



**benefitbay Medicare Partner:**

# Apollo Health Insurance Medicare Enrollment Guide

---

benefitbay™



# benefitbay & Medicare Partnership with Apollo

**Apollo Health Insurance is the dedicated Medicare partner with benefitbay.**

Apollo agents provide personalized, one-on-one consultation, taking the time to thoroughly introduce Medicare Parts A and B, explain coverage options, and outline enrollment rules. This approach ensures beneficiaries find the appropriate plans that meet their specific needs, thereby safeguarding their financial well-being within Medicare.

**If you are under 65 and have been receiving Social Security Disability benefits for two or more years**, Apollo can also assist with your Medicare needs. Please speak with an Apollo agent to review your specific situation.

**If you are over 65 and do not qualify for Medicare due to insufficient work quarters**, please reach out to benefitbay to explore your alternative options.

To ensure a smooth transition from an employer group plan to Medicare, Apollo agents will explain the following topics in detail, tailored to your specific situation.

---

*Topics 1-6 cover the most common situations encountered by Medicare-aged employees moving to Medicare, addressing scenarios current Group Plan Employees will face.*

- 1 How to Enroll in Medicare When Turning 65
- 2 How to Sign Up for Medicare Part B Only
- 3 Applying for Medicare After Your IEP (Initial Enrollment Period)
- 4 Over 65 and Switching a Group Plan to a Medicare Supplement
- 5 Medicare Part B Payment and Autopay Using ARC/ICHRA Account
- 6 Declaration of Prior Drug Coverage

# Medicare Enrollment & Compliance Checklist

## Pre-Enrollment Preparation

- Schedule appointment with Apollo Health Insurance**  
*Have you made an appointment with benefitbay's Medicare partner, Apollo Health Insurance?*
  - Apollo will confirm your current Medicare status and provide next steps.
  - Access the scheduling link in your benefitbay portal.
    - [Schedule a Meeting with Apollo](#)

## Medicare Application Requirements

- Apply for Medicare Part A and/or Part B**  
*Have you completed your application via Social Security?*
  - **Full enrollment:** [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up)
  - **Part B only:** [ssa.gov/medicare/sign-up/part-b-only](https://ssa.gov/medicare/sign-up/part-b-only)
    - This is covered in-depth in Topic 1
    - Note: Apollo cannot submit this application on your behalf and ICHRA regulations require you to have Part A & B.

## Documentation (if applicable)

- Submit Form L564 (if outside initial enrollment period)**  
*If you are over age 65 and past your Initial Enrollment Period:*
  - Have you obtained Form L564 from your employer's HR department?
    - If not, you can access it online where you can [download and print Form CMS-L564](#)
  - Have you uploaded it to your Social Security portal?
    - This is covered in-depth in Topic 3
    - This confirms continuous employer coverage since age 65.

## Payment Set Up

- Set up ARC account & autopay if required**  
*If you are under age 70 or not receiving Social Security benefits:*
  - Have you designated your benefitbay ARC account to make your initial Part B payment and set up your Medicare EasyPay?
    - This is covered in depth in Topic 5

## Income-Based Premium Awareness

- Understand Potential IRMAA Adjustments**  
*Are you aware that higher-income individuals may pay increased premiums?*
  - \$109,000+ (single)
  - \$218,000+ (joint)
    - This is based on your 2024 Modified Adjusted Gross Income (MAGI)

# Medicare Enrollment & Compliance Checklist (cont.)

## Supplement Enrollment (if applicable)

**Obtain Guaranteed Issue Letter**

*If you are over 65, enrolled in Parts A & B, and currently on an employer group plan:*

- Request a Guaranteed Issue Letter from your HR department
- Submit it with your Supplement application
- Send to your Apollo agent, they will handle uploading the document for you
  - *For examples, please see Topic 4*

## Prescription Drug Coverage Compliance

**Complete Declaration of Prior Drug Coverage Form**

*If transitioning from employer coverage to a Medicare plan and over the age of 65:*

- Have you completed and returned this form within 30 days? This document comes from either the drug plan carrier or the Medicare Advantage plan with drug benefit.
  - **Important: Failure to submit may result in lifetime penalties.**

## Ongoing Payment Management

**Confirm Premium Payment Set Up**

*Ensure all premiums not covered by Medicare are:*

- Paid through your benefitbay ARC account
- Payments are set up on autopay prevent lapses in coverage



