

## FEHB Senior Advantage 2 Proof of Part B Premium Instructions

We will automatically reimburse you for the standard Medicare Part B premium. You only need to submit proof of the total amount you pay for Part B if you pay extra charges for the late enrollment penalty or Income Related Monthly Adjustment (IRMAA). You must submit this proof once each plan year.

Below is a list of documents we accept as proof of the total amount you pay for Part B, along with how you can get each document.

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

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

<sup>1</sup> The Benefit Verification Letter may be called a "budget letter", "benefits letter", "proof of income letter" or "proof of award letter".

## FEHB Senior Advantage 2 Proof of Part B Premium 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/Health Record Number*  | Social Security Number* | Date of Birth* |            |

\* Required Fields

Attach your proof to this cover sheet and send to us by mail, fax or email:

|       |  |
|-------|--|
| Mail  | Kaiser Permanente Health Payment Services<br>PO Box 1540<br>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).