

**INCREASED SOCIAL SECURITY BENEFITS  
FOR VETERANS!**

You can possibly increase your social security benefits if you were on active duty between January 1957 through December 2001. (The program was eliminated on January 2002.)

Up to \$1,200 per year of earnings credit can be credited at the time of application, which can make a substantial difference in your social security monthly payments upon your retirement.

You must bring your DD-214 to the Social Security Office and you must ask for the benefit in order to receive it. The benefit is not automatic – you must ask for it! This program is not just for military retirees, but anyone who has served on active duty during the years specified above.

**For more information, go to:** <http://www.ssa.gov/retire2/military.htm>

(Source: Catholic War Veterans Magazine)

**Have you reached your 65<sup>th</sup> birthday? Have you heard of the Medicare Re-imbusement?**

Well, this reimbursement does not come automatically, as you must apply in writing when you reach the age of 65. You and your spouse can be reimbursed going back three years. The application should be filed before the end of May. The city needs 30 days to process applications. That's during normal time! You only have to file one time; your application will always be on file.

Note: Only those enrolled in a City Health Plan are eligible for this benefit.

To contact N.Y.C. Employee Benefit Office via computer, visit N.Y.C. Office of Labor Relations, scroll to Health Benefits, then scroll down coverage- Medicare Eligible Retirees and download and print the bottom form

Death of the member will automatically terminate this benefit. No one will inform the spouse that they are entitled to the benefit for the previous year. A copy of the death certificate must be sent to the Medicare Part B Differential Unit, P.O. Box 3478, New York NY 10008-3478



**New York City Office of Labor Relations  
Health Benefits Program  
nyc.gov/olr**



**2019 Medicare Part B Reimbursement Differential Request Form**

The City of New York Health Benefits Program reimburses eligible retirees and their eligible dependents for their standard Medicare Part B premiums. Please note that the 2019 Medicare Part B reimbursement was issued in April 2020.

**DO NOT COMPLETE THIS FORM:**

- If your Medicare enrollment effective date was during calendar year 2016 or later (because you already received the monthly maximum standard reimbursement of \$135.50).
- If you have applied, or intend to apply, for IRMAA reimbursement for 2019. (The additional differential payment will be issued to you automatically - separate from your IRMAA payment in October 2020.)

Please note: Penalties relating to late Medicare Part B enrollment are not reimbursed.

**COMPLETE THIS FORM ONLY:**

If your 2019 monthly Medicare Part B premium was between \$110.00 and \$135.50 because:

- Your Medicare Part B, and/or your dependent's Medicare Part B, effective date is prior to 2016.
- You and/or your dependent did not receive Social Security benefits; therefore, you were billed directly for Medicare Part B premiums.
- You were newly enrolled in Medicare Part B in 2019 and did not receive the higher reimbursement because you are a member of TIAA (CUNY), Brooklyn Public Library, Queens Public Library or are a Line of Duty Survivor.

**Section I: Retiree Information (Please print)**

Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_  
City State Zip

**Section II: Eligible Dependent Information**

Name (Last, First, MI): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**Section III: Required Documentation**

- If you are receiving Social Security Benefits, submit your 2019 Form SSA-1099
- If you are NOT receiving Social Security Benefits, submit
  - CMS – 500 Notice of Medicare Payment due, or
  - Proof of monthly Medicare Part B payments, such as bank statements, if you are directly billed for Medicare Part B premiums

**Return this form and the required documentation to:**

NYC Health Benefits Program  
Attention: Medicare Part B Differential Unit  
Church Street Station  
PO Box 3478  
New York, NY 10008-3478

Once we receive and process your Medicare Part B Differential Request Form you will receive a confirmation letter in the mail. **This payment will be issued during the first quarter of 2021.**

DO NOT WRITE IN THIS BOX - OFFICE USE ONLY	
Processor Name	Processing Date