1199SEIU National Benefit Fund

PO Box 2661 • New York, NY 10108-2661 • Tel: (646) 473-8666 • Outside NYC area codes: (800) 575-7771 • www.1199SEIUBenefits.org

STATEMENT OF CLAIM FOR MEDICARE PART B PREMIUM REIMBURSEMENT

Please print clearly in blue or black ink.

Filing claims for Medicare reimbursement:

- 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.
- Eligible retirees* may submit a claim for 50 percent of the standard Medicare Part B premium for the retiree and spouse.
- 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.
- 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.

Member's full name | Member ID #

Member's date of birth | Member's primary telephone

Member's address | City | State | Zip code

Is this a new address? ☐ Yes ☐ No

Spouse's full name

Spouse's date of birth | Spouse's primary telephone

Spouse's address | City | State | Zip code

Is this a new address? ☐ Yes ☐ No

MEMBER'S CLAIM

Member's full name | Claim year

Check boxes for months claimed:

☐ January ☐ July
☐ February ☐ August
☐ March ☐ September
☐ April ☐ October
☐ May ☐ November
☐ June ☐ December

SPOUSE'S CLAIM

Spouse's full name | Claim year

Check boxes for months claimed:

☐ January ☐ July
☐ February ☐ August
☐ March ☐ September
☐ April ☐ October
☐ May ☐ November
☐ June ☐ December

Medicare Part B reimbursement will not be made for future time periods. Reimbursement will only be made up to and including the month the claim is received.

I attest that the person(s) for whom reimbursement is being submitted has active Medicare Part B coverage and may be required to submit proof that the coverage is still in effect. This form will be returned if not signed and dated.

X Member's signature | Date

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