## TOPIC 1

### **Executive Summary:**

# How to Enroll in Medicare When Turning 65

Enrollment in Medicare is designed to be straightforward. The most efficient method for enrollment is to complete the process online at: [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up)

# Your Initial Enrollment Period (IEP) is 7 month window.

benefitbay™



## Your Initial Enrollment Period (IEP) is 7 month window:

- **3 Months:** Before Your Birthday Month

- **The Month** of Your Birthday

- **3 Months After** Your Birthday Month

- **Using July 11th, 1961** as a birthday example, you can enroll starting **April 1st – October 31st.**

- If you sign up in the **first 3 months**, coverage starts the **1st day of your birthday month.**
- If you sign up in your **birthday month or the 3 months after:**

- Part A is backdated to the **1st day of your birthday month.**
- Part B starts the **1st day of the month after you sign up.**

## There are 2 simple security steps to signing up for Medicare through SSA

1. Take a picture of your ID.
2. Take a “selfie” with your front facing phone camera.

**NOTE:** If you already have a [SSA.gov](https://www.ssa.gov) account, you will not need to do the security steps.

## Please be aware of these 2 things in your application:

1. There's 1 question regarding social security income. If you do not want to draw social security please select “no” to this question.

2. You stop your application midway through, you will need to save the access code to get back in

A. If you were either (a.) born abroad due to military deployment or (b.) are a current citizen who was not born in the states. You will need to provide SSA with copies of further documentation:

### **a. Born Abroad Due to Military Deployment**

1. Birth certificate or Social Security Card
2. Naturalization Certificate or U.S. Consular Report of Birth Abroad (FS-240)

### **b. Current Citizen not Born in United States**

1. Certificate of Citizenship
2. Details on Current Work History
3. W-2 Forms/Self-Employment Tax Records or Social Security Earnings Statement

Following submission, please anticipate a processing period of approximately 4-6 weeks. You will first receive a letter detailing your Social Security benefit breakdown, which will also include your Medicare number. It is essential that you retain this document.

Your official Medicare Part A and B card will arrive via mail shortly after the initial correspondence. Please ensure this card is also kept in a secure location.

Video Tutorial of updated procedure to sign up for Medicare for the 1st time. Estimated availability of video is Feb 2026

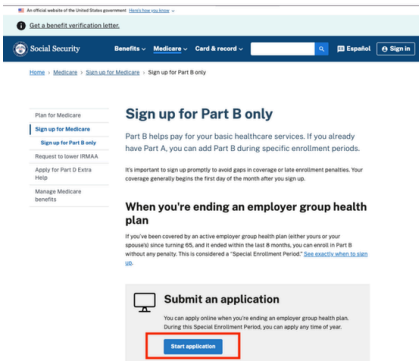


TOPIC 2

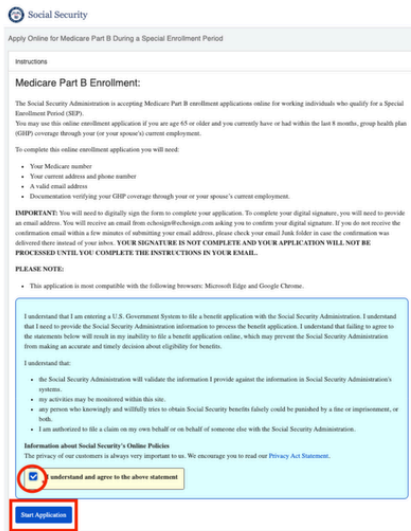
# How to Sign up for Medicare Part B only.

This link takes you right to the SS website where you click the Start Application button to start to process. <https://www.ssa.gov/medicare/sign-up/part-b-only>.

