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The process of applying for Medicare benefits is more complicated than it may initially seem. If you want to apply for part of Medicare insurance called Medicare Part B, you can only do so for certain parts of the year. If you plan to apply for this during what is called the Special Registration Period (SEP), you must complete and submit a CMS-L654 form as part of your application. What is the CMS-L564 form? The CMS-L564 model is a labour information form of the Social Security Administration (SSA). It is used in conjunction with form CMS-40B when applying for Part B Medicare during a special enrollment period (SEP). One part is completed by you and the other is completed by your employer or your spouse's employer. You are eligible for SEP under a specific set of circumstances: You are currently enrolled in Medicare Part A. You have received health benefits from an employer's group - either yours or your spouse's - sometime in the last eight months. That is, if you currently receive benefits for the collective health of an employer; or if these benefits ended in the last eight months (for example, because your spouse retired from your job), you will be eligible for the special enrollment period. If the employment and/or coverage have ended, the SEP extends for eight months after the month that the benefit ends. The CMS-L564 form is how do you verify that you meet these conditions. It verifies both the coverage of the employment plan and the collective health plan necessary for eligibility. When can I apply for Medicare Part B? You only need to apply to enroll in Medicare Part B if you are already enrolled in Medicare Part A. If you have not enrolled in Part A, you will need to contact the SSA to start the process. Medicare Part A is free to sign up for once you turn 65, so most people do so shortly after their 65th birthday. Part B, however, requires paying premiums such as traditional health insurance. You have some options for when to apply for Enrollment in Medicare Part B. The initial enrollment period (IEP). This starts three months before the month you're 65, and ends three months after the month you're 65 years old. This is when most people apply for Medicare Part A, and when many also choose to enroll in Part B. General Enrollment Period (GEP). If you have not enrolled during your IEP, you can enroll during this period. It takes place every year between 1 January and 31 March. However, opting for this path could result in higher premiums. The special registration period (SEP). This only applies if you are currently receiving health benefits from an employer's group; or if these benefits have ended in the last eight months. To prove your suitability for a SEP, you must include the CMS-L564 form in your application. This form provides information about or the health plan of the group sponsored by the employment of your spouse. How to fill in form CMS-L564Form CMS-L564 has two sections, A and B. Fill in section A and the employer will fill in section B. You must provide the name and address of your spouse's employer. You will then list your name and Social Security number (SSN). If your spouse's employer was the source of your health benefits, you will also need to provide your spouse's name and SSN. If it was your job providing the benefits, then you will need to list your name and SSN again. The employer who offers health coverage to their group will complete section B of the form. In this section you will find information about the group's health plan, when you have started to receive coverage and if you still receive it, among other things. How to submit the CMS-L564Once form your employer or spouse fills in and signs the form, you can send along with your form completed CMS-40B to your local Social Security office. There is no scenario where you must fill in the CMS-L564 form and send it without also sending it in a completed copy of the CMS-40B form. You can personally visit your Social Security office to send them the documents or send them by email. How to find your Social Security OfficeThe SSA website has a tool that allows you to find the Social Security office closest to you. Once you type in your zip code and click Locate, the nearest office or list of the nearest offices should appear. Note that three cities - New York, Philadelphia and Phoenix - have separate locations dedicated to card services. If you live in one of these cities, then, you will need to indicate whether you are looking for card services or other services. Because you're applying for Part B of Medicare, be sure to choose Other Services. Simply put, while the CMS-L564 form is designed for a very specific situation, it can still have a big impact. If you need the coverage that Medicare Part B provides, being able to sign up outside of traditional enrollment periods can save you a lot of money. If you receive (or recently received) coverage for the group's health plan through your work or your spouse, you can access that greater flexibility to apply for Medicare Part B enrollment when you need it. The CMS-L564 model verifies this coverage in the SSA. Tips for preparing for your retirement The amount of Social Security benefits you receive will depend in part on the age you choose to opt in. SmartAsset's Social Security calculator can help you determine the best age for your situation. If you enter your birth year and your the calculator can show you the amount of your annual benefit for whenever you want to choose. This way you can maximize the benefits you receive. Between 