

# Medicare Part A Premium Reimbursement



Public employees hired prior to April 1986 were not required to pay Medicare tax through their public employer. If you did not pay this tax and earn 40 credits throughout your career you do not have access to Medicare Part A without paying a monthly premium. As a Medicare eligible HPRS retiree or surviving spouse you are required to enroll and pay for Medicare Part A to be able to enroll in a plan through the HPRS connector.

## Section 1 - Member Information

_____ Last Name	_____ First Name	_____ Middle Initial
_____ Street Address		
_____ City	_____ State	_____ Zip Code
_____ SSN	_____ DOB	_____ Phone Number
_____ Email	_____ Marital Status	_____ Date of Marriage

## Section 2 - Medicare Information

_____ Medicare Part A Number	_____ Effective Date
\$ _____ Monthly Premium Amount	

*\*Attach a copy of the invoice from Centers for Medicare and Medicaid Services.*

## Section 3 - Acknowledgement and Signature

The completion and submission of this form constitutes providing information for the purpose of obtaining a benefit from a public agency. Providing false information is a criminal offense under the Ohio Revised Code.

I understand I will be responsible for repaying HPRS if I disenroll or fail to pay the Medicare Part A premium to the Centers for Medicare and Medicaid Services.

I acknowledge that I am required to notify HPRS if my premium amount changes or I no longer pay a premium for Medicare Part A.

My signature below affirms that all information provided on this form is complete and true to the best of my knowledge.

▶ _____ Signature	_____ Date
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