

**Revisions to Form CMS-10798 (OMB 0938-1425) APPLICATION FOR ENROLLMENT IN PART B  
IMMUNOSUPPRESSIVE DRUG COVERAGE**

This form was updated to make “Application for Medicare Part B Immunosuppressive Drug Coverage” the title of the form and to update the language and format to have uniformity with other recently updated A/B forms per the Office of Communications’ plain language suggestions.

**Changes**

Updated Form	Original Form	Reason for Change	Burden Effect
<p>Page 1:</p> <p>Information reformatted to be more user friendly and reflect the format of other updated A/B forms</p> <p>Page 2:</p> <p>Added an email address field to update communication efforts.</p> <p>Added checkbox to confirm permission to communicate with the enrollee via email.</p>	<p>Page 2:</p> <p>No attestation check box confirming the individual will notify SSA within 60 days of gaining qualifying insurance</p> <p>No attestation check box acknowledging false statements</p>	<p>Per Office of Communications’ (OC) plain language suggestion, the language is being updated for more clarity.</p> <p>This form is being updated to mirror the format of other recently updated Medicare Part A and B enrollment forms.</p> <p>Going forward, all renewed Medicare A/B forms will include a privacy statement.</p> <p>Email was added to bring the form current to modern communication efforts.</p> <p>Added more specific attestations so individuals are clear on the statements they are agreeing to.</p>	<p>N/A</p>

Included specific examples of disqualifying health coverage so individuals know which qualify.			
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