

FEHB Senior Advantage 2: Medicare Part B Reimbursement Instructions

As a Kaiser Permanente Federal Employees Health Benefits (FEHB) Senior Advantage 2 member, you are eligible to receive a reimbursement each month for the standard Medicare Part B premium that you pay.

You must send us proof of the amount you pay for Medicare Part B premium to receive your reimbursement. You only need to submit proof once each year.

For most people, Social Security provides a Benefit Verification Letter that shows the Medicare Part B premium you pay. If your Medicare Part B premium is withheld from your retirement check (usually those who have the Civil Service Retirement System), you may send a copy of your Notice of Annuity Adjustment.

How do you pay your Part B premium?	Documentation you should submit	How you may obtain documentation
Withheld from my Social Security check or you pay for Medicare Part B quarterly	<p>Benefit Verification Letter from Social Security</p> <p>(Note: The Benefit Verification Letter may be called a "budget letter", "benefits letter", "proof of income letter" or "proof of award letter".)</p>	<ul style="list-style-type: none"> Download a copy online at http://www.ssa.gov/myaccount Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) between 7 a.m. and 7 p.m. Monday through Friday. Visit your local Social Security office
Withheld from my federal retirement check	<p>Notice of Annuity Adjustment from the Office of Personnel Management (OPM).</p>	<ul style="list-style-type: none"> Download a copy online at www.servicesonline.opm.gov Contact OPM's Retirement Information Center by phone at 1-888-767-6738 (TTY: 1-855-887-4957) or by email at retire@opm.gov.
Medicare Premium Bill	<p>Medicare Premium Bill (CMS-500)</p>	<ul style="list-style-type: none"> Call Social Security at 1-800-772-1213 (TTY 1-800-325-0778) between 7 a.m. and 7 p.m. Monday through Friday. Visit your local Social Security office

Submit your documentation, along with the attached form, to Kaiser Permanente Health Payment Services.

FEHB Senior Advantage 2: Annual Documentation Submission Form

Please complete and send a separate cover sheet for **each Senior Advantage 2 member** in your family.

Member Name (Last, First, MI)*			
Address*			
City*	State*	Zip*	Telephone*
Medical record number (MRN)*	Social Security Number*		Date of Birth*

* Required Fields

Attach your Benefit Verification Letter or Notice of Annuity Adjustment to this cover sheet and send to us by mail, fax or email:

Mail	Kaiser Permanente Health Payment Services PO Box 1540 Fargo, ND 58107-1540
Fax	1-877-535-0821
Email	kp@healthaccountservices.com

Make sure the documentation you submit contains your name and address. Do not highlight documents. Missing information may result in the denial or delay of your request.

Attestation

To the best of my knowledge the provided information is complete and accurate. I understand that I am submitting this form to be reimbursed for specified expense(s). I certify that the requests I am submitting are eligible expenses for an eligible individual as defined by the IRS and that I have not been previously reimbursed for these expenses nor am I seeking reimbursement from any other source. I understand that Kaiser Permanente including its agents and employees, will not be held liable if I submit ineligible expenses for reimbursement. I understand that I should retain a copy of all submitted documentation. If there are any changes in the provided information, I understand it is my responsibility to notify Kaiser Permanente.

Signature

Date

Questions about this form or reimbursement?

Please call the Health Payment Services team at 877-761-3399 (Monday through Friday, 5:00 a.m. to 7:00 p.m. Pacific Time).