



**Medicare A & B Premium Claim Form**  
**Request for Reimbursement**  
**This form must accompany reimbursements processed on**  
**or after January 1, 2012**  
**Complete sections B & C**



Name of Claimant \_\_\_\_\_  
 Medicare or SSN Number of Claimant \_\_\_\_\_  
 Daytime Phone \_\_\_\_\_  
 Address \_\_\_\_\_  
 City, State, Zip \_\_\_\_\_

**Relationship to PCCD Retiree** \_\_\_\_\_  
**Address Change?** \_\_\_\_\_  
 Year of Peralta Retirement \_\_\_\_\_  
 Union Affiliation at time of Peralta Retirement \_\_\_\_\_

**A. FREQUENTLY ASKED QUESTIONS**

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

Attach documentation this form and send both to :

**Benefit Dynamics**  
**C/o Pension Dynamics**  
**2300 Contra Costa Blvd, Suite 400**  
**Pleasant Hill, CA 94523-3987**

**Why can't the District obtain Medicare B 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 Claim Form and documentation should be submitted no later than **March 30** after the end of the calendar year.

**B. DOCUMENTATION REQUIREMENT**

Type of Documentation Attached Check One	What type of documentation is required/acceptable?	How often is documentation required?
	Medicare quarterly billing statement and proof of payment	Documentation is required <u>quarterly</u> . 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 <u>once a year thereafter</u> . If your amount changes, you are expected to notify us within 30 days of the effective date.
	The Social Security Statement to verify the deduction amount	Upon attainment age 65 and <u>once a year thereafter</u> . Your premium amount is announced by the SSA/Medicare in December to affect January premium. If your amount changes, you are expected to send us notification within 30 days of the effective date.
	Federal Tax form 1098 (issued annually by the Social Security Administration)	Annually, but not later than <b>March 30</b> following the claim year.

**C. DIRECT DEPOSIT AUTHORIZATION/PROOF OF PAYMENT & ELIGIBILITY CRITERIA**

- My completed Direct Deposit Authorization Form is attached.
- I do not prefer direct deposit of my reimbursement at this time, but understand that **effective March 2012**, reimbursements will be processed via direct deposit to the account I designate.

**CHECK the appropriately /SIGN below/ATTACH this form to proof of payment**

- 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 me or my dependents 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.**

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

**Attach Proof of Expense and Send or Fax Completed Medical Premium Claim Form To:**

**Benefit Dynamics C/O Pension Dynamics Corporation**

2300 Contra Costa Blvd. Suite 400, Pleasant Hill, CA 94523-3987 \*\* Phone (925) 956-0514 \*\* Fax (866) 320-1931