requested Social Security Number (SSN)	Name
--	------



[Information]

Instructional content explaining only being able to Edit or Add in a 24hr period.

Formerly Incarcerated Individual

Incarceration Start Date	Incarceration Release Date	Requested Medicare Enrollment Start Date
10/11/2018	12/11/2018	Month After Filing (02/2023)

Verified
Yes

Edit

Delete

Save & Exit

Landing page with 2 prior SEP occurrence

John Doe

Special Enrollment Period

Requested Social Security Number (SSN)

Name

i

[Information]

Instructional content explaining only being able to Edit or Add in a 24hr period.

Formerly Incarcerated Individual

Incarceration Start Date

10/11/2018

Incarceration Release Date

12/11/2018

Requested Medicare Enrollment Start Date

Month After Filing (02/2023)

Verified

Yes

Edit

Delete

Formerly Incarcerated Individual

Incarceration Start Date

10/11/2018

Incarceration Release Date

12/11/2018

Requested Medicare Enrollment Start Date

Month After Filing (02/2023)

Verified

Yes

Edit

Delete

Save & Exit

Add SEP Page prior to SEP selection

John Doe

Special Enrollment Period

Requested Social Security Number (SSN)

Name

*Indicates required information

*Add SEP Type

More Info

--

Save

Cancel

Add SEP with International Volunteer Selected

Special Enrollment Period

Requested Social Security Number (SSN)

Name

* Indicates required information

* Add SEP Type [More Info](#)

International Volunteer

International Volunteer.

An individual serving as a volunteer outside of the United States through a program that covers at least a 12-month period and is sponsored by a tax-exempt organization and had health insurance provided to for the duration of the volunteer service.

* International Volunteer Start Date

mm/dd/yyyy

* International Volunteer Stop Date

mm/dd/yyyy

* Tax Exempt Status

Yes

No

* International Volunteer Health Insurance Start Date

mm/dd/yyyy

* International Volunteer Health Insurance Stop Date

mm/dd/yyyy

* Verified

Proof of International Volunteer Service, Tax Exempt Status, and Volunteer Health Insurance received

Yes

No

Save

Cancel

Add SEP Page with Other (United States Postal Service) Selected

* Indicates required information

* Add SEP Type [More Info](#)

Other (United States Postal Service)

Other (United States Postal Service).

Certain eligible Postal Service annuitants and family members who wish to enroll between April 1, 2024 through September 30, 2024. Medicare Part B coverage will begin January 2025.

* Notice Date

mm/dd/yyyy

* Verified

Proof of USPS Notice received

Yes

No

Save

Cancel

John Doe ▾

Special Enrollment Period

Requested Social Security Number (SSN)	Name
--	------

Formerly Incarcerated Individual

▪ Incarceration Start Date

10/11/2018

mm/dd/yyyy

▪ Incarceration Release Date

12/11/2018

mm/dd/yyyy

▪ Requested Medicare Enrollment Start Date

☐ Month After Filing (02/2023)

☐ Incarceration Release Month (01/2023)

▪ Verified

Proof of Incarceration Dates received

☐ Yes

☐ No

Save

Cancel