



Please complete this form **ONLY** if you and/or your dependent were subject to the Medicare Part B Income-Related Monthly Adjustment Amount (IRMAA).

ENROLLEE INFORMATION

Last Name _____ First Name _____ MI _____
Last 4 Digits of Social Security Number XXX – XX – ____ OR Empire Plan ID _____
Telephone Primary () _____
Personal Email Address _____

ENROLLEE RESIDENTIAL ADDRESS INFORMATION

Check here if this is a change of address
Street Address _____
City _____ State _____ Zip _____

ENROLLEE MAILING ADDRESS INFORMATION

Same as Residential Address
Street Address _____
City _____ State _____ Zip _____

DEPENDENT INFORMATION

Last Name _____ First Name _____ MI _____
Last 4 Digits of Social Security Number XXX – XX – ____

APPLICATION IS FOR

Application is for (Check all that apply) Self Dependent
Application is for which year? (Check all that apply) 2025 2024 2023 2022*
**Applications requesting reimbursement of 2022 amounts must be received by 4/15/2026*

REQUIRED DOCUMENTATION

Please enclose all required documentation for each person for which you are applying.
 Proof of Payment for ALL months of Medicare Part B premiums for each eligible person.
(See the reverse side of this form for acceptable proofs)

SIGNATURE (REQUIRED)

By completing and signing this application, I certify that I and/or my dependent(s) were required to pay an Income-Related Monthly Adjustment Amount (IRMAA) for Medicare Part B, and were not reimbursed by another source.

► Enrollee Signature (Required) _____ Date __ / __ / ____

If requesting reimbursement on behalf of a deceased enrollee, please provide a copy of the Executor/Executrix paperwork authorizing your request for the reimbursement.

FORM INFORMATION

Send this form and all required documentation to our secure fax number at (518) 485-5590 or mail to:

NYS Department of Civil Service
Employee Benefits Division
IRMAA Unit
Empire State Plaza, Core Building 1
Albany, NY 12239

Note: IRMAA reimbursement for both the enrollee and dependent will be issued to the enrollee only. In order for the Employee Benefits Division to speak with a dependent regarding the IRMAA application, the enrollee must complete and sign the NYSHIP Authorization for Release of Protected Health Information Form (EBD-543). You may obtain this form online at nyship.ny.gov.

ACCEPTABLE PROOF OF PAYMENT

Documentation is required for each person for whom you are applying. Proof of payment must indicate payments made for *all* months of each year

| Did you collect Social Security or Railroad Retirement benefits? | Enclose Proof of Payment of Medicare Part B premium: | Where can you obtain this proof? |
|--|---|---|
| Yes | Form SSA-1099 or RRB-1099 <i>(Retirement Benefit Statement)</i> | Social Security Administration or Railroad Retirement Board |
| No | CMS-500 Medicare Premium Bill <i>(Submit bill for each period paid)</i> or CMS-20143 Medicare Easy Pay Premium Statement | Centers for Medicare and Medicaid Services (CMS) |
| Partial Year | SSA-1099 and CMS-500 or CMS-20143 or RRB-1099 and CMS-500 or CMS-20143 | <i>(See above)</i> |

CONTACT INFORMATION

| | | |
|---|--|---|
| Social Security Administration (SSA) www.ssa.gov/onlineservices 1-800-772-1213 | Centers for Medicare and Medicaid Services (CMS) www.cms.gov 1-800-633-4227 | Railroad Retirement Board (RRB) www.rrb.gov/Benefits/Medicare 1-877-772-5772 |
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PERSONAL PRIVACY PROTECTION LAW NOTIFICATION

The information you provide on this application is requested in accordance with Section 163 of the New York State Civil Service Law for the principal purpose of enabling the Department of Civil Service to process your request concerning health insurance coverage. This information will be used in accordance with Section 96 (1) of the Personal Privacy Protection Law. Failure to provide the information requested may interfere with our ability to comply with your request. This information will be maintained by the Director of the Employee Benefits Division, Department of Civil Service, Albany, NY 12239; telephone (518) 473-6246. For information relating only to the Personal Privacy Protection Law, call (518) 457-9375.