

DATE

[Recipient Name]  
[Recipient Address]  
[Recipient City, State & Zip]

**NOTIFICATION OF CONTINUED ELIGIBILITY IN 1999**  
**FOR MEDICARE PART B PREMIUM PAYMENT PROGRAM**

During 1998, you applied and were found eligible to have Medicaid pay some or all of your Medicare Part B premium.

This letter serves as your recertification and notification that you will continue to be eligible for this program in 1999 unless your income and/or your resources increase or decrease. If that should happen, you are required to notify the Medicaid office in your county's department of social services immediately. The allowable resource and income levels follow.

**Resources:** If you were found eligible in 1998 as a single individual and your resources increase above \$4,000 or if you were found eligible as a couple and your resources increase above \$6,000 at any time in 1999, notify your Medicaid office. Resources include cash on hand, bank accounts, credit union accounts, safe deposit box contents, stocks, bonds, Certificates of Deposit, mutual funds, IRAs, Keogh accounts, 401-K accounts, the value of real estate that you own but do not live in and the value of real property that is not used as income producing in a trade or business.

**Income for Full Payment:** If you were found eligible for full payment of your Medicare Part B premium (\$43.80 in 1998 and \$45.50 in 1999), contact your local Medicaid office if your income increases to more than \$927 or becomes less than \$824 for a single individual, or increases to more than \$1,245 or becomes less than \$1,106 for a couple at any time during 1999.

**Income for Partial Payment:** If you were found eligible in 1998 for payment of some of your Medicare Part B premium, (\$1.07 per month in 1998 and \$2.20 per month in 1999) contact your local Medicaid office if your monthly income increases to more than \$1,202 or becomes less than \$927 for a single individual, or increases to more than \$1,613 or becomes less than \$1,245 for a couple at any time during 1999.

If you have any questions about this notification, please call the Medicaid office in your county's department of social services.