



Recurring Medicare Part B Reimbursement Request Form

Exclusively for the account of:

<First Name> <Last Name>

<Address Line 1>

<Address Line 2>

<City>, <State> <ZIP Code>



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Fax to:
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Total pages:



Phone number:
855-801-9759



What I Need To Do:

- Verify account holder information
- Complete reimbursement form
- Prepare supporting documentation
- Read Certification
- Sign and date form
- Mail or fax your completed form and supporting documentation

Your supporting documentation must contain these five items:

- Covered participant (e.g., John Doe)
- Premium type (Medicare Part B)
- Date of service (e.g., 01/01/XXXX through 12/31/XXXX)
- Monthly amount (e.g., \$XXX.XX)
- Proof of premium (e.g., copy of the Social Security Benefit Award Letter)

Action (New)	Covered Participant (John Doe)	Relationship (Self, Spouse)	Premium Type (Medicare Part B)	Start Date (01/01/XXXX)	End Date (12/31/XXXX)	Reimbursement (\$XXX.XX)
			Medicare Part B			
			Medicare Part B			

Certification

By signing below, I certify that the information provided on this reimbursement request form is correct and that the expenses for which I am requesting or for which I am providing validation: were incurred for expenses for the covered participant while eligible under the plan on or after its effective date, have not been reimbursed in any other way from any other source, and will not be submitted for future reimbursement. Upon receiving notice of a change in premium or a cancellation of coverage, I will notify Via Benefits within a suitable time period.

Account Holder Signature

Date



What I Need To Know:

- Who is the account holder?
- How to fill out the Medicare Part B premium reimbursement requirements?
- What is needed on your Medicare Part B reimbursement documentation?

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▶ **Submit Reimbursement Requests** ◀
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Guide to Recurring Medicare Part B Reimbursement Requests

This form is for those who want to be automatically reimbursed monthly for their premiums deducted from their Social Security benefit check. Submit one Medicare Part B Reimbursement Request Form to set up recurring reimbursement for the rest of the year. There will be no need to file a reimbursement request for Medicare Part B until the beginning of the following year.

Who is the account holder?

The account holder is usually the retiree or the surviving spouse.

How to fill out the Medicare Part B premium reimbursement requirements?

Complete a line for each person that requests Medicare Part B reimbursement.

Action: A request may be submitted anytime during the year, or when a Medicare Part B premium change occurs. Enter: “New” for New Policy, “Change” for Premium Change or “End” for End of Policy.

Covered participant: Name of the covered participant (e.g., John Doe).

Relationship: Relationship to the account holder (e.g., self, spouse).

Premium type: Medicare Part B.

Start date: This is usually 01/01/XXXX of each new year or the effective date of the Medicare Part B coverage.

End date: This is usually 12/31/XXXX, but may end earlier on a covered participant.

Reimbursement: This amount must match the amount on the supporting document.

Certification: Carefully read the certification requirements then sign and date.

What is needed on your Medicare Part B reimbursement documentation?

Medicare Part B premium reimbursement requests require third party documentation showing each item below:

- Covered participant name (e.g., John Doe)
- Premium type (e.g., Medicare Part B)
- Date of service (e.g., 01/01/XXXX through 12/31/XXXX)
- Monthly amount (e.g., \$XXX.XX)
- Proof of premium (e.g., copy of Social Security Benefit Award Letter)

For Medicare Part B premiums deducted from your Social Security check, use a copy the Social Security Benefit Award/Proof of Income Letter issued by the Social Security Administration (SSA) each year, usually during the month of October or November, as your third party documentation. **Watch for this document to arrive in the mail.**

For missing documents you can request a Benefit Award/Proof of Income Letter by contacting the Social Security Administration at 1-800-772-1213 (TTY 1-800-325-0778) or www.ssa.gov.