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

HBP

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 Information

Name (Last, First, MI): _____

Social Security Number:_____

Section III: Required Documentation

❑ If you are receiving Social Security Benefits, submit your 2017 Form SSA-1099

❑ If you are NOT receiving Social Security Benefits, submit

- CMS – 500 Notice of Medicare Payment due, or
- Proof of monthly Medicare Part B payments, such as bank statements, if you are directly billed for Medicare Part B premiums

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 2019.

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