401(k) plans, IRAs, pensions and more, it can be difficult to get a clear picture of how you are ready to Using the SmartAsset retirement calculator, you can enter all your information and find a personalized and monthly savings goal. In this way, you can formulate the right savings strategy to make retirement of your dreams a reality. If you're enrolled in Medicare, choosing Social Security or just starting to think about retirement, your plan could probably benefit from talking to a financial adviser. SmartAsset's free advisor matching tool can connect you with up to three qualified advisors in your area. Discussing these things with an advisor can give you the peace of mind that you are making the right decisions for your situation. Photo credit: ©iStock.com/gradyreese, ©iStock.com/sarinyapinngam, ©iStock.com/tinpixelsPage 2 Do you know enough about financial management to take care of your entire investment on your own? Or do you need help from a seasoned expert? This question comes out for millions of Americans every year. If any of these describes you, you could benefit from professional financial advice:1. Soon retire: Maximizing retirement income requires smart decisions on complex topics like Social Security, 401(k) and IRA.2 withdrawals. You manage your own investments – Individual investors should check their strategies with unbiased third parties. You may be looking at opportunities in your wallet.3. You have kids – If you're saving for college or planning your inheritance, there are several ways to make sure your kids are taken care of.4. You inherited money – Have you noticed that lottery winners often declare bankruptcy? It can be difficult to manage sudden increases in wealth.5. You have a financial advisor – Depending on how you chose your adviser, there may be a better one for you. Family referrals are convenient, but do not always produce results.6. You're getting divorced - Unhinging finances in a divorce can be messy. Impartial advice is key.7. You want to build wealth: if you're still decades since retirement, today's good decisions can add thousands to your retirement accounts. Seeing your 3 financial advisor matched up to the right financial advisor that suits your needs should not be difficult. SmartAsset's free tool matches the best trust financial advisors in your area in 5 minutes. Each adviser has been vetted by SmartAsset and is legally required to act in their best interest. If you're ready to match the local advisors who will help you achieve your financial goals, as you'll start now. Our goal is to understand the experiences of women infected by COVID-19 during pregnancy. their emotional perceptions of the disease process during the gestational period regarding the health of their own and babies, how they emotionally manage the recovery period, treatment and quarantine, as well as relationships with health services and and We intend to understand women's perceptions about their family and community relationships after receiving a diagnosis, namely their perceptions about the neighborhood, friends, coworkers and other immediately related people. Finally, we propose exploring the influence of social networks and newsrearies on pregnant women's feelings about COVID-19 infection. Figure 1 demonstrates the theoretical model of the objectives. Fig. 1The theoretical model of the objectives to be explored in research According to a qualitative approach to achieve the objectives of the study, through in-depth interviews and thematic analysis. This study protocol follows the criteria of the COREQ checklist [17]. ParticipantsInclude women infected by COVID-19 during the gestational period who are 18 years of age or older. They should be emotionally and cognitively able to communicate verbally to participate in the study and symptoms should be referred at the time of data collection. As exclusion criteria, we will consider illiteracy, psychiatric/neurological or other diseases that make it impossible to answer the question, and participants who do not agree to record their interviews. Purposition sampling will take into account the concept of theoretical saturation, proposed by Glaser and Strauss [18], which means that we will include new entrants until the data has reached sufficient consistency to meet the initial objectives. ScenarioThe participants will be recruited to a tertiary university hospital specializing in women's health. The hospital is from the public health system in southeastern Brazil. The hospital is made up of more than 100 cities, containing 5 million people. It is a reference center for high-risk pregnancies. Since the first reported case in Brazil (February 27, 2020), the health team has been preparing to offer specialized assistance in the fight against pandemics. Instruments We will use three instruments for data collection: (1) Semi-directed interviews directed from open and in-depth questions; (2) Socio-demographic and health files; and (3) Field journals. The script for the interview will begin with the trigger question: Tell me how you're living this pregnancy. The full list of questions designed for the study is shown in Table 1. Table 1 Interview writingThe datasheet is self-referred to or checked in the medical history. Socio-demographic information will include: age, schooling, religion, civil status, household composition, paid employment/work, family income and race. Health data will include symptoms of COVID-19 (fever, coryza, odynophagia, myalgia, diarrhea, meningoencephalitis, myocarditis, respiratory failure, others), date of start of symptoms, date when the pregnant