

MEDICARE PART B REIMBURSEMENT CHECKLIST

This checklist is intended to assist ASHI Participants submitting a Medicare Part B Reimbursement application by ensuring that all required items are submitted through the appropriate channels.

Medicare reimbursement will only be processed when the Health and Life Insurance Section has received all required documents.

Medicare Part B Reimbursement Form available on HLIS website:

un.org/insurance/forms

DOCUMENTS REQUIRED FOR INITIAL SUBMISSION	
☐ Medicare Part B Reimbursement Form	
	☐ Include bank account details
	☐ Spouse's reimbursement is made to the primary subscriber's account
	☐ Include a void cheque for reimbursement into a checking account
	Social Security Administration (SSA) or Medicare documents indicating
	the Medicare Part B premium amount
	CMS 500 or
	1099/Social Security Statement or
	Official letter from the Social Security Administration
	Copy of Medicare card
	OPTIONS FOR SUBMISSION OF DOCUMENTS
Preferred Option:	
☐ Email to ashi@un.org	
_	Lindii to dame dii.org
Other Option:	
Mail to the Health and Life Insurance Section	
	304 East 45 th St. New York, NY 10017
REQUIREMENT FOR SUBSEQUENT YEARS	
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_	Submit Social Security Administration Documentation (if the amount
Г	requested is other than the applicable standard amount)
	Submission is only required once a year Submit Madisara Paimbursament Form /if banking details have
_	Submit Medicare Reimbursement Form (if banking details have
	changed)
	☐ NOTE: Medicare Part B payments is only reimbursed retroactive to 2 years