



F00032 Retiree MIP Medicare Reimbursements

World Bank Group UPI

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INSTRUCTIONS

1. Use this form to claim reimbursement of the **Medicare Part B standard premium** and Income Related Monthly Adjustment Amounts (IRMAA) **Parts B and D, if applicable.**
2. Along with this form, you must **submit a copy of all the letters that the Social Security Administration (SSA) sent you** which specify the Medicare Part B premium and IRMAA Parts B and D that you owe for the period for which reimbursement is claimed.
3. If you have not yet submitted Form F200021 along with a copy of your Medicare ID card to HR Operations, please submit a copy with this form.
4. Date and sign the form in ink.
5. Return this form to HR Operations. *(Please select one transmittal format, and submit only once):*
 - a. Fax +1 (202) 522-7026
 - b. E-mail at hroperations@worldbank.org
 - c. Mail to: HR Operations, World Bank MSN G2-202, P.O.Box:1420, Landover MD 20785, USA

SECTION 1: Retiree's Information

Last Name:

First Name:

Electronic Mail Address:

SECTION 2: Reimbursement Information

Provide the following information for each person included in this claim, retiree and/or spouse/domestic partner.

1. Last Name: First Name:

Select one: Retiree Spouse or Domestic Partner

I confirm I am attaching the following supporting document(s)

Social Security Administration letter(s)

Medicare premium invoice if no Social Security letter is available

This claim corresponds to the period from: to:

2. Last Name: First Name:

Select one: Retiree Spouse or Domestic Partner

I confirm I am attaching the following supporting document(s)

Social Security Administration letter(s)

Medicare premium invoice if no Social Security letter is available

This claim corresponds to the period from: to:

SECTION 3: Certification and Signature

I certify that the statements made by me on this form are complete and true to the best of my knowledge and belief, that I have paid or expect to pay all Medicare premiums, and that any misrepresentation may result in disciplinary action under [Staff Rule 3.00](#). I further certify that I will promptly inform HR Operations if there is any change in the premiums I owe in the course of the year so that reimbursement amounts can be adjusted accordingly.

Retiree's signature:

Date signed:

Please ensure ALL required information is complete and accurate before printing the form >>>

Example of a Social Security Administration Annual Medicare Notice.

Social Security Administration

Important Information



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Date: November 22, 2017

Claim Number: [REDACTED]



Retiree Name and Address
should appear here

The Social Security Act requires some people to pay higher premiums for their Medicare Part B (medical insurance) and Part D (prescription drug coverage) based on their income. We will increase your premiums because of your income. The information in this letter about your premiums is for one year only.

If you currently do not have Medicare Part B or Part D and enroll in 2018, those premiums will also be increased based on your income.

If you have Medicare Part B the total 2018 premium includes:

- \$134.00 for the standard Medicare premium, plus
- any surcharges you may owe for late enrollment, plus;
- \$53.50 for the income-related monthly adjustment amount (IRMAA) based on your 2016 income tax return

Your Medicare Part D IRMAA based on your 2016 income tax return is: \$13.00

Your Medicare Premiums

If you are enrolled in Medicare Part B, your monthly Part B premium for 2018 includes any surcharges for late enrollment or reenrollment, plus an IRMAA. If you have Part D coverage, you will get a separate bill for the IRMAA, no matter how you normally pay your Part D plan premium. The law requires you to pay this amount in addition to your Part D plan premium. You must pay the amounts owed to keep your Part B and Part D coverage.

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Note: the letter continues for several pages, but the application requires only the part up to and including the IRMAA amount you owe.

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