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 2013** - ***which means more than the standard Medicare Part B monthly premium during 2013*** - 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 sample documentation forms that follow)

Submit a copy of your and/or your eligible dependent's Social Security Administration (SSA) letter issued to you and/or your eligible dependent at the end of CALENDAR YEAR 2012 showing what the income-related monthly adjustment amount will be in CALENDAR YEAR 2013.

AND

Submit a copy of your and/or your eligible dependent's Form SSA-1099 issued to you by the SSA in January of CALENDAR YEAR 2014, as proof of the monthly Medicare Part B premium actually paid for CALENDAR YEAR 2013. *If you cannot provide a Form SSA-1099 because you did not receive Social Security benefits in 2013 you must provide official documentation that you paid Medicare premiums in 2013 (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 letter 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 2015.

(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
2013 IRMAA Medicare Part B
Reimbursement Claim Submission Form

Section 1. RETIREE INFORMATION:

NAME: _____

LAST **FIRST** **MI**

ADDRESS: _____

NUMBER **STREET** **APT**

_____

CITY **STATE** **ZIP**

SOCIAL SECURITY NUMBER: _____

Section 2. DEPENDENT INFORMATION:

NAME: _____

LAST **FIRST** **MI**

SOCIAL SECURITY NUMBER: _____

Section 3. REQUIRED DOCUMENTS

3. A. The following documents are included for retiree:

_____ Copy of Social Security Administration (SSA) letter stating your **2013** Medicare Part B premium plus your income related adjustment amount (IRMAA)

_____ Copy of **2013** Form SSA-1099 **OR** proof of direct payment (must provide proof of all payments for 2013)

3. B. The following documents are included for eligible dependent:

_____ Copy of Social Security Administration (SSA) letter stating your **2013** Medicare Part B premium plus your income related adjustment amount (IRMAA)

_____ Copy of **2013** Form SSA-1099 **OR** proof of direct payment (must provide proof of all payments for 2013)

PLEASE DO NOT STAPLE OR TAPE THE SUBMITTED DOCUMENTS AS ALL DOCUMENTS WILL BE SCANNED

CLAIMS THAT DO NOT INCLUDE BOTH DOCUMENTS FOR EACH ELIGIBLE PERSON AND CLAIMS THAT INCLUDE DOCUMENTS FOR YEARS OTHER THAN THE YEAR SPECIFIED ABOVE WILL NOT BE EVALUATED

2013 IRMAA reimbursement checks will be issued beginning in March 2015

Social Security Administration

Date: November 26, 20XX
Claim Number: XXXX-XX-XXX

City N.Y. Retiree
123 Your Home Street
New York NY 11111-1111

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 requires 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 deductions is:** $ X,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 adjustment 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 JanuaryXX, 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 reenrollment, plus an income-related monthly adjustment 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

Paid by check or direct deposit
Medicare Part B premiums deducted from your benefits
Total Additions
Benefits for 20XX

DESCRIPTION OF AMOUNT IN BOX 4

Box 6. Voluntary Federal Income Tax Withheld

Box 7. Address

Box 8. Claim Number *(Use this number if you need to contact SSA.)*

Form SSA-1099-SM (1-20XX) DO NOT RETURN THIS FORM TO SSA OR IRS