

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

**JUNE 2024 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.

**We require 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 verification 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

**Medicare Part B Premium Reimbursement Verification**

**ALL MEDICARE RECIPIENTS (including your spouse and/or dependent, if applicable) MUST PROVIDE THE FOLLOWING:**

- 1) Copy of the SSA-1099 for fiscal year 2023. You will receive this notice in January 2024.
- 2) Copy of "Your New Benefit Amount" verification letter for 2024. You received this notice from Social Security in November 2023.

If you need to request replacement copies of either of these two documents, please call Social Security Administration (SSA): 1-800-772-1213 or [www.ssa.gov/myaccount](http://www.ssa.gov/myaccount)

If you are not on Social Security at this time, you must send in the CMS-500 bill(s) and the proof of payment(s) for each month. Please visit [www.medicare.gov/account](http://www.medicare.gov/account)

**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 4/30/2024:** 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](mailto: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.