

TO: All Pre-1997 Hired Retirees and Eligible Dependents

FROM: FHDA District Benefits Office

DATE: January 23, 2024

This is to notify you about the upcoming 2024 Annual Retiree Survey, which is designed to ensure the accuracy and currency of the records in our system. Concurrently, we would like to remind you to apply for the 2024 Medicare Part B premium reimbursement. Should there be any changes in your designated Power of Attorney, we kindly request that you share a copy with us for our records. To facilitate the process, we have attached the survey form for your convenience. Please complete and return the form to the District Office of Human Resources, Benefits Unit, no later than Friday, March 15, 2024.

To qualify for Medicare Part B premium reimbursement, it is imperative to maintain continuous enrollment in Medicare Part B, Medicare Part D (through CalPERS), and adhere to CalPERS' Medicare requirements. For comprehensive Medicare enrollment and eligibility information, we recommend contacting Social Security Medicare Services at 1-800-633-4227. Failure to comply with these specified policies may result in penalties and, more critically, the potential loss of the District-sponsored medical coverage facilitated through CalPERS.

The Medicare premium reimbursements will be processed quarterly on the following dates: April 15th, July 15th, October 15th, and December 31st. To be eligible for the first quarter reimbursement covering the January-March premium, all proof(s) of Medicare Part B payment must be submitted to the District by March 15th, with payments scheduled for April 15th. Documents received between March 16th and March 31st, 2024, will qualify for the combined reimbursement of the first and second quarters and will be processed on July 15th, 2024. Please note that retroactive reimbursement will not be applicable for submissions received after March 30th, 2024 and Medicare Part D MAGI rate is not reimbursed by CaIPERS nor FHDA.

We highly recommend submitting your proof of Medicare Part B premium payment via certified mail to provide verifiable evidence of mailing. Alternatively, you may choose to retain the successful fax confirmation as proof of timely submission or send a PDF via email to <u>MyBenefits@fhda.edu</u>. Please allow up to 5 business days for any email confirmation requests following the mailing of receipts.

If you're not yet Medicare-eligible, kindly fill out the annual survey form for any necessary updates in our system. Alternatively, feel free to skip this survey and await next year's edition. For more detailed information regarding retiree benefits, we invite you to visit our website at <u>https://hr.fhda.edu/benefits/_retirees.html</u>. Should you require further assistance, please do not hesitate to contact us. The benefits staff can be reached at 650-949-6224 or via email at MyBenefits@fhda.edu. Additionally, our fax number is 650-949-6299.

Thank you for your attention to these submission guidelines, and we appreciate your cooperation.

Best Regards,

Benefits Team

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