# When you go to the site, you will see the home page below:



**1 • You will see the instruction page after you click "start application"**

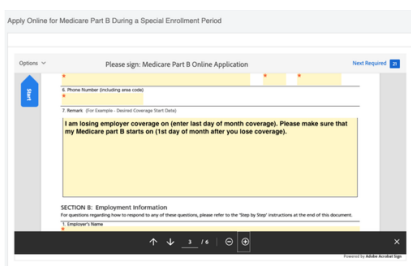


**1 • Once you click "start application" and agree to the above statement, you will be directed to the fillable form below.**

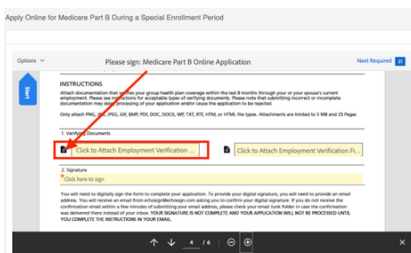
**2 • Major points in this application.**

**a.** Section A.7, please make sure you put in the remarks your employer coverage end date, and desired Medicare start date.

**b.** For ex. "I am losing employer coverage on 3/31/2026. Please make sure my Medicare part B starts on 4/1/2026."



**3 • Section D.1 is where you will attach Form L564**



**FINAL IMPORTANT STEP:** Once completed you will get an email to confirm that you submitted your part B application, you will need to verify that to make sure you application is completed!

# Instructions for CMS-L564 (Request for Employment Information)

benefitbay™



If you are more than four months past your 65th birthday and are now transitioning from employer coverage to Medicare and have part A, you must submit Form L564 to Social Security to activate Medicare B.

## 1. Access the Form

Click here to [download and print Form CMS-L564](#).

## 2. Complete the Required Sections

The form is divided into two parts to verify your continuous health coverage:

- **Section A (Applicant):** You fill this out with your personal information.
- **Section B (Employer):** Your employer (or former employer) fills this out to certify that you were covered by a group health plan.

**Pro Tip:** Contact your Human Resources department first. Most HR teams are familiar with this form and can often provide a pre-signed copy upon request.

## 3. How / Where to Submit

In your Part B application (shown above)

## 4. Submitting both as Paper Copies

The form is divided into two parts to verify your continuous health coverage:

- **Click here to [download and print CMS-40B](#)**
- Fax both forms (CMS40B / CMS-L564) to your local social security office
- Drop off both forms (CMS40B / CMS-L564) to your social security office
  - **[Find your local office fax number or address by clicking here](#)**



### TOPIC 3

# Applying for Medicare after your IEP

**What forms are necessary for enrolling in Medicare if you are 65 and more than four months past the month you turned 65?**

If you are applying for Medicare after your IEP (Initial Enrollment Period), the process requires specific documentation to avoid late-enrollment penalties. **You only have 8 months** from losing a Group Health Plan (GHP) to sign up for Medicare A&B or Part B. Here is a clearer, step-by-step guide on how to handle either signing up for Medicare Parts A&B or Signing up for just B (meaning part A is already active).

## Signing up for Medicare A&B outside of your IEP

Signing up for Medicare A&B outside of your IEP, due to loss of employer coverage (usually due to retirement or change in employer coverage), will look a lot like signing up for A&B at 65. There are a few key details YOU DON'T MISS.

1. Go to [ssa.gov/medicare/sign-up](https://ssa.gov/medicare/sign-up)
  - a. (You can see topic 1 for a more in depth explanation)
2. When you are filling out the portion that asks about employer coverage you want to make sure
  - a. You fill out the coverage details at a minimum back to the year you turned 65
    - i. If your current employer coverage goes back further than that, great!
  - b. you had any change in coverage, you still need to put down that you had coverage back to the year you turned 65.
3. Following your application, they will ask for proof of coverage usually in the form of a company letterhead stating you held an employer sponsored group plan for the dates requested.
4. Here's what qualifies as "creditable coverage by CMS" if you are over 65
  - a. An Employer Sponsored Group Health Plan, that's it.
    - i. Can be through your employer or spouse's employer
5. What does not qualify as creditable coverage after turning 65
  - a. COBRA - we list this first because it is not commonly known
  - b. ACA/Marketplace Insurance
  - c. Short Term Medical/Gap Indemnity Coverage

## Instructions for Part B Only & CMS-L564 (Request for Employment Information)

If you are more than four months past your 65th birthday and are now transitioning from employer coverage to Medicare, you must submit Form L564 to Social Security to activate Medicare Parts A and B.

### 1. Access the Form

Click here to [download and print Form CMS-L564](#).

### 2. Complete the Required Sections

The form is divided into two parts to verify your continuous health coverage:

- Section A (Applicant): You fill this out with your personal information.
- Section B (Employer): Your employer (or former employer) fills this out to certify that you were covered by a group health plan.

