

## Applying for Worker's or Spouse's Medicare Part B

For military retirees and their spouses living in Korea, Medicare is not available. However, upon reaching age 65, your TRICARE Standard medical insurance coverage stops. Starting on the first day of the month you reach age 65, you must be enrolled in Medicare Part B to continue your TRICARE coverage, known as TRICARE for Life. The TRICARE Standard coverage stops on the last day of the month before your 65<sup>th</sup> birth month. You must apply for Medicare Part B during a seven-month window starting three months prior to your birth month and ending three months following your birth month (3+1+3=7).

Failing to enroll in Medicare Part B means that you are responsible for the full cost of civilian health care. Worse, if you are not enrolled in Medicare Part B and you die in a Korean hospital, your survivors are responsible for paying the full cost of the hospital care. Your body will not be released until the bill is paid. (*One new widow was left with a hospital bill of \$76,000 because her husband chose not to enroll in Medicare Part B when he reached 65. It took all their savings and the life insurance policy to get the body released.*)

Failing to enroll in Medicare Part B at age 65, and then deciding to enroll after the seven-month enrollment window closes incurs two penalties. First, there is a 10% per year penalty added to the premium for each year you failed to enroll. Second, the late enrollment window opens on Jan 1 of each year and closes on Mar 31. The coverage then starts three months later on the following Jul 1. You cannot enroll or obtain coverage at any other time.

Unfortunately, Medicare does not provide single-premium family coverage. Each person reaching age 65 must enroll separately and pay the premiums separately.

One form must be completed by either the worker (SSA-1) or the spouse (SSA-2). Below are instructions for completing the appropriate form and the supporting documents required to accompany the claim. If you have questions, just call the Military Retiree Assistance Office at commercial 031-663-0319, or e-mail [mrao@rao-osan.com](mailto:mrao@rao-osan.com). Both forms are available at <http://www.rao-osan.com> under "Applying for."

Jack Terwiel  
Military Retiree Assistance Office

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### **SSA-1 (Edition 3-2006), , Specially Annotated as Application for Worker's Medicare Part B Coverage**

**Block 1:** Enter your name and check the appropriate gender block

**Block 2:** Enter your Social Security number (tab to move to next field)

**Block 3:** You can select whether or not you want to use SSA internet/phone service

**Block 4:** If English is your primary language, skip this block

**Block 5-9:** These are self-explanatory

**Block 10:** Read the note above this block before answering

**Block 11:** Unless you received child's benefit due to death of primary family wage-earner, or if you previously received Social Security disability benefit, this should be marked "No"

**Block 12:** Read the note above this block then provide the information. In most cases, you will complete this block. If you receive military retired pay or other DFAS payments, you should mark "Yes" in 12c.

**Block 13:** Only applies to persons who worked in the U.S. railroad industry

**Block 14:** Applies only to those who worked for a foreign employer and earned credits in the equivalent of that country's Social Security retirement system (such as Korea's National Pension System)

**Block 15:** Persons such as some civil service employees might be required to make an entry here if they worked under a federal pension system that did not withhold FICA tax

**Block 16-17:** Self-explanatory

**Block 18:** Read the note about children who would qualify. If you have none, enter "None" in the first block.

**Block 19-21:** Self-explanatory

**Block 22:** This applies only to those who were self-employed. If you worked for an employer, mark "No" and go to next block.

**Blocks 23-26:** Enter the amount you earned from employment and upon which FICA tax was withheld. Military retired pay does not count here. Don't mark blocks or enter any other information unless you know it applies.

**Block 27:** Select first choice if you are under full retirement age and want your money as soon as possible. Select second choice if you want your full retirement age benefit and you're within four months of that age. Select the third choice

if you want to specify a start date (month and year) for your benefit. This must be within four months of the date you are submitting the application.

**Block 28:** Note the bold print above and check as appropriate.

**Block 29:** Only applies to those who are physically residing in the U.S.

**Block 30-31:** Pre-checked to presume innocence until you check the other block

**Remarks:** You can enter additional information such as additional marriages from Block 17. Be sure if you supplement information entered in a block to identify which block number you are referring to. If there is insufficient room, continue on a separate sheet. Be sure to include your name and SSN on each supplemental sheet you add.

**Completing the Form:** Sign your name, enter the date, and your commercial telephone number (be sure to enter it starting with 82 and leave the leading zero off the city/province code or cell phone number).

