Notice of Application for Extra Help with Medicare Prescription Drug Costs

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• • • • • • • • • • • • • • • • • • • •	for the Medicare Part D Low Income Subsidy. You al Security Administration within 30 days.
	ion and notify you of their decision. If you have subsidy application, please call SSA at 1-800-772-
Caseworker Name and Phone Number	
Address	
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