

# **OFFICE OF LABOR RELATIONS**

# **EMPLOYEE BENEFITS PROGRAM**

40 Rector Street, 3<sup>RD</sup> Floor, New York, N.Y. 10006 nyc.gov/olr

ROBERT W. LINN Commissioner

RENEE CAMPION
First Deputy Commissioner
GEORGETTE GESTELY
Director, Employee Benefits Program

BETH KUSHNER
Deputy Director, Administration
SANG HONG
Deputy Director, Operations
MICHAEL BABETTE
Director, Financial Management Unit

April 2018

Re: Medicare Part B Reimbursement for 2017

Dear Retiree,

Your standard Medicare Part B reimbursement for 2017 was deposited directly into your bank account in April 2018. If you do not have direct deposit for your pension payment, your Medicare Part B reimbursement was issued by check and sent by regular mail.

The reimbursement amount was based on the standard Medicare Part B premium that you paid. If your Medicare Part B reimbursement amount for 2017 is less than what you paid in Medicare Part B premiums, excluding penalties, for 2017, you may be eligible for an additional reimbursement amount referred to as a differential payment.

To receive the differential payment, please complete the Medicare Part B Differential Request form on the back of this letter.

### **DO NOT COMPLETE THIS FORM:**

- If your Medicare enrollment effective date was during calendar year 2016 or later (because you already received the monthly maximum standard reimbursement of \$134.00).
- If you have applied, or intend to apply, for IRMAA reimbursement for 2017. (The additional differential payment will be issued to you automatically separate from your IRMAA payment).

Please note: Penalties relating to late Medicare Part B enrollment are not reimbursed.

### COMPLETE THIS FORM ONLY:

If your 2017 monthly Medicare Part B premium was between \$110.00 and \$134.00 because:

- Your Medicare Part B, and/or your dependent's Medicare Part B, effective date is prior to 2016.
- You and/or your dependent did not receive Social Security benefits; therefore, you were billed directly for Medicare Part B premiums.
- You were newly enrolled in Medicare Part B in 2017 and did not receive the higher reimbursement because you are a member of TIAA (CUNY), Brooklyn Public Library, Queens Public Library or are a Line of Duty Survivor.

If you and/or your covered dependents meet the criteria above, complete and submit the form on the back of this letter.

Sincerely,

City of New York Health Benefits Program



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



## 2017 Medicare Part B Reimbursement Differential Request Form

The City of New York Health Benefits Program reimburses eligible retirees and their eligible dependents for their standard Medicare Part B premiums. Please note that the 2017 Medicare Part B reimbursement was issued in April 2018.

#### DO NOT COMPLETE THIS FORM:

- If your Medicare enrollment effective date was during calendar year 2016 or later (because you already received the monthly maximum standard reimbursement of \$134.00).
- If you have applied, or intend to apply, for IRMAA reimbursement for 2017. (The additional differential payment will be issued to you automatically separate from your IRMAA payment).

Please note: Penalties relating to late Medicare Part B enrollment are not reimbursed.

### **COMPLETE THIS FORM ONLY:**

If your 2017 monthly Medicare Part B premium was between \$110.00 and \$134.00 because:

- Your Medicare Part B, and/or your dependent's Medicare Part B, effective date is prior to 2016.
- You and/or your dependent did not receive Social Security benefits; therefore, you were billed directly for Medicare Part B premiums.
- You were newly enrolled in Medicare Part B in 2017 and did not receive the higher reimbursement because you are a member of TIAA (CUNY), Brooklyn Public Library, Queens Public Library or are a Line of Duty Survivor.

| Section I: Retiree Information (Please  | print)                  |                      |                                 |            |
|---|-------------------------|----------------------|---------------------------------|------------|
| Name (Last, First, MI):   |                         |                      |                                 |            |
| Social Security Number:   | Address: _              |                      |                                 |            |
| Phone Number:   |                         | City                 | State                           | Zip        |
| Section II: Eligible Dependent Inform   | ation                   |                      |                                 |            |
| Name (Last, First, MI):   |                         |                      |                                 |            |
| Social Security Number:   |                         |                      |                                 |            |
| Section III: Required Documentation   |                         |                      |                                 |            |
| ☐ If you are receiving Social Security B  | enefits, submit your 20 | 017 Form SSA-10      | 99                              |            |
| <ul> <li>If you are NOT receiving Social Security</li> <li>CMS – 500 Notice of Medicare For Proof of monthly Medicare Part In B premiums</li> </ul> | ayment due, or          | ank statements, if y | ou are directly billed for Medi | icare Part |
| Return  | this form and the red   | quired document      | ation to:                       |            |

Once we receive and process your Medicare Part B Differential Request Form you will receive a confirmation letter in the mail. This payment will be issued during the first quarter of 2019.

NYC Health Benefits Program
Attention: Medicare Part B Differential Unit
Church Street Station
PO Box 3478
New York, NY 10008-3478

| DO NOT WRITE IN THIS BOX - OFFICE USE ONLY |  |  |  |  |  |
|--|--|--|--|--|--|
|  |  |  |  |  |  |
|  |  |  |  |  |  |