

Dear Retiree:

You, and/or your **Medicare eligible** spouse/dependent(s), may be eligible to receive Medicare Part B reimbursement providing:

1. You, and/or your spouse/dependent(s), are enrolled in Medicare Part B, and
2. You, and/or your spouse/dependent(s), are not receiving reimbursement from any other source, and
3. You have your group health insurance coverage through ESBOCES

Reimbursement is not automatic. If eligible, please mail us the following:

- Medicare Part B Reimbursement Application (enclosed)
- A copy of your, and/or your spouse or dependent's, Medicare card
- A copy of your, and/or your spouse or dependent's, letter from the Social Security Administration indicating the cost of your Medicare Part B premium.
- Completed Direct Deposit Form (enclosed)

Please mail all of the above to:

Eastern Suffolk BOCES, Human Resources, 201 Sunrise Hwy., Patchogue, NY 11772.

If you are not eligible, you must still complete and return the application indicating the reason.

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

If you have any questions regarding the above information, or if an additional application is needed for your spouse/dependent, please contact me at: HRBenefits@esboces.org or 631-289-2200 ext. 3180.

Sincerely,

Marysue DiLeva
Marysue DiLeva

Encs.