**Pro Tip:** Contact your Human Resources department first. Most HR teams are familiar with this form and can often provide a pre-signed copy upon request.

### 3. Submit to Social Security

Once both sections are complete, you do not mail it to Medicare. Instead, you must upload the completed form to the Social Security (SSA) website during your online application or submit it to your local SSA office to finalize your enrollment.



## TOPIC 4

# If you are over 65 and switching from:

**Your Group Health Plan to a Medicare Supplement outside of your IEP, you will have 2 important documents to receive from your HR department.**

# If you are over 65 and switching from your Group Health Plan to a Medicare Supplement outside of your IEP

First, they must provide an Employer Loss of Coverage Notice (LOC) for the current benefit year.

- This helps you receive a Guaranteed Issue (GI) policy, allowing you to forgo underwriting and qualify for Continuation of Care.
  - Continuation of Care Ex: If you are currently receiving chemo treatments, your Medicare Supplement carrier is required to cover your treatments from the day your employer coverage ends. Picking up right where your group coverage leaves off.

Second, they must also provide Evidence of Coverage (EOC) dating back to the year you turned 65

- This helps you to prevent any lifelong penalty on your Part D Prescription Drug Plan.

## Explaining the Required Documents:

### Employer Loss of Coverage Notice (LOC) for Guaranteed Issue (GI)

This letter is required to prove the employee had coverage after the age of 65. Medicare Supplement carriers require this letter to issue their policy as Guaranteed Issue allowing applicants to forgo any medical underwriting.

Only a few key points are needed and can be supplied by your HR department of your company.

1. Must be on company letterhead.
2. Employees name included.
3. Specify name of current healthcare carrier and plan type (e.g., UHC Major Medical Group plan).
4. Document coverage termination date.
5. Name and title of preparer required.
6. Signed by HR or Department Manager.

Bill Archambault  
Apollo Health Insurance  
330 SE Douglas St,  
Lee's Summit, MO 64063



Bill Archambault  
Apollo Health Insurance  
330 SE Douglas St,  
Lee's Summit, MO 64063



To Whom It May Concern,

This letter serves as official verification that John Michaels was enrolled in our group health insurance coverage through (carrier) for the benefit period of 01/01/2025 through 12/31/2025.

Effective January 1, 2026, Mr. Michaels is no longer eligible for this group coverage due to a company-wide transition to an Individual Coverage Health Reimbursement Arrangement (ICHRA). This transition constitutes a qualifying life event regarding his health insurance eligibility for Medicare.

Should you require further documentation or have any questions regarding this filing, please contact our benefits department at (phone) or (email).

Best Regards,



Bill Archambault  
Director of Senior Benefits  
billa@apollohealth.com  
816-897-1234

To Whom It May Concern,

This letter serves as official verification that John Michaels was enrolled in our group health insurance coverage through (carrier) for the benefit period of 01/01/2025 through 12/31/2025.

Effective January 1, 2026, Mr. Michaels is no longer eligible for this group coverage due to a company-wide transition to an Individual Coverage Health Reimbursement Arrangement (ICHRA). This transition constitutes a qualifying life event regarding his health insurance eligibility for Medicare.

Should you require further documentation or have any questions regarding this filing, please contact our benefits department at (phone) or (email).

