

Statement of Claim for Medicare Part B Premium Reimbursement

Filing Claims for Medicare Reimbursement

- 1. Claims may be filed on a quarterly, semi-annual or annual basis. To ensure proper reimbursement, please submit form SSA-1099 for each person for each claim year.
- 2. Eligible retirees* may submit a claim for 50% of the basic Medicare Part B premium for the retiree and spouse.
- 3. If this is your first time filing a claim for Medicare Part B premium reimbursement, you **must** include a copy of your Medicare Part B ID card with this form.
- 4. We will accept Medicare Part B premium claims for the current year and the two prior years.

*Eligibility is based on years of service and age at retirement. Check your Summary Plan Description for details.

Please print clearly in black or blue ink

1.	Member's full i	Member's full name:													
	Date of birth:/ Telephone: ()														
_															
2.	•	Spouse's full name:													
	Date of birth:/ Telephone: ()														
3.	Address:	Address:													
	City: State: Zip code:														
	Is this a new address?														
4.	Date of retirem	Date of retirement://													
5.	Check one: Single Married Widowed Divorced Legally separated														
6.	Your Member I	Your Member ID:													
	☐ Member	☐ Member's claim													
	Check box for months paid	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year 20	
	☐ Spouse'	☐ Spouse's claim													
	Check box for months paid	Jan	Feb	Mar	Apr	May	June	July	Aug	Sept	Oct	Nov	Dec	Year 20	
		edicare Part B reimbursement will not be made for future time periods. Reimbursement will only be made up to and cluding the month the claim is received.													
7.	Member's sign	ature X										_ Date:			
	I attest that the pe	rson(s) for	r whom re	imbursem	nent is be	ing submi	tted has a	ctive Med	icare Part	B coverage	ge and m	ay be requ	uired to su	ubmit proof that	

Please complete and return to: 1199SEIU National Benefit Fund

the coverage is still in effect. Form will be returned if not signed.