



CARMEL CENTRAL SCHOOL DISTRICT

RE: **Medicare Part B Reimbursements Carmel Central School District**

This form and a copy of your current year Social Security Benefits Letter statement with Monthly Medicare Amount must be returned to Human Resources by May 1. Failure to submit the form and letter or you will not continue to receive this reimbursement from the district. If you and your spouse are on a plan, you can submit one form with the required documentation listed above.

Medicare Part B reimbursement takes place twice a year, in June and December for retirees and their spouses, if you are not receiving it from another source. (reimbursement excludes any income related adjustment)

Your Social Security Benefits documentation and documentation only needs to be submitted one time per year.

If you have any questions, please email benefits@carmelschools.org

Retiree Receiving Reimbursement:

I am not receiving a Medicare Part B reimbursement from any other source.

Name: _____ Phone #: _____

Email: _____ Signature: _____

Spouse Receiving Reimbursement:

Name: _____ Phone #: _____

Email: _____ Signature: _____

I do not receive Medicare reimbursement from any other source: _____
Spouse's Signature

I do receive Medicare reimbursement from another source: _____
Spouse's Signature

