

# MEDICARE B REIMBURSEMENT

Complete this form **only** if you or your spouse (or dependent child) is eligible for Medicare. This form must be completed before Medicare premiums will be refunded. **Attach a copy of each new enrollee's Medicare card** to the completed form and return to the following address:

BellSouth Benefits Service Center  
Attn: Michelle Rumelhart  
PO Box 10450  
Des Moines, IA 50306-0450

## SECTION 1 - RETIRED EMPLOYEE

Name \_\_\_\_\_ SS Number \_\_\_\_\_  
First Initial Last

Birth Date \_\_\_\_\_ Retirement Effective Date \_\_\_\_\_  
Month Day Year

Are you currently entitled to Medicare Insurance as a result of receiving Disability Benefits from Social Security?  
Yes No If yes, date awarded Social Security Benefits \_\_\_\_\_

## SECTION 2 - SPOUSE/DEPENDENT CHILD

Name \_\_\_\_\_ SS Number \_\_\_\_\_  
First Initial Last

Birth Date \_\_\_\_\_ Retirement Effective Date \_\_\_\_\_  
Month Day Year

Are you currently entitled to Medicare Insurance as a result of receiving Disability Benefits from Social Security?  
Yes No If yes, date awarded Social Security Benefits \_\_\_\_\_

Was this spouse/dependent child covered under the BellSouth Medical Plan on your retirement effective date?  
Yes No Date of Marriage \_\_\_\_\_

**NOTE: Medicare premiums are only reimbursed for the spouse and/or Class I dependents who were covered on your retirement effective date.**

Name of spouse's former/present employer \_\_\_\_\_

Does spouse's former/present employer reimburse Medicare premiums? Yes No

**Note:** If "yes" he/she will not be eligible for a BellSouth reimbursement.

I understand that premiums received for Medicare reimbursement are not taxable income if I am enrolled and paying premiums to the Social Security Administration. I further understand that I am required to notify the BellSouth Benefits Service Center of any change which may affect reimbursement status.

Signed (Retired Employee) \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone ( ) \_\_\_\_\_

**NOTE: THE MEDICARE PART B PREMIUM IS DEDUCTED FROM THE SOCIAL SECURITY CHECK. BELL SOUTH REIMBURSES ONLY \$28.60 OF THE COST.**