Best Regards,

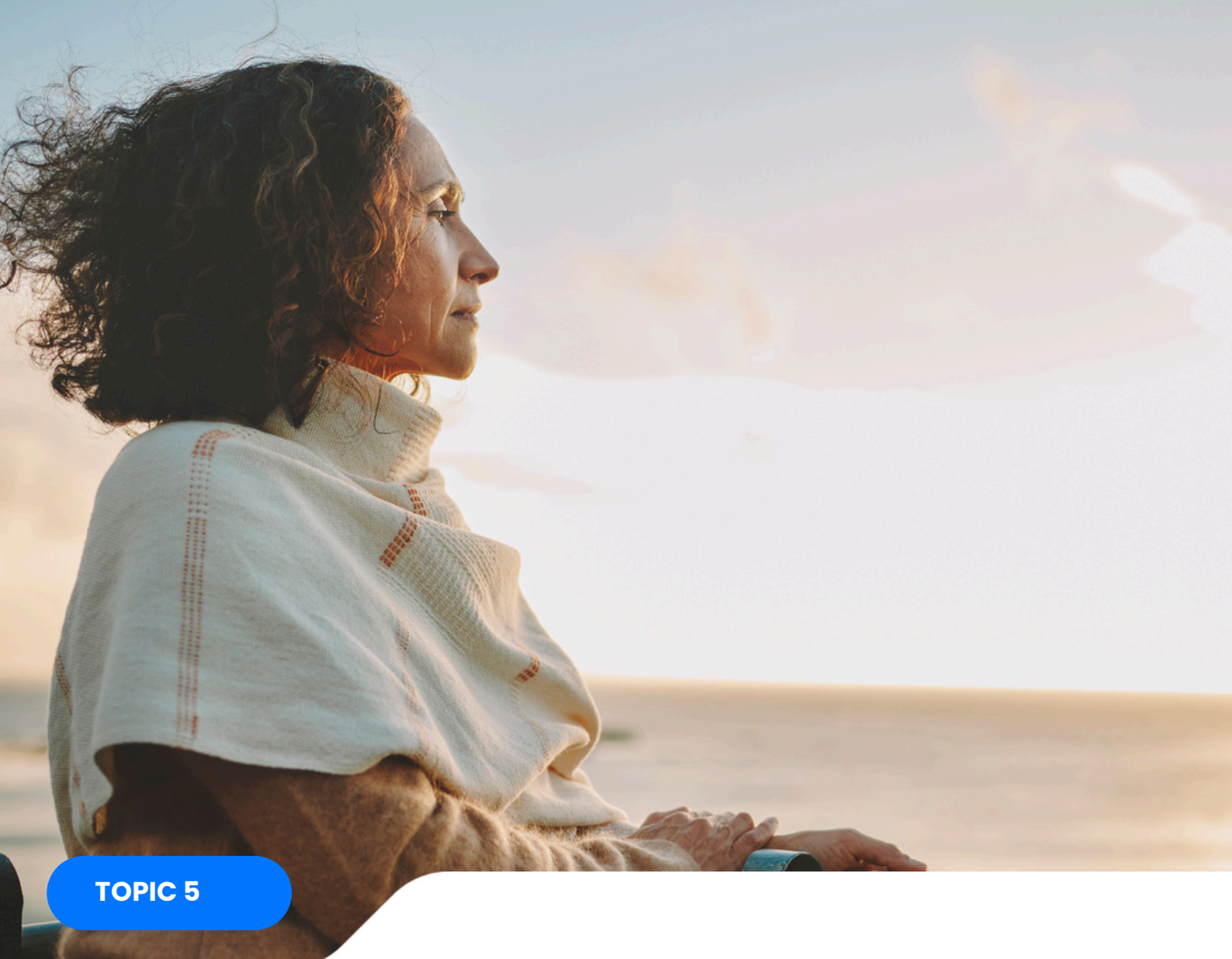


Bill Archambault  
Director of Senior Benefits  
billa@apollohealth.com  
816-897-1234

**EXAMPLE 1**

**EXAMPLE 2**

The **Evidence of Coverage letter**, is more often than not, required by the Part D carrier to prove that the employee had creditable drug coverage. This letter will prevent them from being assessed with a lifelong penalty on Part D.



TOPIC 5

# Medicare Part B Payment and Autopay Using ARC/ICHRA Account

This guide will help you navigate the process of making your initial Medicare Part B quarterly payment and setting up autopay through Easy Pay with your benefitbay® ARC account.

benefitbay™



Apollo  
Health Insurance

# Medicare Part B Payment and Autopay Using ARC/ICHRA Account

Please Note: The graphics below come from the Medicare website and might update at different times, so they may not look exactly the same as shown here.

Important: You will NOT use a personal form of payment when paying your Medicare Part B premium. You will use the Advanced Reimbursement Checking (ARC) account information found in your benefitbay® wallet. This is the personal checking account your employer funds to pay for your insurance premium(s).

## Step 1: Get Your Advanced Reimbursement Checking (ARC) Account Information

Log in to benefitbay® at this [link](#).

- If you've logged in before, use your existing email and password.
- If you haven't, click "Forgot my password" to reset it.
- Navigate to the Wallet tab.

