

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



## 2019 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 2019 Medicare Part B reimbursement was issued in April 2020.

#### 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 \$135.50).
- If you have applied, or intend to apply, for IRMAA reimbursement for 2019. (The additional differential payment will be issued to you automatically separate from your IRMAA payment in October 2020.)

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

# **COMPLETE THIS FORM ONLY:**

If your 2019 monthly Medicare Part B premium was between \$110.00 and \$135.50 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 2019 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:		
Phone Number:	City	State Zip
Section II: Eligible Dependent Information		
Name (Last, First, MI):		
Social Security Number:		
Section III: Required Documentation		
☐ If you are receiving Social Security Benefits, so	ubmit your 2019 Form SSA-109	9
<ul> <li>If you are NOT receiving Social Security Bene</li> <li>CMS – 500 Notice of Medicare Payment d</li> <li>Proof of monthly Medicare Part B paymen B premiums</li> </ul>	lue, or	ou are directly billed for Medicare Part

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

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

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 2021.

DO NOT WRITE IN THIS BOX - OFFICE USE ONLY		
Processor Name	Processing Date	