

---

**PLEASE READ THIS BEFORE SUBMITTING YOUR MEDICARE REIMBURSEMENT CLAIM FORM**

To ensure we are able to process your Medicare Reimbursement claim, please review the guidelines below to ensure all required information & documentation is included when filing your claim.

**Tips to Complete the Pay Me Back Claim Form**

**1. Proof of Payment Documentation Requirements**

The IRS requires you to substantiate all your claims with the appropriate level of documentation in order to be reimbursed for a Medicare Part B premium. The documentation must show at a minimum.

- ❖ Date you paid your Medicare Part B premium
- ❖ Medicare Part B member's first and last name
- ❖ Name of Plan Sponsor (National Association of Letter Carriers Health Benefit Plan)
- ❖ Type of expense (Medicare Part B premium)
- ❖ Proof of premium payment (i.e. cleared check, bank statement, or credit card statement that shows the amount you paid for the Medicare Part B premium)

**2. Member Information**

Please print or write legibly when completing the members first and last name. A separate claim form should be completed for your spouse.

**3. Claims for Out-Of-Pocket Expenses**

Complete this section according to how your Medicare Part B Premiums are paid.

**Section 2 – Medicare Part B premium deducted from your Social Security or Annuity check**

**One Time Annual Request for Social Security Administration (SSA) Deducted Premiums (Medicare Part B)**

1. Complete this section if your Medicare Part B premium is deducted from your Social Security check.
2. In the "Service Start Date" boxes, enter the first of the month in which you are eligible for Medicare Part B for this year. In the "Service End Date" boxes, enter the last day of the year. (If eligible for Medicare Part B on January 1, this will be January 1 to December 31.)
3. Enter the annual amount of your Medicare Part B payment (the monthly amount multiplied by the number of months of coverage.)
4. Include a copy of your Social Security Cost of Living Adjustment (COLA) statement as proof of your expense (typically mailed starting in November the year before it

becomes effective) or any other Medicare statement that clearly indicates your annual Medicare B premiums. If your premium is not deducted from your Social Security check, please complete Section 2 (Health Plan Premiums Not Deducted from Your Social Security Check) on the claim form in order to be reimbursed.

5. We will reimburse you based on your annual premiums. Your monthly reimbursement will not be more than the current balance in your account or the maximum benefit available.

**Section 2** – Medicare Part B premium is not deducted from your Social Security or Annuity check and is paid by you on an after-tax basis.

❖ Please submit a copy of your Medicare Bill along with your proof of payment.

1. Complete this section if your Medicare Part B premiums are:
  - a. not deducted from your Social Security check, *and*
  - b. paid by you on an after-tax basis.
2. Make sure to provide documentation, such as the COLA statement, that shows the premium you pay. After you have paid your Medicare Part B premium, you may use a front and back copy of the cleared check, a bank statement or credit card statement that shows the Medicare Part B premium payment.
3. Your Service Start Date is either January 1 of the year or the first of the month in which you are eligible for Medicare Part B for this year, or the last day of the month(s) if you pay out-of-pocket on a monthly/quarterly basis. This date should match your COLA statement.
4. Your Service End Date is either December 31 of the year in which you are requesting reimbursement or the last day of the month(s) if you pay out-of-pocket on a monthly/quarterly basis.
5. Your out-of-pocket cost is either your total annual amount or the monthly/quarterly amount of your Medicare Part B payment.
6. Keep your original receipts and make copies to fax or mail to WageWorks.

Note: Pre-tax deductions for premiums from your payroll or your pension plan are not eligible for reimbursement.