



EDWARD P. ROMAINE
SUFFOLK COUNTY EXECUTIVE

DEPARTMENT OF HUMAN RESOURCES
EMPLOYEE MEDICAL HEALTH PLAN

JOSEPH LAMBERSON
DIRECTOR

January 18, 2025

2023 Medicare Part B & D Income-Related Monthly Adjustment Amount (IRMAA)

**PLEASE READ THE INFORMATION BELOW BEFORE CONTACTING
EMPLOYEE BENEFITS OR SUBMITTING THIS APPLICATION**

DO NOT SUBMIT APPLICATION IF:

- You were not on Medicare in 2023; OR
- You were enrolled in Medicare for ALL of 2023 and your SSA-1099 indicates your Medicare Part B deduction (Description of Amount in Box 3) was \$1,978.80 – DO NOTHING AND THROW THIS OUT!; OR
- If you are reimbursed by a former employer other than Suffolk County.

NOTE: This rule would apply to your spouse/eligible dependent(s) as well.

**IF SO, YOU DO NOT NEED TO
SUBMIT OR CALL EMPLOYEE
BENEFITS AND YOU CAN
THROW THIS APPLICATION
AWAY.**

SUBMIT APPLICATION BY FEBRUARY 28, 2025 IF:

- You were on Medicare in 2023; AND
- If your SSA-1099 indicates that your Medicare Part B deduction was MORE THAN \$1,978.80 (Description of Amount in BOX 3); AND
- If you are ONLY being reimbursed by Suffolk County.

NOTE: This rule would apply to your spouse/eligible dependent(s) as well.

IF SO, PLEASE SUBMIT THE FOLLOWING:

- Signed IRMAA APPLICATION (Front side of Yellow form);
- Signed and Notarized CERTIFICATION Form (Back side of Yellow form)
- Required Documentation:
 - 2023 SSA-1099 Social Security Benefit Statement OR proof of payment to Medicare for your self-pay premiums
 - IRMAA/MAGI Letter dated approximately November 23, 2022

NOTE: To learn how to obtain copies of this information please see the back side of this letter.

NOTE: If you are not enrolled in the Suffolk County Medicare Prescription Drug Plan, you **ARE NOT** eligible for reimbursement from Suffolk County for your 2023 Medicare Part D IRMAA. Please be advised Suffolk County **does not** reimburse for any **late enrollment penalties**.

If the required forms and documentation are **NOT** received by **February 28, 2025**, you may **NOT** be eligible to receive reimbursement of your 2023 Medicare Part B and Part D IRMAA. You should expect this reimbursement in a separate check in Spring of 2025.

LOCATION:
WILLIAM J. LINDSAY COUNTY COMPLEX – Bldg. #158
725 VETERANS MEMORIAL HIGHWAY

MAILING ADDRESS:
P.O. BOX 6100
HAUPPAUGE, NY 11788-0099

(631) 853-4866
FAX: (631) 853-6396

FORM SUBMISSION

Mail this form and all required documentation to:

**Suffolk County Employee Benefits Unit
P.O. Box 6100
Hauppauge, NY 11788**

Please Note: IRMAA reimbursement for both the enrollee and dependent will be issued to the enrollee only. In order for the Employee Benefits Unit to speak with the dependent regarding the IRMAA application, we must have a HIPAA Release Form completed and signed by the enrollee. You may obtain the authorization for release of protected health information form online at www.emhp.org

ACCEPTABLE PROOF OF PAYMENT CHART

Documentation is required for each person for which you are applying.
Proof of payment must indicate payments made for all months of the year.

Did you collect Social Security or Railroad Retirement Benefits	Enclose Proof of Payment of Medicare Part B Premium:	Where can you obtain this proof?
YES	Form SSA - 1099 or RRB - 1099 (Retirement Benefit Statement)	Social Security Administration or Railroad Retirement Board IRMAA/MAGI Letter can be obtained from SSA
NO	CMS-500 Medicare Premium Bill (Submit bill or each period paid) (Retirement Benefit Statement)	Centers for Medicare and Medicaid Services (CMS)
PARTIAL YEAR	SSA - 1099 AND CMS-500 or RRB - 1099 AND CMS-500	(See Above)

CONTACT INFORMATION

Social Security Administration (SSA) www.ssa.gov/onlineservices 1-800-772-1213	Centers for Medicare and Medicaid Services (CMS) www.cms.gov 1-800-633-4227	Railroad Retirement Board (RRB) www.rrb.gov/Benefits/Medicare 1-877-772-5772
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FOR EMPLOYEE BENEFIT UNIT USE ONLY

Amt Qualified for Part B Reimbursement by Suffolk County	\$ _____
Amt Qualified for Part D Reimbursement by Suffolk County	\$ _____
Less: Part B Amount Previously Reimbursed by Suffolk County	\$ _____
Less: Part B 2023 Additional Premium Amount	\$ _____
Balance of Part B Reimbursable by Suffolk County	\$ _____
Balance of Part D Reimbursable by Suffolk County	\$ _____
TOTAL AMOUNT REIMBURSED FOR 2023 IRMAA	\$ _____