

## 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  
111 East 210th Street Bronx, NY 10467-2490  
T 914.349.8531  
F 914.349.8584  
Email: [montebenefits@montefiore.org](mailto: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 \_\_\_\_\_