

# Form 3 -- Health Insurance Premiums

(This report is used to provide evidence of recurring health insurance premiums.)

**Authority for allowing prospective, 12 month annualization of recurring medical expenses.**

38 CFR 3.272 (g) Exclusions from income; Medical Expenses. Within the provisions of the following paragraphs, there will be excluded from the amount of an individual's annual income any unreimbursed amounts which have been paid within the 12-month annualization period for medical expenses regardless of when the indebtedness was incurred. An estimate based on a clear and reasonable expectation that unusual medical expenditure will be realized may be accepted for the purpose of authorizing prospective payments of benefits subject to necessary adjustment in the award upon receipt of an amended estimate, or after the end of the 12-month annualization period upon receipt of an eligibility verification report.

M21-1-4 -16.31 Medical Expenses; Authorization Procedures; b. (4) Insurance. Premiums paid by the claimant for health, medical or hospitalization insurance, e.g., the Social Security Medicare deduction, are allowable medical expenses. Premiums paid for life insurance or burial insurance are not allowable medical expense deductions.

Name of Veteran	Veteran Social Security Number	Name of Spouse or Surviving Spouse	Spouse Social Security Number
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### MEDICARE PART B INSURANCE PREMIUMS

Is the veteran paying Medicare Part B premiums? ( <i>\$93.50 per month for 2007</i> )	Yes	No	Is the spouse or surviving spouse paying Medicare Part B premiums? ( <i>\$93.50 per month for 2007</i> )	Yes	No
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### MEDICARE SUPPLEMENT OR MEDIGAP INSURANCE

Is the veteran buying Medigap Insurance (Medicare supplement insurance)	Yes	No	Is the spouse or surviving spouse buying Medigap Insurance (Medicare supplement insurance)	Yes	No
If yes, provide below the name of the insurance company. Please provide a copy of the most recent billing.			If yes, provide below the name of the insurance company. Please provide a copy of the most recent billing.		

### MEDICARE ADVANTAGE PLANS

Is the veteran buying a Medicare Advantage Plan?	Yes	No	Is the spouse buying a Medicare Advantage Plan?	Yes	No
If yes, provide below the name of the insurance company. Also indicate if premiums are being paid from the Social Security check. If not, please provide a copy of the most recent billing.			If yes, provide below the name of the insurance company. Also indicate if premiums are being paid from the Social Security check. If not, please provide a copy of the most recent billing.		

### STAND-ALONE MEDICARE PART D (PRESCRIPTION DRUG PLANS)

Is veteran buying stand-alone Medicare Part D?	Yes	No	Is the spouse buying stand-alone Medicare Part D?	Yes	No
If yes, provide below the name of the insurance company. Also indicate if premiums are being paid from the Social Security check. If not, please provide a copy of the most recent billing.			If yes, provide below the name of the insurance company. Also indicate if premiums are being paid from the Social Security check. If not, please provide a copy of the most recent billing.		

### OTHER HEALTH INSURANCE PLANS

Is the veteran buying any other health insurance?	Yes	No	Is the spouse buying any other health insurance?	Yes	No
If yes, provide below the name of the insurance company. Please provide a copy of the most recent billing.			If yes, provide below the name of the insurance company. Please provide a copy of the most recent billing.		

Date Signed: _____	Signature of Veteran (if living) _____
Signature of Spouse (if living) _____	

***This will certify that the information provided here is accurate and true to the best of my (our) knowledge.***