



# Schedule P

## Projected Income Schedule for Illinois Cares Rx Drug Coverage



Official use only

### Who should file this schedule?

You should file Schedule P if an event has occurred that has decreased your income to a qualifying level (see instructions) **and** you want to apply for the following reason:

- to receive Illinois Cares Rx drug coverage because you do not qualify on 2011 Form IL-1363

### SECTION A: Tell us why you are filing this schedule.

**A** Tell us the reason there has been a decrease in your income since 2011. For example, the death of a spouse, a divorce, the onset of a disability, retirement, or you or your spouse entered a nursing home.

\_\_\_\_\_  
\_\_\_\_\_



You must attach proof. See instructions.

**C** Did you file a Form IL-1363 for the year 2011? Yes  No



**If no**, complete and attach 2011 Form IL-1363 to this schedule. Your benefits may be delayed if you did not complete Sections F and H (Section G for your spouse) on Form IL-1363.

**B** The date that the event, described on Line A, occurred.

\_\_\_/\_\_\_/\_\_\_  
Month Day Year

### SECTION B: Tell us about yourself. Please print.

**1** Social Security number

**6** Birth date   
Month Day Year

**2** Name \_\_\_\_\_  
First MI Last

**7** Marital status (✓ only one box)

**3** Address \_\_\_\_\_ Apt. \_\_\_\_\_

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

**4** City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

**5** Phone ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_  
Area Code

**8** Are you  Male  Female

### SECTION C: Tell us about your spouse (husband or wife). If none or deceased, go to Section D.

**9** Your spouse's Social Security number .....

**10** Your spouse's name .....  
First MI Last

**11** Your spouse's birth date .....  
Month Day Year

### SECTION D: Tell us about your qualified additional residents. If none, go to Section E.

**12** The total number of persons you reported on Schedule B.....



You may need to complete and attach Schedule B, Qualified Additional Resident. See instructions.

## SECTION E: Tell us your projected income.

**Note** Write the projected income amounts based on the 12-month period of time, starting with the month following the date on Section A, Line B (include your income and your spouse's income if living together).

	Projected income
<b>13</b> Social Security, SSI benefits. Include Medicare deductions (yearly total) .....	<b>13</b> <input type="text"/>
<b>14</b> Railroad Retirement benefits. Include Medicare deductions (yearly total) .....	<b>14</b> <input type="text"/>
<b>15</b> Civil Service benefits (yearly total).....	<b>15</b> <input type="text"/>
<b>16</b> Annuity benefits (yearly total) .....	<b>16</b> <input type="text"/>
<b>17</b> Other pensions (yearly total)..... <b>a</b> nontaxable <input type="text"/> ..... <b>b</b> taxable <b>17</b> <input type="text"/>	
<b>18</b> Veterans' benefits (yearly total) ..... <b>a</b> nontaxable <input type="text"/> ..... <b>b</b> taxable <b>18</b> <input type="text"/>	
<b>19</b> Human Services and other cash public assistance benefits (yearly total).....	<b>19</b> <input type="text"/>
<b>20</b> Wages, salaries, and tips from work (yearly total) .....	<b>20</b> <input type="text"/>
<b>21</b> Interest and dividends received (yearly total) .....	<b>21</b> <input type="text"/>
<b>22</b> Net farm, business or rental income or (loss). <b>If loss, attach copy of U.S. 1040</b> .....	<b>22</b> <input type="text"/>
<b>23</b> Net capital gain or (loss). <b>If loss, attach copy of U.S. 1040 and Schedule D</b> .....	<b>23</b> <input type="text"/>
<b>24</b> Other income, (loss) or (deductions). <b>If loss or deductions, attach copy of U.S. 1040</b> . <b>24</b> <input type="text"/>	
<b>25 Total your projected income.</b> Add Lines 13 through 24 and write the result.....	<b>25</b> <input type="text"/>

