

## 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><b>Benefit Verification Letter</b> 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"> <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	<p><b>Notice of Annuity Adjustment</b> from the Office of Personnel Management (OPM).</p>	<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	<p><b>Medicare Premium Bill (CMS-500)</b></p>	<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.

## 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).