



MISSOURI DEPARTMENT OF SOCIAL SERVICES  
FAMILY SUPPORT DIVISION  
**NOTICE OF APPROVAL**

<b>FROM</b>	CASEWORKER NAME	TELEPHONE NUMBER	DATE
	COUNTY OFFICE ADDRESS (STREET)		
	CITY, STATE, ZIP CODE		
<b>TO</b>	NAME		
	ADDRESS (STREET)		
	CITY	STATE	ZIP CODE
<b>RE</b>	CASE NAME	CASE NUMBER	

This is to advise you that your application for Specified Low-Income Medicare Beneficiary coverage (SLMB) has been approved.

Effective \_\_\_\_\_, you are eligible for State payment of your Medicare Part B premium.

You may expect payment of your Medicare premiums to begin within 60 to 90 days from the date of this letter. The Division of Medical Services will make the premium payment directly to the Social Security Administration.

Additionally, this is to advise you that your application for Qualified Medicare Beneficiary coverage has been rejected because your countable monthly income of \$ \_\_\_\_\_ exceeds the QMB maximum of \$ \_\_\_\_\_. (13 CSR 40-2.270)

The **only** benefit of the SLMB program is the payment of your Medicare Part B (SMI) premium. This is the only notice you will receive from the Family Support Division concerning your coverage under the SLMB program.

IF YOUR SITUATION CHANGES IT IS YOUR RESPONSIBILITY UNDER THE LAW TO REPORT THESE CHANGES AT ONCE TO THE LOCAL FAMILY SUPPORT DIVISION OFFICE. THE LAW PROVIDES PENALTIES FOR ANY PERSONS WHO RECEIVE BENEFITS TO WHICH THEY ARE NOT ENTITLED THROUGH MISREPRESENTING THE FACTS OR NOT REPORTING FULL INFORMATION ABOUT THEIR SITUATION.

If you agree with the above decision, you do not have to request a hearing.

If you feel this decision is not correct, you have the right to request a hearing within 90 days of the date of this letter.

If you wish to have a hearing, you may advise us by mail, by telephone, or in person. We will then schedule a hearing for you and tell you the time and place of the hearing. If you request a hearing, you may present your information yourself or you may have your own attorney or other persons who have knowledge of your situation present your information. If you do not have an attorney, or cannot afford one, and you live in an area served by legal aid or a legal services office, you may be eligible for this service. For the possibility of free legal service call: \_\_\_\_\_. You have the right to present witnesses in your own behalf and to question witnesses who appear at the request of the Family Support Division.

To request a hearing by telephone, call the office at the number listed above.

CASEWORKER SIGNATURE	LOAD NO.
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