**Note** See instructions to determine if your projected income is within qualifying income limits.

## SECTION F: Sign below. (Attach proof of authority if someone else signs for you or your spouse.)

Under penalties of perjury, I state that I have examined this form and, to the best of my knowledge, it is true, correct, and complete. I give the state of Illinois permission to get records from anyone concerning information on this form. As permitted by law, and subject to revocation, I authorize disclosure of the following information to, by, and between the Illinois Department on Aging and the Illinois Department of Healthcare and Family Services for the Circuit Breaker/Illinois Cares Rx Programs: (1) citizenship, identification, and HIV/AIDS status information maintained by the Illinois Department of Public Health; (2) tax return information maintained by the Illinois Department of Revenue and the Internal Revenue Service (3) citizenship and identification information maintained by the Illinois Secretary of State and the United States Citizenship and Immigration Services (USCIS); and (4) identification information for ride programs offered by mass transit authorities, for the limited purposes of confirming my eligibility for applicable benefits and related outreach enrollment efforts through the end of the appropriate audit period. If resource availability permits, I also authorize the state of Illinois to apply on my behalf for any federal drug benefits I may be eligible to receive under the Medicare program. I assign to the state of Illinois my right to any benefits, including reimbursement, under any private plan of assistance, public assistance program, insurance plan, or from any liable third party, for prescription drugs that I receive through the Illinois Cares Rx program. I also agree that if I receive any such payments or other payments or benefits under the programs on this form in error, or that I was not entitled to, I will repay them to the state of Illinois. I authorize release of medical and pharmaceutical records for audit and verification purposes, and exchange of health care information between any drug utilization review service authorized by the state of Illinois and any of my physicians and pharmacists to the extent necessary for the operation of a drug utilization review service.

**26**  \_\_\_\_\_ /\_\_\_\_/\_\_\_\_ **28** \_\_\_\_\_  \_\_\_\_\_  
Claimant's signature Date Preparer's name (Please print or type.) Phone number

**27**  \_\_\_\_\_ /\_\_\_\_/\_\_\_\_  
Spouse's signature (If living together) Date

**Mail your completed Schedule P and any required attachments to**  
 ILLINOIS DEPARTMENT ON AGING  
 P.O. BOX 19021  
 SPRINGFIELD, IL 62794-9021

**If you need additional information about this form,**

- visit our Web site at [www.cbrx.il.gov](http://www.cbrx.il.gov)
- call us at **1-800-624-2459** or **1-888-206-1327 (TTY)**
- to find a local agency serving seniors, call the Senior HelpLine at **1-800-252-8966**

# Line-by-line instructions for Schedule P

## Who should file Schedule P?

You should file Schedule P if you have had an event occur that decreases your income to a qualifying level for the next twelve months, **and** you wish to apply for **one** of the following reasons:

**1** Your income exceeds the income limits stated below and you want to apply for prescription drug benefits for you or your spouse under the Illinois Cares Rx program.

**To qualify:** Your projected income must be less than

- \$22,340 for a one-person household, *or*
- \$30,260 for a two-person household, *or*
- \$38,180 for a three-person household.

**Note** These amounts are set by the federal government and may change in early 2013.

## What if I need additional information?

If you need additional information, visit our Web site at [www.cbrx.il.gov](http://www.cbrx.il.gov), or call us at **1-800-624-2459** or our TTY at **1-888-206-1327**. To find a local agency serving seniors, call the Senior HelpLine at **1-800-252-8966**.

## SECTION A: Tell us why you are filing this schedule.

Tell us the reason there has been a decrease in your income since 2011 and write the date on which the event occurred. Also, check the box on Line C to tell us whether or not you already filed a 2011 Form IL-1363 with us.



**You must attach proof of this event; for example, a death certificate, a divorce decree, a completed Schedule A, a document showing retirement benefits, or a certification of occupancy in a nursing home.**

## SECTION B: Tell us about yourself.

**1 through 8.** Complete with your current information.

## SECTION C: Tell us about your spouse.

**9 through 11.** Complete with your spouse's current information.

## SECTION D: Tell us about your qualified additional residents.

### 12 Write the number of persons you reported on Schedule B

Complete a separate Schedule B with each of your qualified additional resident's information if you did not report this information on your 2011 Form IL-1363.

## SECTION E: Tell us about your projected income.

**Complete Section E** using projected income amounts based on the 12-month period of time, starting with the month following the date on Section A, Line B (include your income and your spouse's income, if living together).



**You must attach proof of loss of income or deductions.** For example, your most recent benefits statement, and a detailed explanation of how you figured the amount of your loss or deductions.

### 13 Social Security, SSI benefits

Write the total amount of any retirement, disability, or survivor's benefits (include Medicare deductions) you and your spouse **expect** to receive from the Social Security Administration.

