



David Wicks
Chief Operating Officer

Nichelle Rivers, Ed. D.
Assistant Superintendent for Human Resources

APPLICATION FOR MEDICARE PART-B REIMBURSEMENT

Applicant _____

Applicant Social Security Number _____

Street Address _____

City/State/Zip _____

Phone _____ **Date of Birth** _____ **Gender** _____

E-mail _____

Applicant: Please check applicable box Retiree Spouse Dependent

If applicant is the Spouse or Dependent, please **provide Name and Social Security number of the Retired BOCES' Employee:** _____

Is Medicare Part B Reimbursement available to the Applicant through any other source?
YES NO

Please return this completed application, along with the Direct Deposit form, and copies of your Medicare card, and your most recent statement from the Social Security Administration. Mail to: Eastern Suffolk BOCES, Department of Human Resources, 201 Sunrise Hwy., Patchogue, NY 11772

APPLICANT'S SIGNATURE _____

DATE _____

All reimbursements will be distributed to the Retiree's account (not a spouse's account).

PRESENTATION OF FALSE PROOF IN SUPPORT OF CLAIM ON A POLICY OF INSURANCE IS PROHIBITED BY SECTION 1202 OF THE PENAL LAW.

