

Request for High Income Premium Reimbursement Form

High Income Additional Premium

If you have been notified that you must pay a Medicare Part D prescription drug Income-Related Monthly Adjustment Amount (D-IRMAA) – the amount deducted from your Social Security benefits *or* billed directly to you by Medicare – you may request reimbursement from Montefiore. Complete this form and send a copy of your notice from Social Security that lists the amount of the premium adjustment to:

Montefiore Medical Center
HR-Benefits Office
555 South Broadway
Bldg. A, Ground Floor
Tarrytown, NY 10591
T 914.349.8531
F 914.349.8584
Email: montebenefits@montefiore.org

Last Name First Name (M.I.)

Street Address

City State Zip Code

Date of Birth Social Security #

Home Telephone # Email address

Enter the Part D prescription drug Income-Related Monthly Adjustment amount
from your Social Security statement. \$ _____

YOUR SIGNATURE

Signature _____ Date _____