

Ohio Education Association
PSU & Management Retirees
Medicare Part B Reimbursement Form

In accordance with your contract you are eligible for Medicare Part B reimbursement payments beginning at age 65. For all employees retiring prior to 9/1/12, the maximum monthly reimbursement is 100%. For all PSU employees retiring after 9/01/12, the maximum monthly reimbursement is capped at \$175.00. For All Management employees retiring after 9/01/12 and before 9/01/16, the monthly maximum reimbursement is capped at \$125.00. For All Management employees retiring after 9/01/16, the monthly maximum reimbursement is capped at \$175.00.

The OEA requires a **copy of your current Social Security statement** to be provided with this reimbursement form. You may submit your request for payment quarterly or annually. **All payment requests must be submitted by March 31 for the prior calendar year.**

Please submit your payment requests to:

Ohio Education Association
Attn: Medicare Part B Reimbursements
P.O. Box 2550
Columbus, OH 43216

Retiree Name and Address:

Name: _____

Address: _____

For use with Quarterly Payments

Dates	Amount	Payable After
Jan-Mar		Mar 31
Apr-June		June 30
July-Sept		Sept 30
Oct- Dec		Dec 31

For Use with Annual Payment

Dates	Amount	Payable after Dec 31, Submit By Mar 31 st of the Following Calendar Year
Jan-Dec		

For Office Use Only: (Form Updated April 2019)

Approved by _____ Date _____

Approved by _____ Date _____

Acct #	CC	DOL	AMOUNT
2440	000	SC020	