Mamaroneck U.F.S.D
1000 W. Boston Post Rd
Mamaroneck, NY 10543

RETIREE PAYMENT FORM

TO: ALL RETIREES
FROM: Benefits Department, Mamaroneck Business Office
DATE: January 1, 2026
SUBJECT: MEDICARE REIMBURSEMENT PAYMENTS

Payments to Retirees from the Mamaroneck Union Free School District will be sent electronically via ACH. **ONLY COMPLETE BELOW IF YOUR ACCOUNT INFORMATION HAS CHANGED FROM 2025**.

To facilitate receipt of your next payment, please complete the following with your information and your spouse's information **if they are receiving benefits from the District:**

NAME OF RETIREE: _____

NAME OF SPOUSE: _____

ADDRESS: _____

_____

PHONE #: _____

*****VALID E-MAIL ADDRESS:** _____

RETIREE SSN#: _____ - _____ -_____

SPOUSE SSN#: _____ - _____ -_____

NAME OF BANK: _____

TYPE OF ACCOUNT: _____

RETIREE BANK ACCOUNT NUMBER: _____

RETIREE ROUTING NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___

SPOUSE BANK ACCOUNT NUMBER: _____
(If Different Than Retiree)

SPOUSE ROUTING NUMBER: ___ ___ ___ ___ ___ ___ ___ ___ ___
(If Different Than Retiree)

*****REQUIRED PLEASE PROVIDE AN EMAIL ADDRESS FOR DEPOSIT NOTIFICATIONS**

Please return this information to: Mamaroneck Union Free School District, **ATTN: Yuliana Kusbiantoro**
1000 W. Boston Post Rd.
Mamaroneck, NY 10543

Tel: (914) 220-3048 **Fax (914) 220-3091** **E-Mail: benefits@mamkschools.org**