



2011 Schedule C Pharmaceutical Benefits

Attach to the claimant's Form IL-1363.

If you marked "no" on Line 34 of Form IL-1363, you **must** complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs through Illinois Cares Rx. Parties to a civil union must each file a separate Schedule C.

Step 1: Tell us about yourself (claimant) and your spouse. Please print.

1 a Claimant's Social Security number

b Claimant's Birth date
Month Day Year

2 a Claimant's Name _____
First MI Last

e Marital status (only one box)

- 1 Single, widow(er), or divorced
- 2 Married and living together
- 3 Married, but not living together

b Address _____ Apt. _____

c City _____ State _____ ZIP _____

d Phone (_____) _____ - _____

3 a Spouse's Social Security number

b Spouse's Birth date
Month Day Year

4 Spouse's Name _____
First MI Last

Step 2: Complete the following information about you and your spouse (if married and living together).

5 Did you work in 2011 or 2012?

You: yes no Spouse (If living together): yes no

6 List your expected wages before taxes in 2012. If none, place a zero in the space.

You: Spouse (If living together):

7 If self-employed, list your expected net earnings or losses in 2012. If none, place a zero in the space.

You: Spouse (If living together):

8 Have any of the amounts you listed on Lines 6 or 7 decreased in the last two years? yes no

9 If you recently stopped working or plan to stop working, enter the month and year.

You: _____ / _____ Spouse (If living together): _____ / _____

10 How many relatives live with you and depend on you or your spouse for at least one-half of their financial support? If none, place a zero in the space. **Do not** count yourself or your spouse.

Line-by-line instructions for Schedule C

Complete Schedule C if you or your spouse are eligible for Medicare and want help paying for prescription drugs through Illinois Cares Rx.

If you mark “no” on Line 34 of Form IL-1363 you must complete Schedule C. If you mark “yes” on Line 34, you do not need to complete Schedule C.

Note It is important that you complete your “Extra Help” application and send it to Social Security for a decision even if you do not think you will be eligible.

STEP 1: Tell us about yourself (claimant) and your spouse.

1 through 4

Complete the requested identification information for you and your spouse. Parties to a civil union must each file a separate Schedule C.

Note Complete Lines 3a, 3b, and 4 only if you checked Marital status 2, “Married and living together,” on Line 2e. Otherwise, if you do not have a spouse, if your spouse is deceased, or if you are not living in the same household with your spouse, go to Step 2.

STEP 2: Complete the following information about you and your spouse (if married and living together)

- 5 Mark “yes” if you worked in 2011 or 2012. Otherwise, mark “no.”
 - 6 List the amount you expect to earn in wages, before taxes, in 2012. If none, place a zero in the space.
 - 7 List the amount of your expected earnings or losses from self-employment in 2012. If none, place a zero in the space.
 - 8 Mark “yes” if the amounts listed on Lines 6 or 7 have decreased in the last two years. Otherwise, mark “no.”
 - 9 List the month and year that you recently stopped working (or you plan to stop working).
 - 10 List the number of relatives who live with you **and** depend on you or your spouse for at least one-half of their financial support. If none, place a zero in the box.
 - 11 List the savings and resources owned by you or your spouse.
 - a List the total amount of bank accounts (checking, savings and certificates of deposit).
 - b List the total amount of stocks, bonds, savings bonds, mutual funds, individual retirement accounts and similar investments.
 - c List the total amount of any other cash you or your spouse have at home or elsewhere.
- Note** For Lines 11a, 11b, and 11c, if you and your spouse **do not** own an item listed, place a zero in the space.

(Continued on next page.)

(Line-by-line instructions for Schedule C continued...)

- 12** Mark **“yes”** if you plan to use any of the savings or resources on Lines 11a, 11b and 11c to pay for funeral and burial expenses for yourself or your spouse. Otherwise, mark **“no.”**
- 13** Mark **“yes”** if you or your spouse own real estate other than your home and the property on which your home is located. Otherwise, mark **“no.”**
- 14** List the monthly income for each of the items. If none, place a zero in the space.
- a** List the monthly amount you get from Social Security (include Medicare deductions).
 - b** List the monthly amount you get from Railroad Retirement (include Medicare deductions).
 - c** List the monthly amount you get from the Veterans Administration.
 - d** List the monthly amount you get from any other pensions or annuities.
- Note** For Lines 14a, 14b, 14c, and 14d, use the amount on your annual cost-of-living adjustment letter. This is the amount before any deductions.
- e** List the monthly amount you get from any other source, including alimony, net rental income, worker’s compensation, etc. If the amount changes from month to month or you do not receive it every month, tell us the average monthly income for the past year. **Do not** count: wages, self-employment, interest, public assistance, medical reimbursement, or foster care payments.
- 15** Mark **“yes”** if any of the amounts listed on Lines 14a, 14b, 14c, 14d, or 14e have decreased in the last two years. Mark **“no”** if there has been no decrease.
- 16 a** Mark **“yes”** if you get Social Security benefits for a disability. Otherwise, mark **“no.”**
- b** Mark **“yes”** if you get Social Security benefits because you are blind. Otherwise, mark **“no.”**
- c** If **“yes”** for either Line 16a **or** 16b **and** you pay for special transportation, personal attendant services, or adaptive equipment to work, list how much you pay each **month**. If this amount is not the same each month, tell us the average monthly amount for the past year.

STEP 3: Sign below.

17 Claimant’s signature

You, the claimant (the person named on Line 2a), must sign this schedule.

18 Spouse’s signature

Your spouse (the person named on Line 4) must sign this schedule.

19 Preparer’s name

If someone other than you or your spouse, such as a son, daughter, or legal representative, prepares this schedule for you, that person should print or type his or her name and telephone number on Line 19.

Mailing:

If returning the completed Schedule C **separate** from your Form IL-1363, mail to:

Illinois Department on Aging
P.O. Box 19003
Springfield Illinois 62794-9003