**Supporting Documents (*must be original or certified/notarized copies*)**

Worker's Birth Certificate

Worker's Passport

**Important:** Photocopies of any supporting document without a raised seal will not be accepted by the Social Security Administration. The MRAO strongly recommends that certified copies of both these documents be obtained from the U.S. Embassy, American Citizen Services. It would not be prudent to mail your passport to the Social Security office in the Philippines.

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**SSA-2 (Edition 3-2006), Specially Annotated as Application for Wife's or Husband's Medicare Part B Coverage**

**Block 1:** Enter your spouse's name and check the appropriate gender block

**Block 2:** Enter your spouse's Social Security number (tab to move to next field)

**Block 3:** Enter your name and Social Security number (tab to move to next field)

**Block 4:** You can select whether or not you want to use SSA internet/phone service

**Block 5:** If English is your primary language, skip this block. Otherwise, enter your preferred spoken and written language

**Block 6-9:** These are self-explanatory

**Block 10:** Read the note above this block before answering

**Block 11:** Unless you received child's benefit due to death of primary family wage-earner, or if you previously received Social Security disability benefit, this should be marked "No"

**Block 12:** Read the note above this block then provide the information. In most cases, you will complete this block. If you receive military retired pay or other DFAS payments, you should mark "Yes" in 12c.

**Block 13:** Only applies to persons who worked in the U.S. railroad industry

**Block 14:** Applies only to those who worked for a foreign employer and earned credits in the equivalent of that country's Social Security retirement system (such as Korea's National Pension System)

**Block 15:** Persons such as some civil service employees might be required to make an entry here if they worked under a federal pension system that did not withhold FICA tax

**Block 16:** Self-explanatory

**Block 17:** First read the note above this question. Then read the note about children who would qualify. If you have none, select "No".

**Block 18:** Self-explanatory

**Blocks 19-21:** Enter the amount you earned from employment and upon which FICA tax was withheld. Military retired pay does not count here. Don't mark blocks or enter any other information unless you know it applies.

**Block 22:** Select first choice if you under full retirement age and want your money as soon as possible. Select second choice if you want your full retirement age benefit and you're within four months of that age. Select the third choice if you want to specify a start date (month and year) for your benefit. This must be within four months of the date you are submitting the application.

**Block 23:** Note the bold print above and check as appropriate.

**Block 24:** Only applies to those who are physically residing in the U.S.

**Block 25-26:** Pre-checked to presume innocence until you check the other block

**Remarks:** You can enter additional information such as additional marriages from Block 16. Be sure if you supplement information entered in a block to identify which block number you are referring to. If there is insufficient room, continue on a separate sheet. Be sure to include your name and SSN on each supplemental sheet you add.

**Completing the Form:** Sign your name, enter the date, and your commercial telephone number (be sure to enter it starting with the Korea country code 82 and leave the leading zero off the city/province code or cell phone number).

**Supporting Documents (*must be original or certified/notarized copies*)**

Spouse's Birth Certificate (or Family Register for Korean-born)

Spouse's Passport (or other ID such as dependent ID card)

**Important:** Photocopies of any supporting document without a raised seal will not be accepted by the Social Security Administration. The MRAO strongly recommends that certified copies of both these documents be obtained from the U.S. Embassy, American Citizen Services. It would not be prudent to mail your passport (or military ID card) to the Social Security office in the Philippines.

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**Handling Claims and Supporting Documents Safely**

All claims processed by the Military Retiree Assistance Office are sent to the Social Security office in Manila via Certified Mail/Return Receipt so that a record of receipt is available. This is undeniable proof if future questions arise as to when the claim was filed, or if Social Security says the claim was never received, but claim has been received but cannot be located by the receiving office.

If original documents are provided to the Military Retiree Assistance Office to send to the U.S. Embassy in Seoul to obtain certified copies, the documents are sent via Certified Mail/ Return Receipt, and are returned by the U.S. Embassy via Certified Mail/Return Receipt.

**Additional Note for Retirees and Spouses in Korea**

Obtaining Korean health insurance is a consideration for all retirees living in Korea and not just for those reaching age 65. Signup can be accomplished at your local "dong" office.

The Korean National Health Insurance Corporation offers health insurance to foreigners. It is available to American citizens who have any visa except SOFA

(A-3) or Tourist (C-3). This insurance covers 60% of allowable expenses and this share of the costs is taken off before the bill is presented to you.

The downside of enrolling in the Korean health insurance is that you must pay the premiums back to when you became eligible (for example, when you obtained Korean resident status). The upside is that if you obtain this coverage and then regain SOFA status, you can keep the Korean insurance.