



# Medicare A, B & D\* Premium Reimbursement Claim Form

## Request for Reimbursement

### Complete sections A, C & D



**A. Name of Claimant** \_\_\_\_\_ **Relationship to PCCD Retiree** \_\_\_\_\_  
**SSN Number of Claimant** \_\_\_\_\_ **Address Change?** \_\_\_\_\_  
**Daytime Phone** \_\_\_\_\_ **Year of Peralta Retirement:** \_\_\_\_\_  
**Address** \_\_\_\_\_ **Union Affiliation at time of Peralta Retirement** \_\_\_\_\_  
**City, State, Zip** \_\_\_\_\_ **Dependent belongs to** \_\_\_\_\_  
**Email address** \_\_\_\_\_ (name of retiree)

#### B. FREQUENTLY ASKED QUESTIONS

**Where shall I send my annual verification?**

Attach documentation to this form and send both to Pension Dynamics Company, LLC (see contact info below)

**Why can't the District obtain Medicare premium amounts directly from the SSA or Medicare?**

Due to privacy regulations, PCCD district personnel cannot obtain information without authorization from the benefactor. SSA provides an annual benefits statement directly to you confirming premium amounts. They will also provide verification upon request by calling 800-772-1213.

**Isn't the amount the same for all retirees?**

No. The premium amount is determined by Medicare and varies based on each individual taxpayer's eligibility.

**When are forms due?**

Medicare Premium Reimbursement Claim Form and documentation should be submitted no later than **March 30** after the end of the calendar year.

**Where can I find the Plan Document which provides details of how the Reimbursement Plan works?**

You can download your personal copy of the Medicare SPD from the website <http://web.peralta.edu/benefits>.

**What are the special provisions for Medicare D\* Reimbursements that do not apply to Medicare A and B reimbursements?**

If an individual retired on or before 4/30/13, then Medicare Part D expenses incurred and paid on or after 9/1/15 are eligible for reimbursement. If an individual retired on or after 5/1/13, then Medicare Part D expenses incurred and paid on or after 1/1/15 are eligible for reimbursement.

#### C. DOCUMENTATION REQUIREMENT for premiums paid in calendar year \_\_\_\_\_

Type of Documentation Attached (Check One)	What type of documentation is required/acceptable?	How often is documentation required?
	Medicare billing statement/Notice of Premium Payment Due and proof of payment	Documentation is required quarterly. Generally, those who choose to pay premiums by check or charge are billed by CMS, a Medicare agent.
	Monthly STRS statement	Upon attainment of age 65 and once a year thereafter. <b>If your amount changes, you are expected to notify us within 30 days of the effective date.</b>
	The Social Security Statement to verify the deduction amount	Upon attainment age 65 and once a year thereafter. Your premium amount is announced by the SSA/Medicare in December to affect January premium. <b>If your amount changes, you are expected to send us notification within 30 days of the effective date.</b>
	Federal Tax form 1099 (issued annually by the Social Security Administration)	<b>Annually, but not later than March 30 following the claim year.</b>

#### D. DIRECT DEPOSIT AUTHORIZATION/PROOF OF PAYMENT & ELIGIBILITY CRITERIA

- My completed Direct Deposit Authorization Form is attached **or is already on file.**
- I do not prefer direct deposit of my reimbursement at this time, but understand that effective March 2017 [direct deposit will be required to receive reimbursements.

**CHECK ALL THAT APPLY – Incomplete Forms will be returned unprocessed**

- I am retired from the Peralta Community College District or am the spouse or domestic partner of a Peralta Community College District retiree.
- I am not reimbursed from another employer's plan - all expenses reimbursed to me under this program will not be reimbursed to my dependents or me by any other means, per Internal Revenue Code 105.
- I am attaching proof of expense to this form.

**CHECK one of the following based on your Peralta medical coverage**

- I am enrolled in the District's Self-Funded insurance plan (currently administered by CoreSource).

**Or**

- I am a current member of the Kaiser Permanente Senior Advantage Plan through Peralta.

I certify that the above is correct and complete and that reimbursements are scheduled for **ten calendar days after the end of each month for prior month eligibility.** I further understand that **my participation is subject to audit.** I also understand the Reimbursements submitted after the March 30 deadline may be denied and I can file an appeal in accordance with Section 7.1 Claims Procedures as noted in the Plan Document.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Attach Proof of Expense and Send Completed Medicare Premium Claim Form To:**  
**Pension Dynamics Company, LLC**

2300 Contra Costa Blvd. Suite 400, Pleasant Hill, CA 94523 \*\* Phone (925) 956-0514 \*\* Fax (844) 859 7309 \*\* email [benefits@pensiondynamics.com](mailto:benefits@pensiondynamics.com)

**For office use only: AC Inst \*\* AC Non-Inst \*\* CL Inst \*\* CL Non-Inst**