



Senior Partners Care Description and Instruction Sheet

Thank you for your interest in the Senior Partners Care Program. Enclosed is the four-page enrollment application. To be eligible you must be enrolled in Medicare parts A and B, meet the program income and asset guidelines, and **cannot have a supplemental insurance policy (i.e. Blue Cross, Medica, UCare, Humana, IMCare, etc.), or a Medicare Advantage Plan or Medical Assistance/Medicaid, even with a spenddown.**

To enroll in Senior Partners Care, complete the enrollment application, sign page three and return with the following documents:

1. Enrollment application, completely filled out and signed by both spouses. Include your Medicare ID number and effective dates. Get these off your red, white and blue Medicare Card.
2. Include a check or money order for **\$42 per person** payable to Senior Partners Care.

PROVIDE YOUR 2017 SOCIAL SECURITY AWARD LETTER(S). THEY ARE REQUIRED.

3. ****Social Security Verification of Income Letter(s) (We no longer accept Social Security direct deposit line item entries on your bank statement or Form SSA-1099 as proof of income)**
To obtain a copy of your Social Security Verification of Income letter, call Social Security at 1-800-772-1213 or go on-line at www.socialsecurity.gov to request a copy be sent to you, or print a copy. Navigate to mySocialSecurity → Sign in or create an account → Get a Benefit Verification Letter. Click and print the letter.
If you have Direct Express, go to your ATM and obtain a printout. It must show your name, account number, and current balance.
4. Pension stubs/statement. We do not accept a direct deposit line item entry on your bank statement. If you do not have verification, contact your pension provider and request a letter stating your **gross monthly income**.
5. Wage Income: A recent paystub, **showing the gross-to-date**; if your paystubs do not show gross-to-date earnings, get a letter from your employer stating your gross monthly and gross year-to-date earnings.
6. A **complete (all pages), recent statement** from each of your checking & savings account(s). A transaction or summary printout from your computer will not be accepted. Each bank statement must have the following:
 - a. The name and address of the institution (bank/credit union)
 - b. Your name and address
 - c. The account number
 - d. The date range of the statement
 - e. Itemization of all deposits
 - f. Beginning and ending balances
 - g. **Explain the source of any DEPOSITS that are not Social Security, pensions, or wages**

Avoid using staples!

7. CD's, stocks, annuities, bonds, cash value of life insurance, burial insurance, etc. A cash value page or letter must be provided showing:
 - a. The name and address of the institution
 - b. Your name and address
 - c. The account number
 - d. Cash value of the insurance, stock, CD, etc.
8. Non-residential/Non Homestead property. Provide a copy of the tax assessment, showing the value of the property.
9. Additional vehicle, boats motors and trailers, RVs, 4 wheelers, trailers, (anything with a title), etc.
 - a. Provide the year, make and model OR the VIN numbers
 - b. Provide the mileage/hours for each vehicle

Attach only **copies** of your financial documents. **Do not send the originals!** Mail your application and documentation, along with your check or money order, in the enclosed return envelope. If you are approved into the Senior Partners Care Program, you will be notified and mailed your membership card. If you do not qualify, you will be notified and your application fee will be refunded.

Not all healthcare services are covered by Senior Partners Care

- SPC is not insurance and does not pay any claims
- If the treatment or service is not covered by Medicare, you are responsible for the payment.
- The decision to waive a deductible or co-pay is made by the healthcare provider based on an individualized determination on the enrollee's financial need.
- Specific treatments NOT covered by SPC, included but not limited to:
 - Nursing home stays
 - Ambulance charges
 - Outpatient prescriptions
 - Routine eye, hearing and physical exams
 - Durable medical equipment
 - Chiropractic services
 - Eyeglasses
 - Hearing aids

If you need assistance filling out these documents, or if you have questions or concerns after reviewing the material, **call 952/767-0665.**

Roberta Jordan

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