

Line-by-line instructions for Schedule B

Complete this schedule if you (the claimant) are reporting any Qualified Additional Residents (QAR) on Form IL-1363. Your spouse (spouse includes parties to a civil union) is not a qualified additional resident and should not be listed on this schedule. A separate Schedule B must be completed for each Qualified Additional Resident (QAR).

STEP 1: Tell us about your qualified additional resident.

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.



Attach proof of age (first-time filer)

4 Check if requesting Illinois Cares Rx drug coverage.

Check the box if your qualified additional resident is applying for Illinois Cares Rx drug coverage.

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

- be age 65 or older before January 1, 2012; or
- become age 65 during 2012; or
- be age 16 or older before January 1, 2012, and totally disabled; and



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.

5 Check the first box if your QAR is a U.S. citizen. Check the second box if the QAR is a qualified noncitizen.

6 Your QAR can choose help paying for prescriptions.

a Mark "yes" if your QAR is currently eligible for Medicare Part A and/or Part B. If the QAR is not eligible for Medicare, mark "no" and go to Line 7.

b Mark the appropriate circle for the QAR. The answer will be kept confidential. You may qualify for additional assistance if you have Medicare.

STEP 2: Claimant sign below.

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

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

STEP 3: QAR signature line

9 Signature of person named on Line 2 (QAR). If the QAR is under 18 years of age or unable to sign, a parent or legal representative must sign the QAR's name.

10 If the QAR is under 18 years of age, the QAR's parent or legal representative must sign and indicate the relationship to the QAR such as Mother, Father, Guardian.



If you are signing as a legal representative for the QAR, you must attach proof of your authorized representation for signature.

Mailing:

If returning the completed Schedule A **separate** from your Form IL-1363, mail to:

Illinois Department on Aging

P.O. Box 19003

Springfield Illinois 62794-9003.

Schedule B Instructions (IL-1363)
(R-12/11) IOCI 0853-11

This form is authorized as outlined by the Senior Citizens and Disabled Persons Property Tax Relief and Pharmaceutical Assistance Act. Disclosure of this information is REQUIRED. Failure to provide information could delay your grant and/or prescription coverage. IL-402-1095