



2009 Schedule B Qualified Additional Residents

Attach to claimant's Form IL-1363.

Who is a qualified additional resident?

A qualified additional resident is an individual, other than your spouse,

- who lived with you in the **same residence** in 2009 and in 2010 at the time you file your 2009 Form IL-1363; and
- for whom you, or you and your spouse, provided **more than half** of that person's total financial support in 2009; and
- who is not filing a separate 2009 Form IL-1363.

Step 1: Tell us about your qualified additional residents. Please print.

A -----

1 Social Security number

2 Name _____
First MI Last

3 Birth date
Month Day Year

4 Check "yes" if requesting Illinois Cares Rx drug coverage. yes
 Attach proof of age (first-time filer). If the person listed in Line 2 is younger than 65 years of age and the box in Line 4 is checked, attach proof of disability.

B -----

5 Social Security number

6 Name _____
First MI Last

7 Birth date
Month Day Year

8 Check "yes" if requesting Illinois Cares Rx drug coverage. yes
 Attach proof of age (first-time filer). If the person listed in Line 6 is younger than 65 years of age and the box in Line 8 is checked, attach proof of disability.

Step 2: Figure the total of your qualified additional residents.

9 Write the total number of persons you are reporting in Step 1. 9

Step 3: Claimant sign below.

Under penalties of perjury, I certify that the individuals listed in Step 1 are qualified additional residents for whom I, or my spouse and I, provided more than half of their total financial support in 2009, and that these individuals lived with me in the same residence in 2009 and in 2010 at the time I filed my 2009 Form IL-1363.

10 _____ / / _____ 11
Claimant's signature Date Claimant's Social Security number

Step 4: Qualified additional residents sign below.

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 (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.

12 _____ / / _____ 13 _____ / / _____
Signature of person named on Line 2 Date Signature of person named on Line 6 Date

Line-by-line instructions for Schedule B

Complete this schedule if you (the claimant) are reporting any qualified additional residents on Form IL-1363.

Your spouse is not a qualified additional resident and should not be listed on this schedule.

Step 1: Tell us about your qualified additional residents.

1 Social Security number.

Write the Social Security number of your qualified additional resident. Your qualified additional resident must have his or her own Social Security number. It cannot be the same as yours.

2 Name.

Print your qualified additional resident's first name, middle initial, and last name.

3 Birth date.

Write the month, day, and year of your qualified additional resident's birth.

4 Check "yes" if applying for Illinois Cares Rx drug coverage.

If your qualified additional resident is applying for Illinois Cares Rx drug coverage, check the box.

To be eligible for Illinois Cares Rx, your qualified additional resident must:

- be age 65 or older before January 1, 2010; or
- become age 65 during 2010; or
- be age 16 or older before January 1, 2010, and totally disabled; and

you must attach proof of his or her disability.



5 through 8

If you have

- **two** qualified additional residents, use the instructions for Lines 1-4, and write the information for the second of your qualified additional residents in Lines 5-8.

Step 2: Figure the total of your qualified additional residents.

- 9 Write the total number of persons you are reporting as qualified additional residents in Step 1.

Step 3: Claimant sign below.

- 10 You, the claimant (the person named on Line 2 of Form IL-1363), must sign this schedule.

- 11 Write your Social Security number (same as Line 1 on Form IL-1363).

Step 4: Qualified additional residents sign below.

12 and 13

Each person you report in Step 1 must sign on the corresponding line in Step 4. For example, the person named on Line 2 must sign on Line 12.

Note If the qualified additional resident reported in Step 1 is not yet 18 years of age, the person's parent or guardian must sign on the line, indicating his or her relationship to the qualified additional resident (such as "mother," "father," or "guardian").