

TO APPLY FOR MEDICARE REIMBURSEMENT:

You must submit PROOF OF PAYMENT to the Office of Human Resources to be reimbursed for Medicare premiums. Submit a copy 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 "Proof of Award" Letter from Social Security. You may request the form online via <http://ssa.gov/onlineservices/>. (It may take up to 10 days for delivery); or
 - b. Form SSA-2458 (Report of Confidential Social Security Benefit Information); or
 - c. **Form SSA-4926 SM Statement (Notice of new monthly Medicare Premium) also known as "Your New Benefits Amount" Statement; or**
 - d. Current 2009 STRS Monthly Pension Statement, which includes monthly Medicare Part B premium deduction for 2009.
- 2) If there are any changes in premium rates, retirees are required to submit a copy of 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 one of the following:
 - a. A cancelled check (front and back), and a copy of the 2009 quarterly invoice statement (CMS 500) from the Social Security Office for the current year; or
 - b. 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
 - c. A Bank Certification Letter confirming the CMS' Electronic Fund Transfer (EFT) was debited against your checking or saving account.

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 CMS to pay for future Medicare Part B premium.

NOTE: Form SSA-1099 and 1042S statements are NOT accepted as proofs of payment.

All **newly eligible Medicare beneficiaries are reminded that there will be NO RETRO PAYMENT** to anyone who submits late notice(s) regarding their MEDICARE eligibility to the District. **Reimbursement will become effective during the month in which the District receives your notice.** For example, if you become eligible for Medicare Part B on February 1, 2009 and the District does not receive your notice until April 15, 2009, your reimbursement will become effective April, 2009, not February, 2009. This provision **does not apply to any existing Medicare participants** who have been qualified to receive reimbursement through the District prior to January 1, 2009.

Each year, current Medicare recipients **must** submit the notice(s) no later than March 31st. There shall be no retroactive payment for late notice.