



Office of Human Resources
Request for Medicare Part B Reimbursement (Quarterly or Annual)

Instructions: Complete this form to request reimbursement for Medicare Part B payments on a quarterly or annual basis. Eligibility requirements include: 1) must be a retiree (or spouse) of the Contra Costa Community College District (CCCCD) and 2) must be enrolled in a District sponsored Medicare plan during the timeframe of the request for Medicare Part B reimbursement. Please Note: The Medicare Part B reimbursement form is available throughout the year at the District website. Go to www.4cd.edu select "Human Resources," "Benefits," and "Retirees." There is a deadline for submitting requests for Medicare Part B reimbursement. Medicare Part B reimbursement is only available for the previous calendar year. Surviving spouses are ONLY eligible for Medicare Part B reimbursement for 6 months following the date of death of the retiree.

Retiree First and Last Name		Spouse First and Last Name (if applicable)	
Retiree - Social Security #	Retirement Date	Spouse - Social Security Number (if applicable)	
Mailing Address	City	Zip Code	Phone Number

MEDICARE PART B PREMIUM REIMBURSEMENT FOR THE CALENDAR YEAR	
<input checked="" type="checkbox"/> Check One	I have enclosed one of the following documents for reimbursement verification:
	Social Security statement showing the amount of the monthly Medicare Part B premium deduction and when the payments will begin. The form and documentation needs to be submitted to the reimbursement vendor below every January or anytime the premium amount changes.
	Medicare quarterly billing statement and proof of payment. The form and documentation needs to be submitted to the reimbursement vendor below every January or anytime the premium amount changes.
	A copy of the monthly Cal STRS statement(s) indicating Medicare Part B premiums deducted from your Cal STRS retirement check. The form and documentation needs to be submitted to the reimbursement vendor below every January or anytime the premium amount changes.
	A copy of Form SSA-1099 from Social Security which indicates the Medicare B premium payments for the previous calendar year

Submit to:	CBIZ - Flexible Benefits Department (Formerly PENSION DYNAMICS COMPANY, LLC) Fax: 844-859-7309; E-mail: PHCbenefits@cbiz.com ; or Mail: 2300 Contra Costa Boulevard, Suite 400, Pleasant Hill, CA 94523-3955
Questions	Any questions: (925) 956-0514. Breanne Hill Account Manager
Deadline	Claims must be submitted no later than December 31st for the previous calendar year. For example 2019 claims must be submitted by 12/31/2020
Checks	Reimbursement checks are issued on an annual or quarterly basis. Claims submitted during the quarter will be paid at the next quarterly check run at the end of each quarter (April, July, October, and January). A new claim is required each calendar year. Annual reimbursement checks are issued within 45 days.

Current Plan	<input type="checkbox"/> Kaiser Senior Advantage, <input type="checkbox"/> Kaiser HMO, <input type="checkbox"/> Anthem Medicare, <input type="checkbox"/> Anthem PPO
Retired	<input type="checkbox"/> United Faculty, <input type="checkbox"/> Local 1, <input type="checkbox"/> Management Council, <input type="checkbox"/> Surviving Spouse
Request	<input type="checkbox"/> Quarterly Reimbursement OR <input type="checkbox"/> Annual Reimbursement

I certify that I: 1) am a retiree of CCCCDC or a surviving spouse of a retiree, 2) am enrolled in a qualifying Medicare coordinated plan through CCCCDC and 3) am requesting Medicare Part B reimbursement on a quarterly or annual basis. Surviving spouses are ONLY eligible for Medicare Part B reimbursement for 6 months following the date of death of the retiree. I certify the information provided is accurate and if there is a change in this status I will notify the District.

Retiree or Surviving Spouse Signature	Date

Contra Costa Community College District
 500 Court Street, Martinez, California 94553
 925.229.1000 Fax: 925.229.2490 www.4cd.edu