

## **INSTRUCTIONS**

### **(DO NOT fax these instructions with your claim)**

#### **PLEASE READ THIS BEFORE SUBMITTING YOUR CLAIM FORM**

The Internal Revenue Service (IRS) requires you to provide documents to verify your reimbursement. Your documents must show that you paid for a Medicare Part B premium. At a minimum, the document(s) must show:

- a) the date of coverage or expense
- b) the name of the person who incurred the expense
- c) the name of your insurance carrier (Blue Cross and Blue Shield Service Benefit Plan)
- d) the type of expense (Medicare Part B premiums)
- e) proof of premium payment

#### **Tips for Completing the MRA Pay Me Back Claim Form**

1. Print or write legibly.
2. Complete a separate form for your dependent or spouse.
3. Make sure you sign the form. If your Power of Attorney signs, please make sure he or she signs the form in the following format "*John Smith, Attorney in Fact for Jane Smith.*" Make sure the Power of Attorney is either on file or submitted with the first claim.
4. You should complete the account holder name section with your first and last name.
5. Submit copies of your Cost of Living Adjustment (COLA) Statements or other documents providing proof that you pay Medicare Part B premiums with your claim form. Keep the original documents for your records. If your claim is incomplete, you must resubmit the claim form and proof of Medicare Part B premium. Send legible copies of your documents.

**Section 1 – One Time Annual Request for Social Security Administration (SSA) Deducted Premiums (Medicare Part B)**

1. Complete this section if your Medicare Part B premium is deducted from your Social Security check.
2. In the “Service Start Date” boxes, enter the first of the month in which you are eligible for Medicare Part B for this year. In the “Service End Date” boxes, enter the last day of the year. (If eligible for Medicare Part B on January 1, this will be January 1 to December 31.)
3. Enter the annual amount of your Medicare Part B payment (the monthly amount multiplied by the number of months of coverage.)
4. Include a copy of your Social Security Cost of Living Adjustment (COLA) statement as proof of your expense (typically mailed starting in November the year before it becomes effective) or any other Medicare statement that clearly indicates your annual Medicare B premiums. If your premium is not deducted from your Social Security check, please complete Section 2 (Health Plan Premiums Not Deducted from Your Social Security Check) on the claim form in order to be reimbursed.
5. We will reimburse you based on your annual premiums. Your monthly reimbursement will not be more than the current balance in your account or the maximum benefit available of \$600.

**Section 2 – Medicare Part B Healthcare Premiums Not Deducted from Your Social Security Check**

1. Complete this section if your Medicare Part B premiums are:
  - a. not deducted from your Social Security check, *and*
  - b. paid by you on an after-tax basis.
2. Make sure to provide documentation, such as the COLA statement, that shows the premium you pay. After you have paid your Medicare Part B premium, you may use a front and back copy of the cleared check, a bank statement or credit card statement that shows the Medicare Part B premium payment.
3. The Service Start and End Dates should represent the period of coverage you paid for and want reimbursed. These dates should match the COLA statement.
4. Keep your original receipts and make copies to fax or mail to WageWorks.

Note: Pre-tax deductions for premiums from your payroll or your pension plan are not eligible for reimbursement.

