



## Medicare Part D-IRMAA Reimbursement

To be eligible for reimbursement, plan members and/or dependent must be enrolled in the SWSCHP Medicare Part D plan.

### **Instructions:**

To file a claim for the additional reimbursement, members are required to document the eligible amount paid in excess of the basic plan premium that SWSCHP pays as follows:

- Copy of member and /or your eligible dependent's Social Security Administration (SSA) letter(s) issued to showing Medicare D IRMAA for a given calendar year, and
- Copy of member and/or your eligible dependent's Form(s) SSA-1099 issued SSA in January as proof of the monthly Medicare Part D premium paid in prior calendar year. If you cannot provide a Form SSA-1099 because you did not receive Social Security benefits, official documentation must be provided showing the amount that paid in Medicare D premiums for the calendar year. Monthly statements from Social Security showing the premium payment due and last payment received or a receipt from Social Security showing the total amount you paid will be accepted. Copies for *ALL* of the calendar year statements for which reimbursement is requested must be submitted.
- If IRMAA payments were split between the two payment methods above, then you will need to submit proof of payment for each part to obtain your proper reimbursement.

Submit copies of the documents listed above for each eligible person, along with a completed Reimbursement Claim Form To:

SWSCHP  
12 Metro Park Road, Suite 104  
Colonie, NY 12205-1139  
ATTENTION: IRMAA Reimbursement

If you need a replacement copy of your IRMAA letter you can obtain one from your local Social Security office, which can be located on the following website:

<http://www.socialsecurity.gov/onlineservices>. This website can also be accessed to request a copy of the SSA-1099.

**All requests for reimbursement of the calendar year Medicare D-IRMAA premium must be received by June 30 of the following calendar year.** Contact SWSCHP at 1-800-814-6265 if you have additional questions.



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**Medicare Part D-IRMAA Reimbursement Claim Form** *(Please complete all information)*

Retiree Information

Name: \_\_\_\_\_  
                    Last                                    First                                    MI

Address: \_\_\_\_\_  
                    Number                                    Street                                    Apt

                    \_\_\_\_\_

                    City                                    State                                    Zip

Social Sec. #: \_\_\_\_\_ Calendar year for requested reimbursement: \_\_\_\_\_

Total reimbursement requested: \_\_\_\_\_

Dependent Information

Name: \_\_\_\_\_  
                    Last                                    First                                    MI

Social Sec. #: \_\_\_\_\_ Calendar year for requested reimbursement: \_\_\_\_\_

Total reimbursement requested: \_\_\_\_\_

Required Documents

The following documents must be included for each retiree and/or dependent for which you are requesting reimbursement:

- Copy of Social Security Administration (SSA) letter stating your calendar year Medicare Part D- income related adjustment amount (D-IRMA) and
- Copy of the applicable Form SSA-1099 OR proof of direct payment (must provide proof of all payments for the calendar year)

**Claims that do not include both documents for each eligible person specified above will not be evaluated. The deadline to submit your claim is June 30. If you have questions, contact SWSCHP at 1-800-814-6265.**