You also must include any Supplemental Security Income (SSI) you and your spouse expect to receive. **Do not** include benefits to dependent children or reimbursements under Medicare/Medicaid for medical expenses.

If your Social Security and Railroad Retirement benefits are paid to you on the same check, write this amount on Line 13. Remember to include your Medicare deductions.

### 14 Railroad Retirement benefits

Write the total amount of any retirement, disability, or survivor's benefits (include Medicare deductions) you and your spouse **expect** to receive under the Railroad Retirement Act. If you included your Railroad Retirement benefits on Line 13, **do not** write on Line 14.

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

### 15 Civil Service benefits

Write the total amount of any retirement, disability, or survivor's benefits you and your spouse **expect** to receive under any Civil Service retirement plan.

### 16 Annuity benefits

Write the total amount you and your spouse **expect** to receive from an annuity, endowment, life insurance contract, or similar contract or agreement.

### 17 Other pensions

a. Write the federally **nontaxable** portion of any IRAs, IRAs converted to Roth IRAs, and pensions you and your spouse **expect** to receive.

b. Write the federally **taxable** portion of any IRAs, IRAs converted to Roth IRAs, and pensions you and your spouse **expect** to receive.

**Note** IRAs are not taxable when "rolled over."

### 18 Veterans' benefits

a. Write the federally **nontaxable** portion of any retirement pay or survivor's benefits you and your spouse **expect** to receive from the Veterans Administration.

b. Write the federally **taxable** portion of any retirement pay or survivor's benefits you and your spouse **expect** to receive from the Veterans Administration.

### 19 Human Services and other governmental cash public assistance benefits

Write the total amount of Illinois Department of Human Services and all other governmental cash public assistance benefits you and your spouse **expect** to receive.

If the first two digits of your Human Services case number are the same as any of those in the following category list, you must include the total amount of these benefits on Line 19.

01	aged	04	} temporary assistance to needy families (TANF)
02	blind	06	
03	disabled	07	general assistance

Food stamps and medical assistance you may receive are not considered income and should not be added to your total income.

Governmental cash public assistance benefits also may be distributed by units of local government such as municipalities, counties, etc.

### 20 Wages, salaries, and tips from work

Write the total amount of wages, salaries, and tips you and your spouse **expect** to receive from working.

### 21 Interest and dividends received

Write the total amount of interest and dividends you and your spouse **expect** to receive from all sources, including any government sources. You must include both taxable and nontaxable amounts.

### 22 Net rental, farm, and business income or (loss)

Write the total net income or loss you and your spouse **expect** from rental, farm, and business sources, as reportable for federal income tax purposes. Remember to include the net amount you expect to receive as rental income if you rent out part of your home. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

**Note** You **cannot** use a net operating loss (NOL) **carryover** in figuring income.

### 23 Net capital gain or (loss)

Write any net capital gain or loss you and your spouse **expect**.

If you report a net capital loss, it **cannot** exceed \$3,000. If you are married, but not living with your spouse, and you are filing a federal income tax return in your name only, your net capital loss **cannot** exceed \$1,500. Write a loss in parentheses. For example, a \$700 loss should be written as (700).

**Note** You **cannot** use a net capital loss **carryover** in figuring income.

### 24 Other income, (loss) or (deductions)

Write any other **expected** income, loss or deductions not reported on Lines 13 through 23. Write a loss or deduction in parentheses. For example, a \$700 loss or deduction should be written as (700).

**Note** You **cannot** use a net operating loss (NOL) **carryover** in figuring income.

### 25 Total your projected income.

Add Section E, Lines 13 through 24, and write the result. Check to see if your projected income has decreased to a qualifying level, shown on Page 3 under "Who should file Schedule P?"

## SECTION F: Sign below.

### 26 Your signature

You (the person identified in Section B) must sign and date this form. See the note for Line 27 below.

### 27 Spouse's signature

If you are married and living with your spouse, your spouse must sign and date this form.

**Note** For signatures required on Lines 26 and 27, if you are only able to make a mark, another person must sign as a witness. If you are unable to sign or make a mark, your legal representative may sign for you. However, you must attach documentation to this form, proving that the representative is your legal guardian or has power of attorney to act for you. Applications without a valid signature or mark will not be approved.

### 28 Preparer's name

If someone, other than you or your spouse, such as a son, daughter, or legal representative, prepares this form for you, that person should print or type his or her name and telephone number on Line 28.