

J. J. Stanis and Company, Inc.
Rocky Point UFSD Medicare Premium Reimbursement Program
377 Oak Street, Suite 406 Garden City, NY 11530

DECEMBER 2026 APPLICATION FOR MEDICARE REIMBURSEMENT

In June and December of each year, Rocky Point UFSD reimburses retirees for their Medicare Part B premium. To make sure you and/or your spouse and/or dependent are not receiving a reimbursement from another source, every six months we require Medicare reimbursement recipients to provide the following information. Please fill it out in its entirety.

REMINDER: We are requiring ONE form per household.

Former Employee Name _____
First Middle Last

Street Address _____ City _____ ST _____ ZIP _____

☐ **Important** – Check here if this is a new address

*For a future paperless option, please provide, if applicable

Home or Cell # _____ *E-Mail address _____

Last Four Digits of Social Security # Date of Birth: --

1) Are you enrolled in the Empire Plan (NYSHIP)? ☐ YES ☐ NO

2) Are you a Medicare recipient? ☐ YES ☐ NO

If yes, do you receive Medicare reimbursement from any other employer? ☐ YES ☐ NO

3) Is your spouse and/or dependent covered under your insurance? ☐ YES ☐ NO ☐ N/A
If no or n/a, skip to signature section

If yes, provide spouse's and/or dependent's full name _____

4) Is your spouse and/or dependent a Medicare Recipient? ☐ YES ☐ NO ☐ N/A

If yes, does your spouse and/or dependent receive Medicare reimbursement from any other employer? ☐ YES ☐ NO ☐ N/A

Only ONE employer can reimburse for Medicare

Applicant's Signature: _____ Date: _____

Spouse and/or
Dependent's Signature*: _____ Date: _____

*Required if Answers to Questions 3 & 4 are YES and does NOT receive reimbursement from another employer.

HOW TO SUBMIT by 9/30/2026: Please return to J. J. Stanis and Company, Inc. by ONE of the following methods:

Mail: J. J. Stanis and Company, Inc.
Attn: Rocky Point UFSD Medicare
377 Oak Street, Suite 406
Garden City, NY 11530

OR

Email: Medicare@jjstanisco.com

Fax: (516) 706-7890

If you have any questions, please contact customer service at 516-465-3900.

Note: Presentation of false proof in support of claim on a policy of insurance is prohibited by section of 1202 of the Penal Law.