- Here, you'll find your assigned Advanced Reimbursement Checking (ARC) account number and routing number.
- You can also download a voided check if needed.

## Step 2: Make a Payment and Set Up AutoPay

Visit [www.mymedicare.gov](http://www.mymedicare.gov) and log in using your username and password.

- If you do not have an account yet, please select "create an account now" to get started.

- It is important to save your login information, as your profile contains valuable resources that you may want to revisit in the future.

- Next, choose the "Pay my premium" option to proceed.

### Log in

No account? Get a more personalized experience – [create an account now.](#)

USERNAME

[Forgot username?](#)

PASSWORD

[Forgot password?](#)

Log in

# Medicare Part B Payment and Autopay Using ARC/ICHR Account

If you have recently enrolled in Medicare, it is possible that your information has not yet appeared in the system. This is a normal occurrence and should not cause concern.

- If this is your initial payment, please select the "pay now" option to complete a one-time quarterly payment using the ARC account from your benefitbay® wallet. This step will ensure your account is up to date and provide sufficient time for your autopay to be processed, which may take approximately 6-8 weeks.

- To setup recurring payments through Medicare Easy Pay online, simply locate and click the "Sign Up" button or select "set up recurring payments now".

- You will be directed to the form for Medicare Easy Pay. Please take a moment to accurately input your ARC routing number and account number from your benefitbay® wallet. Once you have entered the information, ensure that you check the box to confirm your details, and then click "Submit" to finalize the registration process.

**My premiums**

New - Sign up for Medicare Easy Pay online!  
Set up recurring payments now to get your premium payments automatically deducted from a checking or savings account each month.

**My premium details**

Current monthly premium  
\$0.00 as of December 2022  
[See more premium details](#)

**How you pay**

You get a bill from Medicare every 3 months to pay your premiums.

Want your premium payments automatically deducted each month with Medicare Easy Pay?

**Sign Up**

**My bills**

[View my current and past bills](#)

**Pay Now**

**My payments**

Last payment amount: \$0.00

Don't see your most recent payment? Payments can take several days to process.

[View my recent payments and payment history](#)

Reminder: Do NOT use a personal form of payment. You will use the Advanced Reimbursement Checking (ARC) account information found in your benefitbay® wallet.

- If you are currently enrolled in Medicare Easy Pay using your personal checking account, simply select the "Change Bank Account" option to update your payment method to your benefitbay® ARC account.

**Account type**

Checking  Savings

ROUTING NUMBER (9 DIGITS)  
Where can I find my routing number? ⓘ

091408598

ACCOUNT NUMBER (4-17 DIGITS)  
Where can I find my account number? ⓘ

123456789 [Hide](#)

RE-ENTER ACCOUNT NUMBER

123456789 [Hide](#)

By checking this box, I authorize the Centers for Medicare & Medicaid Services (also called "CMS") to automatically deduct the amount due for my Medicare premiums each month from the checking or savings account listed above, on or around the 20th of each month.

I understand the following Medicare Easy Pay [terms and conditions](#).

Print this page before selecting "Submit" to keep a copy for your records.

**Submit**

**benefitbay**

**Wallet**

**ARC account** Active

Name on account: Employee Name ⓘ

Routing: 091408598 ⓘ

Account number: 123456789 ⓘ

Latest transaction: No transactions

[Download Voided Check](#) [Deactivate](#)

[Assign new ARC account](#)

# Medicare Part B Payment and Autopay Using ARC/ICHRA Account

## My Medicare Easy Pay



Manage your Easy Pay enrollment and payment information.

### Medicare Easy Pay status

Stop Easy Pay at any time. To restart Easy Pay at a future date, you'll need to re-enroll.

Enrollment status

Pending

Stop Easy Pay

### Bank account

You can change the checking or savings account that Easy Pay uses for automatic monthly premium payments.

Bank account number

\*\*\*\*\*1234

Change Bank Account

**IMPORTANT:** Please be aware that if you have a past-due balance that exceeds your total monthly premium, Medicare Easy Pay will not process the payment. To bring your account up to date, you will need to make a one-time payment using your ARC account. Once your account is current, Medicare Easy Pay will resume the following month.

If you see any changes in your premium, have credits, or additional charges, or if you have any questions at all, please don't hesitate to reach out to our support team at [support@benefitbay.com](mailto:support@benefitbay.com).