



## Certification of Medicare Status and Medicare Part B Reimbursement Form

Please select with Option 1, 2 or 3. Sign and date form and return to SDCERS with the requested documentation 30 days before your 65<sup>th</sup> birthday.

### Retiree Information

Name:	SDCERS Member ID:
-------	-------------------

### Option 1: If you are Medicare Eligible

- I am enrolled in Medicare Part A and Part B and will submit for reimbursement of the Medicare Part B premium. I attached a copy of my Medicare card or Notice of Entitlement from the Social Security Administration.

## Medicare Part B Reimbursement

Please review the enclosed Part B reimbursement scenarios to determine which documentation to submit to SDCERS to begin the reimbursement process.

I agree to notify SDCERS immediately if my Medicare Part B premiums change or cease. If I receive a reimbursement overpayment, I agree to repay the full overpayment and accept repayment terms determined by SDCERS.

### Option 2: If you are not Medicare Eligible

- I am not eligible for Medicare Part A in my own right or through the work history of a current, former or deceased spouse. I have verified this with the Social Security Administration and have attached documentation of this fact.

### Option 3: Member or Dependent who works and has current Employer Group Health Plan coverage

- I am deferring Medicare Part B enrollment, either because I am continuing to work beyond age 65 or my spouse works AND I have coverage in an Employer's Group Health Plan, and I have attached documentation of this fact.

I certify that the above information is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Email, mail, or fax to:

- Email: [health@sdcers.org](mailto:health@sdcers.org) (all email attachments must be PDF in form)
- Mail: SDCERS, Attn: Health Reimbursements, 401 West A street, Suite 400, San Diego, CA 92101
- Fax: 858-581-5314

# Medicare: Part B Reimbursement

The requirements for reimbursement of Medicare Part B premiums differ depending on whether or not you are receiving a Social Security benefit AND whether or not you are enrolled in a sponsored Medicare plan.

For all retirees – When you first enroll in Medicare Part B, you must submit the following to SDCERS:

- A copy of your Medicare card showing that you are eligible for Medicare Part A and Part B and the effective date of your coverage; and
- SDCERS' Medicare Part B Reimbursement form, completed and signed. The form is available on SDCERS' website, or by requesting a copy by phone from SDCERS.

**If you are enrolled in a sponsored Medicare plan through Kaiser, Cigna, SCAN Health Plan or Sharp AND your Medicare Part B premium is deducted from your Social Security benefit:** You must submit a benefit verification letter from the Social Security Administration which indicates the amount deducted from your monthly Social Security check for Medicare Part B premiums. As long as you remain enrolled in a sponsored Medicare plan and in good standing with Social Security, SDCERS will continue to reimburse the eligible amount listed on your benefit verification letter.

**If you are enrolled in a sponsored Medicare plan through Kaiser, Cigna, SCAN Health Plan or Sharp AND you do not receive a Social Security benefit and are paying your Medicare Part B premiums in advance to the Centers for Medicare & Medicaid Services:** You must submit the first monthly or quarterly invoice along with proof of payment. SDCERS will continue to reimburse the eligible amount listed on the invoice on a monthly basis with no additional documentation required.

**If you are NOT enrolled in a sponsored Medicare plan through Kaiser, Cigna, SCAN Health Plan or Sharp AND your Medicare Part B premium is deducted from your Social Security benefit:** You must submit an annual benefit verification letter each year from the Social Security Administration which indicates the amount deducted from your monthly Social Security check for Medicare Part B premiums. You must submit this benefit verification letter every year to be reimbursed.

**If you are NOT enrolled in a sponsored Medicare plan through Kaiser, Cigna, SCAN Health Plan or Sharp AND you do not receive a Social Security benefit and are paying your Medicare Part B premiums in advance to the Centers for Medicare & Medicaid Services:** You must submit the monthly or quarterly invoice along with proof of payment for each monthly or quarterly reimbursement request.

**Remember: It is your responsibility to immediately notify SDCERS if your Medicare Part B premium changes or if you cancel or are disenrolled from Medicare. If you receive a reimbursement overpayment, you are responsible to pay back any overpayment made to you.**