# New York City Office of Labor Relations
## Health Benefits Program
## nyc.gov/olr

### 2016 Medicare Part B Reimbursement Differential Request Form

The City of New York Health Benefits Program reimburses eligible retirees (enrollees) and their eligible dependents for their standard Medicare Part B premiums. Please note that the 2016 Medicare Part B Reimbursement was issued in June 2017. Please check your bank statements if you receive your pension payments via direct deposit.

**COMPLETE THIS FORM ONLY:**

If your 2016 monthly Medicare Part B premium was $121.80 because:

- You/your dependent did not receive Social Security benefits; therefore you were directly billed for Medicare Part B premiums.
- You are newly enrolled in Medicare Part B in 2016 and did not receive the higher reimbursement because you are a member of TIAA (CUNY), Brooklyn Public Library(BPL), Queen Borough Public Library (QBPL) or a Line of Duty Widow.

**If you and your covered dependents meet the criteria listed above and paid the higher amount, you must apply for the $16.90 per month difference by completing this form and you must attach the required documentation (See section III) below.**

**DO NOT COMPLETE THIS FORM:**

- If your 2016 monthly Medicare Part B premium was $104.90 (you already received your full Medicare Part B standard reimbursement of $104.90).
- If this is your first time becoming eligible for Medicare Part B reimbursement in Calendar Year 2016 (you already received your standard reimbursement of $121.80).

**Note:** If you have submitted an IRMAA 2016 application you do not need to complete this form. The additional differential payment will be issued automatically to you (separate from your IRMAA payment). If you have direct deposit for your pension payment, this payment will be deposited into the same bank account. Additionally, penalties relating to late Medicare Part B enrollment are not reimbursed.

**Section I: Retiree Information (Please print)**

Name (Last, First, MI):_____

Social Security Number:_____ Address: _____

Phone Number: _____ _____

City State Zip

**Section II: Eligible Dependent Information**

Name (Last, First, MI): _____

Social Security Number:_____

**Section III: Eligibility Category and Required Documentation (Please check only one)**

❑ Directly billed for Medicare Part B premiums (and not receiving Social Security benefits)
Submit CMS – 500 Notice of Medicare Payment due or bank statements stating monthly Medicare Part B payments

❑ Enrolled in Medicare Part B for the first time in 2016 (only for members from TIAA or BPL/QBPL).
Submit the 2016 Form SSA-1099 and the Social Security Administration (SSA) letter stating your 2016 Medicare Part B premium of $121.80.

**Return this form and the required documentation to**:

NYC Health Benefits Program
Attention: Medicare Part B Differential Unit
40 Rector Street, 3rd Floor
New York, NY 10006