

Health Benefits and Insurance
1 City Hall Square, Room 807
Boston, MA 02201
Telephone: 617-635-4570

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| For HBI Office Use Only: Received: _____ Approved: _____ |
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**MEDICARE PART B REFUND REQUEST FORM:
For IRMAA Premiums Paid During 2021
Due April 29th, 2022**

Retiree Name _____
Last First

Address _____
Street City State Zip Code

Email Address _____

Social Security # _____ Phone # _____

Spouse's Name _____ Spouse's Soc. Sec. # _____

You must attach a photocopy of the following documentation to this form if you paid more than the standard Part B premium of \$148.50 per month in 2021.

- Social Security Benefit Statement Form SSA-1099 for you and your spouse
- OR -
- Copies of monthly or quarterly invoices for ALL 2021 payments to Medicare if you and/or your spouse pay Medicare Part B premiums by check or credit card
-OR-
- Medicare Easy Pay printout if you pay Part B premiums via Medicare Easy Pay each month.

The failure to submit documentation will result in automatically receiving 50% of the standard Part B premium based on the number of months you were enrolled in a City of Boston Medicare plan in 2021.

Please check with the Health Benefits and Insurance (HBI) office to ensure your paperwork has been received. HBI is not responsible for forms that do not arrive at City Hall due to the U.S. Postal Service's errors. Call 617-635-4570 or email hbi@boston.gov to confirm receipt.

Signature _____ Date _____

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| Submit all Requested Forms to: | Health Benefits and Insurance |
| | 1 City Hall Square, Room 807 |
| Due Date: April 29th, 2022 | Boston, MA 02201 |