



## SUFFERN CENTRAL SCHOOL DISTRICT

45 MOUNTAIN AVENUE  
HILLBURN, NEW YORK 10931

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### Medicare Reimbursement

If you and/or your spouse are requesting a **MEDICARE** reimbursement for Medicare Part B from Suffern Central School District, please complete the following certification. **Please return the form to my attention with a copy of your Medicare card showing your Medicare Part A & B start date.**

This is to certify that I am eligible for **MEDICARE** reimbursement and I am NOT receiving **MEDICARE** reimbursement from any other agency or employer.

NAME: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

SPOUSE NAME (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE HOME: \_\_\_\_\_ CELL: \_\_\_\_\_

EMAIL: \_\_\_\_\_

PLEASE RETURN TO: SUFFERN CENTRAL SCHOOL DISTRICT  
BENEFITS OFFICE  
45 MOUNTAIN AVE  
HILLBURN, NY 10931