

## HOW TO APPLY FOR MEDICARE PART B PREMIUM REIMBURSEMENT

### Required for RENEWAL Medicare Participants:

You must submit PROOF OF PAYMENT to the District Human Resources/Benefits Unit to be reimbursed for Medicare premiums. Submit one of the following forms **annually** (paper size 8 X 11 only please). **The form must indicate the recipient name, social security number, the effective date of Medicare coverage and monthly premium amount. New enrollees must notify the District within the first month of coverage, as there will be no retro payment.**

- 1) If you have Social Security Income and/or Supplemental Security Income (SSI) and are qualified for Medicare, you may request **ONE** of the following statements at any time by calling your local Social Security Office:
  - a. **“Proof of Income” Letter** or **“Benefit Verification” Letter** from Social Security. You can request the form online via <http://ssa.gov/onlineservices/>. (It may take up to 10 – 15 days for delivery); or
  - b. Notice of new monthly Medicare Premium also known as **“Your New Benefits Amount”** Statement, Form SSA-4926-SM; or
  - c. Current 2016 STRS Monthly Pension Statement, which includes monthly Medicare Part B premium deduction for 2016.
  - d. Notice of MAGI determination including break down of standard premium rate, penalty surcharge and MAGI adjustment. (Must go to the nearest SSA Office to request a duplicate copy - this request can not be done online).
- 2) If there are any changes in premium rates, retirees are required to submit the form letter from Social Security that notifies you of an increase in Medicare premium during the course of the year. Generally, rates changed every January.
- 3) If you do not qualify for Social Security income, but qualify for Medicare and pay premiums directly, you need to submit:
  - a. A copy of the 2016 quarterly invoice statement (CMS 500) from Social Security Office for the current year, plus the most recent bank or credit card statement showing the current premium for Part B charged against your account (You may redact any other personal financial information); or
  - b. A Bank Certification Letter confirming the CMS’ Electronic Fund Transfer (EFT) was debited against your checking or saving account.

## Required for NEW Medicare Participants:

- 1) Provide a copy of the Center of Medicare and Medicaid Services (CMS) **Determination "AWARD" Letter** which indicates Name, SSN, date of Medicare eligibility, Medicare Part B monthly premium for 2016.

NOTE: For non-Social Security pensioner, you may submit a copy of the **cashier check** that you use to pay for the first quarterly Medicare Part B premium and the initial Medicare Part B invoice as proof of payment in lieu of the above CMS Award Letter.

- 2) Provide a copy of **Medicare ID card(s) for both Retiree & Spouse/Domestic Partner**
- 3) Return the paperwork to the District Benefits Unit **no later than the first day of the month that you became eligible for Medicare** to avoid incurring loss of Medicare part B premium reimbursement.

NOTE: It is imperative that you notify the District immediately upon qualifying for Medicare. You must submit proof of Medicare eligibility and payment in a timely manner. **Reimbursement is not retroactive.**

**For first time Medicare recipient under this provision, we strongly recommend that you pay for the first invoice with a bank cashier check to obtain immediate proof of payment as time is of the essence. Thereafter, you may set it up for electronic fund transfer via ACH process with your local bank and CSM to pay for future Medicare Part B premium.**

- 4) **If your Medicare part B premium has been adjusted due to Modified Adjusted Gross Income (MAGI), you are required to submit form SSA 4926 SM Statement or a letter from SSA to indicate that you must pay an income-related monthly adjustment amount based on your 2014 income tax return. Otherwise, we will apply the standard premium reimbursement rate of \$104.90 per month for calendar year 2016.**

NOTE: It is imperative that you notify the District immediately upon qualifying for Medicare. You must submit proof of Medicare eligibility and payment in a timely manner. Reimbursement is not retroactive.

**IMPORTANT: Retirees with a gap in coverage who are renewing benefits are deemed NEW, rather than continuing, recipients and are required to submit the same provisions affecting all other newly eligible Medicare reimbursement recipients. Reimbursement for Medicare Part B is effective the month in which the documentation is received in the District Benefits Office. No retroactive payments are made for late submission notifications.**