woman sought first time hospital admission of symptoms of COVID-19, duration of hospitalization and when necessary, and resources and details of the treatment (e.g. drugs, artificial respirators). We will also collect obstetric information, including gestational age or delivery date, number of pregnancies, number of deliveries, history of abortions, maternal pathologies (diabetes, heart disease, HIV, others), and obstetric pathologies (i.e. gestational diabetes, hypertension/eclampsia, oligoamine, etc.). The field diary is a systematic observation instrument, in which the researcher examines the overall behavior of the participant along with the interview. It contains nonverbal communication, including the participant's personal presentation, his global behavior, body expressions, gestures, facial expressions, style and speech disturbances (silences, speech suffocation, language lapses, inhibited and uninhibited locations, changes in timbre and voice volume), laughter, smiles, shouts and similar manifestations. Data collection procedures Due to social isolation in Brazil due to COVID-19, all contacts with participants will be made virtually, through phone calls or video conferences. Eligible women will be provided by a researcher (FGS), a doctor involved in person in healthcare for patients in the hospital. Another researcher (JVFJ)—a psychologist with experience in qualitative interviews and pregnancy—will conduct data collection. In order to achieve a random sample, the interviewer will select eligible patients from random list names. First, eligible women will get in touch by phone, and the researcher will invite them to participate in the study. The researcher will establish the procedures and terms of participation in the research. Thereafter, the researcher will send the consent form by email or through a messaging application, according to the preference of the woman, which must be answered by the participant if he agrees to participate. To assist in the understanding of the participants, the researcher will send a video presenting the full consent period. The data collection will be done by videoconference or phone call. We'll record every interview. At the time of recording, participants will be invited to verbally offer their consent to participate in the study. Subsequently, data from the patient's medical history will be accessed to verify information regarding COVID-19 pollution problems. Virtual contact with the participant requires special attention on the appropriate relationship for the interview, especially with regard to the environment around women during data collection. We recommend a suitable, quiet and private room where participants can stay throughout the interview, so that they can express themselves more comfortably. Similarly, it must ensure confidentiality during data collection, using a private and quiet place to conduct interviews. Other Side important to emphasize to them that we do not expect a correct answer for questions and we are interested in how the woman truly feels, without judgment involved. After finishing the script of the interview, we will ask the participants if they want to say anything else. Data analysisScribe literally recorded interviews in audio. The concepts of medical psychology will be raised for discussion. The data analysis will be performed by two independent researchers (JVFJ and LR). We will discuss the categorization process with the co-authors and the research team of the SARHAS Group (Reproductive Health and Healthy Habits Research Group) belonging to the School of Medical Sciences of the University of Campinas.The data analysis will follow the thematic analysis, proposed by Nowell et al. [19], in which the textual data, produced from the transcription of the interviews , field journals and datasheet (if applicable), will go through a raw data encoding process until they reach the consistency of the topics. The step by step and description of each analysis phase is shown in Table 2. The NVIVO software will be used, which contributes to the organization and textual analysis through the simple frequency of words in the code formulation phase, validating the analyses performed by the researchers. Table 2 Thematic analysis We will consider the four strategies to ensure reliability: credibility, transferability, reliability and confirmability [20]. We will also consider the coreq checklist for qualitative research reporting. Regarding the limitations of this study, we consider that each qualitative research project chooses a specific methodological model that offers a point of view among other possibilities to address research issues. In addition, a transversal study is carried out at a specific moment in the lives of the participants, in which conflicts can arise at different psychological and relational points. However, the validity of the study is not compromised. Discontinuation and ethical issuesThese study protocol received ethical approval from the local committee and follows the Helsinki Declaration and national law. Both the researcher and the participant will be free to interrupt or suspend the interview in situations where they perceive that the approach is negatively affecting the emotional state of patients. Participants may withdraw from the study at any time, without justification, and without affecting the service they receive at the hospital. Page 2 Policies Accessibility Press Center Support and Contact Leave Comments Racing Follows BMC BMC Twitter Page BMC Facebook Page BMC Weibo Page

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