

## **2014 Medicare Part B Premium Reimbursement Checks**

### **ANSWERS TO FREQUENTLY ASKED QUESTIONS**

The standard reimbursement check amount for Calendar Year 2014 is **\$104.90 per person per month**. The checks are being mailed beginning the last week in the month of July.

**Question: Many people received their check and I didn't get mine yet. What should I do?**

*Answer: You **must** wait until the first week of October and then write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include the retiree's Social Security number, current address, telephone number, and a copy of your Medicare card. The investigation process takes approximately 6-8 weeks from receipt of the information.*

**Question: The check that I received is not the correct amount. What should I do?**

*Answer: You have to write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include your name, Social Security number, current address and telephone number, and a copy of your Medicare card. State the reason you believe the check amount is incorrect. The investigation process takes approximately 6-8 weeks from receipt of the information.*

**Question: The check that I received is torn/ripped and the bank will not cash it. What should I do?**

*Answer: You have to return the check to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include your name and Social Security number. A replacement will be issue in approximately 6-8 weeks.*

**Question: I am the retiree and received a check for my spouse who died. What should I do?**

*Answer: Return the check and explain the reason for the return of the check. Include both the retiree's and spouse's name, Social Security numbers, address, and a copy of the death certificate. Mail the information to the Health Benefits Program, 40 Rector Street, Attn: Medicare Unit, New York, NY 10006.*

**Question: My spouse was a City retiree who died before the checks were issued. How do I claim the reimbursement?**

*Answer: Write to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. Include the retiree's name, Social Security number, your name, your address, and a copy of the death certificate. Request an affidavit form to claim the reimbursement.*

**Question: I am a City retiree. Is my spouse entitled to Medicare Part B reimbursement?**

*Answer: You are eligible for the reimbursement for your spouse if your spouse is covered on your health plan and was enrolled in Medicare Part B in 2014. A copy of the spouse's Medicare card (along with your name and Social Security number) has to be sent to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006.*

**Question: How do I enroll for Medicare Part B reimbursement?**

*Answer: Send a copy of your Medicare card(s) to the Health Benefits Program, 40 Rector Street Third Floor, Attn: Medicare Unit, New York, NY 10006. The information should be submitted when you are issued your Medicare card.*

**Question: Do I have to re-enroll every year for Medicare Part B Reimbursement?**

*Answer: No, but if you change your address or if one of the recipients dies, you must notify the Health Benefits Program, in writing. The address is 40 Rector Street, Third Floor, New York, NY 10006.*

**Question: I paid more than the standard premium for Medicare Part B am I entitled to the higher premium reimbursement?**

*Answer: You may be entitled to the higher reimbursement. Follow the instructions on the Medicare Part B reimbursement check stub to get more information.*