



New York City Office of Labor Relations

Health Benefits Program

nyc.gov/olr



FILL OUT THIS FORM make a COPY of your Medicare Card, and EMAIL ALL TO:

healthbenefits@olr.nyc.gov
NYCRetireesHBP@emblemhealth.com
sbfstaff@ufanyc.org

Medicare Part B Reimbursement Program Application

The City of New York Health Benefits Program reimburses Medicare eligible retirees and their Medicare eligible dependents for any Medicare Part B premiums (excluding any penalties) paid during the calendar year, as long as the following conditions are met:

- 1. The Medicare eligible retiree is receiving a pension from a City of New York pension system, and
2. The Medicare eligible retiree and/or Medicare eligible dependent(s) is covered under a City of New York health plan, and
3. The health plan has Medicare eligible retiree and/or Medicare eligible dependent(s) in Medicare status, and
4. The retiree is currently paying Medicare Part B premiums and is not receiving Medicare Part B reimbursement(s) from any other source including Medicaid.

Reimbursement will be distributed to you in the same manner in which you receive your pension payments; if you receive direct deposit of your pension payments, your reimbursement will also be made via direct deposit.

Reimbursement will occur in the Spring of the year, following the close of the year in which you paid Medicare Part B premiums. For example, any Medicare Part B premiums you paid in 2017, would be reimbursed to you in the Spring of 2018.

Once you submit this application, you will be enrolled in the Medicare Part B Reimbursement Program and will not have to resubmit an application every year.

Section I: Retiree Information: YOU MUST PROVIDE A COPY OF YOUR MEDICARE CARD

Name (Last, First, MI):
Social Security Number: Address:
Phone Number: City State Zip

Section II: Eligible Dependent Information: YOU MUST PROVIDE A COPY OF YOUR DEPENDENT'S MEDICARE CARD

1) Name (Last, First, MI):
Social Security Number: Address:
Phone Number: City State Zip

2) Name (Last, First, MI):
Social Security Number: Address:
Phone Number: City State Zip

Please submit this form, along with a copy of applicable Medicare Card(s), to BOTH of the below:

NYC Health Benefits Program (OLR) AND email to: healthbenefits@olr.nyc.gov Security Benefit Fund of the UFA
Attn: Medicare Unit 22 CORTLANDT ST FL 12 NEW YORK NY 10007-3120 NYCRetireesHBP@emblemhealth.com Attn: Medicare Unit 204 East 23rd Street, 3rd Floor New York, NY 10010-4697
Fax: 212-306-7373 Fax: 212-683-0693 AND email to sbfstaff@ufanyc.org

Please note: Queens Borough Public Library retirees, Brooklyn Public Library retirees, and City University of New York retirees should contact their agency's benefits office.

Retired NYCTA civilians, with the exception of NYCTA Police Officers, must contact the Transit Authority.

Furthermore, the Medicare Part B/IRMMA reimbursement by the City, pursuant to Section 12-126 of the New York City Administrative Code, of the Medicare Part B premiums actually paid to Medicare by retirees, are excludable from the gross income of the retirees under Section 106 of the Internal Revenue Code.