

# 1199SEIU National Benefit Fund

PO Box 2661, New York, NY 10108-2661 • Tel: (646) 473-8666 • Outside NYC: (800) 575-7771 • Fax: (646) 473-7089 • www.1199SEIUBenefits.org

## STATEMENT OF CLAIM FOR MEDICARE PART B PREMIUM REIMBURSEMENT

Please print clearly in blue or black ink, or complete online.

Filing claims for Medicare Part B premium reimbursement:

- Claims may be filed once every quarter, but no later than two years after the premium payment. To ensure proper reimbursement, please submit a copy of your Social Security Benefit Verification Letter for each person for each claim year.
- Eligible retirees may submit a claim for 50 percent of the standard Medicare Part B premium for the retiree and spouse. **Eligibility is based on years of service and age at retirement. Check your Summary Plan Description for detail.**
- If this is your first time filing a claim for Medicare Part B premium reimbursement, you must include copies of your Medicare Health Insurance card and one of the following: a payment voucher, a Social Security Benefit Verification Letter or proof of Medicare Part B premium payment.
- The Fund will accept Medicare Part B premium reimbursement claims only for premiums paid in the last two years.

▲ REQUIRED FIELD

9016207048

▲ MEMBER ID#

BELOT

▲ MEMBER'S LAST NAME

SOLANGES

MEMBER'S FIRST NAME

Belot 10/10/1942

▲ MEMBER'S DATE OF BIRTH (MM/DD/YYYY)

754-244-1160

▲ MEMBER'S PRIMARY PHONE

15232 SW 20<sup>th</sup> St.

▲ MEMBER'S ADDRESS

Miramar

▲ CITY

FL

▲ STATE

33027

▲ ZIP CODE

► Is this a new address? ☐ Yes ☒ No

N/A

▲ SPOUSE'S LAST NAME

SPOUSE'S FIRST NAME

▲ SPOUSE'S DATE OF BIRTH (MM/DD/YYYY)

▲ SPOUSE'S PRIMARY PHONE

▲ SPOUSE'S ADDRESS

▲ CITY

▲ STATE

▲ ZIP CODE

► Is this a new address? ☐ Yes ☐ No

### SUBMIT ONE CLAIM PER YEAR

#### MEMBER'S CLAIM

► CLAIM YEAR 20 21

▼ Check boxes for months claimed:

<input type="checkbox"/> January	<input type="checkbox"/> April	<input type="checkbox"/> July	<input type="checkbox"/> October
<input type="checkbox"/> February	<input type="checkbox"/> May	<input type="checkbox"/> August	<input type="checkbox"/> November
<input type="checkbox"/> March	<input type="checkbox"/> June	<input type="checkbox"/> September	<input type="checkbox"/> December

#### SPOUSE'S CLAIM

► CLAIM YEAR 20 21

▼ Check boxes for months claimed:

<input checked="" type="checkbox"/> January	<input checked="" type="checkbox"/> April	<input checked="" type="checkbox"/> July	<input checked="" type="checkbox"/> October
<input checked="" type="checkbox"/> February	<input checked="" type="checkbox"/> May	<input checked="" type="checkbox"/> August	<input checked="" type="checkbox"/> November
<input checked="" type="checkbox"/> March	<input checked="" type="checkbox"/> June	<input checked="" type="checkbox"/> September	<input checked="" type="checkbox"/> December

**NOTE:** Medicare Part B reimbursement will not be made for future time periods. Reimbursement will only be made up to and including the month the claim is received.

I attest that the person(s) for whom reimbursement is being submitted has active Medicare Part B coverage and may be required to submit proof that the coverage is still in effect. This form will be returned to me if not signed and dated.

X Solanges Belot

▲ MEMBER'S SIGNATURE

12-27-21

▲ DATE (MM/DD/YYYY)

Return completed form by mail to 1199SEIU Benefit Funds, PO Box 2661, New York, NY 10108-2661; by fax to (646) 473-7089; or by email to RetireeHealth@1199Funds.org.

**Humana**

HUMANA GOLD PLUS (HMO)  
A Medicare Health Plan with Prescription Drug Coverage

**Dental Included**

CARD ISSUED: 11/30/2020

**SOLANGES BELOT**

**Member ID: H42339055**

Plan (80840) 9140461101

RxBIN: 015581

RxPCN: 03200000

RxGRP: Y0659

**Copayments**

OFFICE VISIT: \$0

SPECIALIST: \$0

HOSPITAL EMERGENCY: \$120

MedicareRx  
Prescription Drug Coverage  
CMS H1036 065



**MEDICARE HEALTH INSURANCE**

Name/Nombre

**SOLANGES BELOT**

Medicare Number/Número de Medicare

**5AY8-DU5-YA10**

Entitled to/Con derecho a

**HOSPITAL (PART A)  
MEDICAL (PART B)**

Coverage starts/Cobertura empieza

**10-01-2007  
10-01-2007**



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12471 1 AB 0.458

SOLANGES BELOT  
15232 SW 20TH ST  
MIRAMAR FL 33027-4377

0.350 oz 598864-001-0/3951481 0012479 0025079 1=0000000

[illegible]

Your New Benefit Amount

BENEFICIARY'S NAME: SOLANGES BELOT

Your Social Security benefit will increase by **5.9%** in 2022 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much You Will Get	
Your monthly benefit before deductions	\$1,623.10
<b>Deductions:</b>	
Medicare Medical Insurance (If you did not have Medicare as of November 18, 2021 or if someone else pays your premium, we show \$0.00)	-\$170.10
Medicare Prescription Drug Plan (We will notify you if the amount changes in 2022. If you did not elect withholding as of November 1, 2021, we show \$0.00)	-\$0.00
U.S. Federal tax withholding	-\$0.00
Voluntary Federal tax withholding (If you did not elect voluntary tax withholding as of November 18, 2021, we show \$0.00)	-\$0.00
After we take any other deductions, you will receive the payment you are due for December 2021 on or about January 3, 2022.	<b>\$1,453.00</b>

The information above shows your monthly benefit amount before and after deductions. Please remember, we will pay you in the month following the month for which it is due.

The Treasury Department requires Federal benefit payments to be made electronically. If you still receive a paper check, please visit the Department of the Treasury's Go Direct website at [www.godirect.gov](http://www.godirect.gov) to request electronic payments.

If you disagree with any of these amounts, you must file an appeal with us within 60 days from the date you receive this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period. The fastest and easiest way to file an appeal is to visit <https://secure.ssa.gov/iApp/INMD/start> online.

If You Have Questions

- Visit us at [www.ssa.gov](http://www.ssa.gov) online.
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**).
- Contact your nearest Social Security office.

12249 PEMBROKE RD  
PEMBROKE PINES FL 33025

Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

**For Older Adults:** Eldercare Locator at **1-800-677-1116** or [www.eldercare.acl.gov](http://www.eldercare.acl.gov)  
**For People with Disabilities:** Disability Information and Access Line (DIAL) at **1-888-677-1199** or [acl.gov/DIAL](http://acl.gov/DIAL)

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SOCIAL SECURITY ADMINISTRATION  
PO Box 67610  
Wilkes-Barre, PA 18767-7610  
OFFICIAL BUSINESS  
PENALTY FOR PRIVATE USE, \$300

FIRST-CLASS MAIL  
PRESORTED  
POSTAGE AND FEES PAID  
SOCIAL SECURITY  
ADMINISTRATION  
PERMIT NO.G-11

FOLD & TEAR OFF STUB



Securing today  
and tomorrow

SOLANGES BELOT  
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