



# Medicare Part A Reimbursement Instructions

Use this form to apply for Medicare Part A reimbursement.

Please print legibly keeping input within the form entry box (one character per box) or bullet.

Fill in entry boxes like this:

A	B	C		1	2	3
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Fill in bullet selections like this:  Female

## CHECKLIST OF REQUIRED DOCUMENTS

Provide OPERS with documentation that confirms your complete Medicare claim number, effective date of coverage and premium amount. Acceptable document(s) that may include all or part of this information are:

- A statement issued by Social Security
- A copy of your Medicare ID card
- A Notice of Medicare Premium Payment Due issued by Social Security

Your signature on the HC-MEDAR form is required to certify no other organization pays or provides reimbursement of Medicare Part A premium for you, or your spouse for whom you are requesting reimbursement.

To be eligible for Medicare Part A reimbursement through OPERS:

- You must certify that no other organization pays or provides reimbursement of Medicare Part A premium for you, or your spouse for whom you are requesting reimbursement, by signing the Acknowledgment in Step 3.
- You, or the spouse for whom you are requesting reimbursement, must be enrolled in a medical plan (either through the OPERS Medicare Connector or the OPERS group health plan).

### If you need additional help

If you have questions about this form or personal information changes, visit [www.opers.org](http://www.opers.org) to access your account online or call 1-800-222-7377 to speak with a Member Services Representative.

## STEP 1: Personal Information

The information requested in this step is required and must be completed. You must either enter your Social Security number or OPERS ID. You are not required to enter both.

## STEP 2: Reimbursement Options

Please select the appropriate reimbursement option.

### Medicare A reimbursement will be effective once all the following actions have occurred:

- OPERS receives documentation that confirms your complete Medicare claim number, effective date of coverage and premium amount.
- OPERS receives your signature certifying no other organization pays or provides reimbursement of Medicare Part A premium to you, or to your spouse for whom you are seeking reimbursement.
- You, or the spouse person for whom you are seeking reimbursement, is enrolled in a medical plan (either through the OPERS Medicare Connector or the OPERS group health plan).

This monthly reimbursement will be added to your pension benefit. You are eligible for 100 percent reimbursement of the Medicare Part A premium and applicable penalties while spouses/surviving spouses are eligible for reimbursement of 50 percent of the premium and 100 percent of the penalty cost.

## STEP 3: Acknowledgment

Your signature is required to certify no other organization pays or provides reimbursement of Medicare Part A premium for you, or your spouse for whom you are requesting reimbursement. Your signature is required in order for OPERS to process your request for reimbursement.

