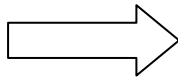


2010 Medicare Part B Premium Reimbursement Application

Please complete this form **ONLY** if you and/or your dependent is subject to the 2010 standard Medicare Part B premium of \$110.50. Submit this form and required documentation to:



NYS Department of Civil Service
Employee Benefits Division
Alfred E. Smith State Office Building
Albany, NY 12239

ENROLLEE INFORMATION

Name (First, MI, Last) and Mailing Address of Enrollee:

Social Security Number:

- -

Daytime Telephone Number (with area code):

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DEPENDENT INFORMATION

If you are applying for reimbursement for your dependent, you must complete the dependent information below.

Name (First, MI, Last) of Dependent:

Date of Birth

/ /

Social Security Number:

- -

DOCUMENT REQUIRED FOR REIMBURSEMENT AT THE 2010 PREMIUM RATE OF \$110.50

Enrollee (include **ONE** of the following:)

2010 statement provided by the Social Security Administration (SSA) detailing the Part B monthly premium rate; **OR**

2010 billing statement provided by the Centers for Medicare and Medicaid Services (CMS).

Dependent (include **ONE** of the following:)

2010 statement provided by the Social Security Administration (SSA) detailing the Part B monthly premium rate; **OR**

2010 billing statement provided by the Centers for Medicare and Medicaid Services (CMS).

By completing and submitting this application, I certify that I am or my dependent is required to pay the 2010 Medicare Part B premium of \$110.50 per month and is not receiving reimbursement from another source.

Signature: _____

Date: _____

Print Name: _____

Personal Privacy Protection Law Notification: The information you provide on this form is requested for the principal purpose of authorizing the use and/or disclosure of protected health information pursuant to 45 CFR 164.508. Failure to provide the information may interfere with our ability to use or disclose protected health information necessary to administer NYSHIP and NYPERL. The information will be maintained by the Director of the Employee Benefits Division, Department of Civil Service, Albany, NY 12239. The information will be used in accordance with Public Officers Law Section 96(1), also known as the Personal Privacy Protection Law. For information on the Personal Privacy Protection Law, call (518) 457-9375. If you have any questions regarding this form or your insurance coverage, please call (518) 457-5754 or 1-800-833-4344 between the hours of 9:00 a.m. and 3:00 p.m. Monday through Friday.