

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

For HBI Office Use Only:

Received: _____

Approved: _____

**MEDICARE PART B REFUND REQUEST FORM:
For IRMAA Premiums Paid During 2020
Due April 30th, 2021**

Retiree Name _____
Last First

Address _____
Street City State Zip Code

Email Address (optional) _____

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 \$144.60 per month.

- Social Security Benefit Statement Form SSA-1099 for you or your spouse
- OR -
- Copies of monthly or quarterly invoices for all of 2020 payments from Center for Medicare and Medicaid Services (CMS) if you or your spouse pay Medicare Part B premiums by check
- OR -
- Social Security Form SSA-2458 (if you cannot locate Form SSA 1099)

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 2020.

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 _____

Submit all Requested Forms to: **Health Benefits and Insurance**
1 City Hall Square, Room 807
Boston, MA 02201
Due Date: **April 30th, 2021**