



City of New York Health Benefits Program IRMAA Medicare Part B Reimbursement Claim Instructions

A new federal law requires that some beneficiaries pay a higher premium for Medicare Part B coverage based on their income. If you and/or your eligible dependent paid a Medicare Part B income-related monthly adjustment amount (IRMAA) during **CALENDAR YEAR 2010** - *which means more than the standard Medicare Part B monthly premium during 2010* - you may be entitled to an additional reimbursement (surcharge for late enrollment does not qualify as an amount that is eligible for additional reimbursement).

To claim the additional reimbursement you are required to document the eligible amount paid in excess of the standard premium. Please submit the following documentation as requested below:

Required Documentation

You MUST submit BOTH items indicated below to receive a reimbursement.

(See other side for sample documentation forms)

Submit a copy of your and/or your eligible dependent's Social Security Administration (SSA) statement issued to you and/or your eligible dependent at the end of CALENDAR YEAR 2009 showing what the income-related monthly adjustment amount will be in CALENDAR YEAR 2010.

AND

Submit a copy of your and/or your eligible dependent's Form SSA-1099 sent to you by the SSA in January of 2011, as proof of the monthly Medicare Part B premium actually paid for CALENDAR YEAR 2010. *If you cannot provide a Form SSA-1099 because you did not receive Social Security benefits in 2010 you must provide official documentation that you paid Medicare premiums in 2010 (a receipt from Social Security, cancelled checks for Medicare premium payment, or similar official documentation).*

YOU MUST INCLUDE THE RETIREE'S NAME AND FULL SOCIAL SECURITY NUMBER ON ANY ELIGIBLE DEPENDENT'S DOCUMENTS.

If you need a replacement copy of your IRMAA notice you can obtain one from your local Social Security office, which can be located on the following website: <http://www.socialsecurity.gov/onlineservices>. This website can also be accessed to request a copy of the SSA-1099.

Submit **copies of both** of the documents listed above **for each eligible person**, along with a completed Submission Form, to:

City of New York, Office of Labor Relations

Health Benefits Program

40 Rector Street, 3rd Floor

New York, NY 10006

Attention: IRMAA

IRMAA reimbursements checks will be issued beginning in March 2012.

(Claims that do not include both documents for each eligible person and claims that include documents for years other than the years specified above WILL NOT BE EVALUATED.)

City of New York Health Benefits Program
IRMAA Medicare Part B Reimbursement Claim Submission Form

(Complete all sections and attach documentation)

Section 1. RETIREE INFORMATION: PRINT CLEARLY

NAME: _____
 LAST FIRST MIDDLE

ADDRESS: _____
 NUMBER STREET APT.

 CITY STATE ZIP

SOCIAL SECURITY NUMBER: _____



Section 2. ELIGIBLE DEPENDENT INFORMATION: (only if enrolled on retiree health plan)

NAME: _____
 LAST FIRST MIDDLE

SOCIAL SECURITY NUMBER: _____



Section 3. REQUIRED DOCUMENTS: (see Claim Instruction sheet and document samples)

3. A. The following documents are included for retiree: (check each)

_____ Social Security Administration (SSA) statement for **2010**

_____ Form SSA – 1099 for Calendar Year **2010**

3. B. The following documents are included for my eligible dependent: (check each)

_____ Social Security Administration (SSA) statement for **2010**

_____ Form SSA – 1099 for Calendar Year **2010**

Claims that do not include both documents for each eligible person and claims that include documents for years other than the years specified above WILL NOT BE EVALUATED.

IRMAA reimbursements checks will be issued beginning in March 2012.

Social Security Administration

Date: November 26, 20XX

Claim Number: XXXX-XX-XXX

City N.Y. Retiree
123 Your Home Street
New York, NY 1111-1111

Your Social Security benefits will increase by XX percent in 20XX because of a rise in the cost of living. The premium you pay for Medicare Part B (Medical Insurance) will increase because a Medicare law required some people to pay a higher premium for their Medicare Part B coverage based on their income.

The information in this notice about your premium is for one year only.

How Much Social Security Will I Get?

- Your new 20XX monthly benefit amount before deduction is: \$ XX,XXX.XX
- Your 20XX deduction for Medicare Part B premium is: \$ XXX.XX
 - \$ XX.XX for the standard Medicare premium, plus
 - \$ XXX.XX for the income related monthly adjusted amount based on your 20XX income tax return
- Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January XX, 20XX is: \$ X,XXX.XX

Your Medicare Part B Premium

Your Medicare Part B premium for 20XX is the standard Medicare premium, plus any surcharges for late enrollment or re-enrollment, plus an income-related adjusted amount.

Sample SSA Statement

FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT

20XX

• PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME.
• SEE THE REVERSE FOR MORE INFORMATION.

Box 1. Name		Box 2. Beneficiary's Social Security Number
Box 3. Benefits Paid in 20XX	Box 4. Benefits Repaid to SSA in 20XX	Box 5. Net Benefits for 20XX (Box 3 minus Box 4)

DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4
Paid by check or direct deposit Medicare Part B premiums deducted from your benefits Total Additions Benefits for 20XX	
	Box 6. Voluntary Federal Income Tax Withheld
	Box 7. Address
	Box 8. Claim Number (Use this number if you need to contact SSA.)

Sample SSA 1099