UBO USE ONLY

RET/TERM:_____ 1ST Payment Year: _____

EE Med Part B:_____ PYC's:_____

SP/DP Med Part B: _____

(MEMBERS OF TIAA-CREF PENSION SYSTEM)
APPLICATION FOR MEDICARE PART B PREMIUM REIMBURSEMENT

RETIREE INFORMATION: Social Security Number:_____-_____-_____

RETIREE INFORMATION

Name: _____ Date of Birth:_____

Address:_____ Apt. No _____

City _____ State _____ Zip Code _____

Email Address:_____ Telephone No. (_____) _____

College Retired From:_____ Retirement Date:_____

Marital Status: Δ Single Δ Married Δ Divorced Δ Widowed Δ Domestic Partner Date of Event:_____

Do you receive a monthly Lifetime Income Annuity from TIAA? Δ Yes Δ No

Are health insurance premiums withheld from your TIAA pension check? Δ Yes Δ No Δ No Premium Required

Current New York City Retiree Health Plan: Δ Individual Δ Family Plan

ATTACH COPY OF YOUR RETIREE HEALTH INSURANCE CARD AND THE SIGNED MEDICARE CARD FOR YOURSELF AND YOUR ELIGIBLE DEPENDENT(S).

DEPENDENT INFORMATION

SPOUSE/DOMESTIC PARTNER INFORMATION: Social Security Number:_____-_____-_____

Name: _____ Date of Birth:_____

Is spouse/Domestic Partner employed or retired from a NYC agency? ☐ Yes ☐ No

Is spouse/Domestic Partner covered on retiree's health plan? ☐ Yes ☐ No

Spouse/Domestic Partner's employment status: ☐ Not Employed ☐ Retired ☐ Employed

Is spouse/Domestic Partner receiving Medicare Part B premium reimbursement through their employer? ☐ Yes ☐ No

MEDICARE INFORMATION: Medicare Claim Number Effective Date Part-A Effective Date Part B

_____ _____ _____

ADDITIONAL INFORMATION

DISABLED DEPENDENT (CHILDREN) INFORMATION: Social Security Number:_____-_____-_____

Name: _____ Date of Birth:_____

Medicare Claim#:_____ Effective Date Part A:_____ Effective Date Part B: _____

BENEFICIARY INFORMATION (*Refer to application instructions for description of beneficiary***):**

Name:_____ Telephone No. (_____) _____

Address:_____ Apt. No. _____

City _____ State _____ Zip Code _____

AFFIRMATION:

Your signature below affirms that you have provided accurate information; that you authorize the Social Security Administration to furnish information relative to your Medicare enrollment; that you understand that information supplied may be used by the City to appropriately adjust your Health Insurance.

Signature of Retiree:_____ Date:_____

Signature of Spouse/Domestic Partner:_____ Date:_____

INSTRUCTIONS
Application for Medicare Part B Premium Reimbursement
(Members of TIAA Pension System)

A. ELIGIBILITY

During those months for which a reimbursement is requested, the retiree must have been:

1. Receiving a monthly Lifetime Income Annuity from TIAA to satisfy standard health care premium deductions (Interest Only, Minimum Distribution and Transfer Pay Out Annuity are not considered settlement options used to satisfy your health care premium deductions); and
2. Enrolled in and paying premiums for a New York City Health Benefits Plan as the contract holder (premiums must be deducted from your monthly TIAA pension check); and
3. Enrolled in and paying premiums for Medicare Medical Insurance (Part B), and
4. Your primary residence is within the United States.

B. SPOUSE/DOMESTIC PARTNER OR DISABLED CHILDREN OF RETIREE

If a spouse/domestic partner or a disabled dependent is enrolled in Medicare Part B and is covered under an eligible retiree's New York City health plan, Medicare premiums may be reimbursed to the retiree. An application for reimbursement must be completed when adding a spouse/domestic partner and/or disabled child.

C. HEALTH INSURANCE COVERAGE FOR DISABLED DEPENDENTCHILDREN

Unmarried children age 26 and older who cannot support themselves because of a disability, including mental illness, developmental disability, mental retardation or physical handicap are eligible for coverage if the disability occurred before the age at which the dependent coverage would otherwise terminate. You must provide medical evidence of the disability.

D. SURVIVORS OF RETIREES

Unless a survivor is retired from The City University or a New York City agency, and is eligible for and enrolls in the New York City Health Insurance Program as the contract holder, he/she is not eligible for reimbursement for any month beyond the period of the deceased retiree's eligibility. As a reminder, health insurance benefits for survivors of retirees ceases with the death of the retiree, however, survivor dependents may be eligible for continuation of coverage under COBRA. Also, refer to the PSC-CUNY Welfare Fund website http://www.psccunywf.org for information on continuation of coverage under COBRA for supplemental benefits.

E. GENERAL INFORMATION

- The City of New York Office of Labor Relations (OLR) – Health Benefits Program processes Medicare Part B reimbursements annually, usually in August, for the previous year at the standard monthly rate. The first payment year will be the year **after** your retirement date, provided you are Medicare-eligible; or the year **after** you become Medicare-eligible. You ***do not need to apply annually*** for this benefit.
- IRMAA – If you and eligible dependents pay more than the standard monthly rate, you ***must apply annually*** directly through OLR to obtain full reimbursement of Medicare Part B premiums. Claims must be submitted to OLR following receipt of the standard monthly premium reimbursement. Forms and information regarding IRMAA can be found at: http://www.nyc.gov/html/olr/html/health/health_benefits_prog.shtml.
- Your Medicare Reimbursement check will be mailed to the address that appears on your application. Please notify this office of your change in address by completing a Change of Address form. Forms can be obtained by contacting Office of Human Resources Management at 646.664.3409. You do not need to apply for reimbursement each year, however, periodically we will mail out a recertification form requesting you review and update your personal information.
- Medicare does not pay for hospital or other medical expenses outside the U.S. If you plan to travel abroad, consider obtaining additional insurance. Currently, the Health Benefits Program does not process reimbursement for retirees residing outside the US territory.
- The University Benefits Office should be notified of any changes due to death of the retiree, spouse/domestic partner or dependent, changes in marital status or any other change which may impact payment of reimbursement for premiums of Medicare Part B.
- A beneficiary is a person, other than yourself, who has been designated by you, to be the administrator or executor of your estate. This beneficiary will be notified of any final Medicare Part B Premium reimbursement upon your death. However, if your spouse/domestic partner is covered as a dependent under your New York City health plan, final payments will be paid to your spouse/domestic partner. To obtain any final payments your beneficiary or surviving spouse/domestic partner must complete and submit a notarized Affidavit, along with a copy of the death certificate and a copy of the will or court document indicating who is the sole beneficiary, the executor/executrix or the administrator/administratix of your Estate.

Office of Human Resources Management.
University Benefits Office: 395 Hudson Street, 5th Floor, New York, NY 10014