Dartmouth College IRMAA Medicare Part D Reimbursement Claim Instructions

If you are a higher-income beneficiary, according to Medicare Income limits, you will pay an Income Related Monthly Adjustment Amount (IRMAA) for your Medicare Part D prescription drug coverage. The adjusted amount is determined by income information you have reported to the IRS.

As a Dartmouth College retiree, you may be eligible to receive reimbursement for your Medicare Part D IRMAA payment. *Claims will be reimbursed on an annual basis*, according to the prior year’s payment.

**Required Documentation**

You *MUST* submit the required documentation to receive a reimbursement. Please submit a copy of your and/or your eligible dependent’s Social Security Administration (SSA) statement issued to you and/or your eligible dependent at the end of the CALENDAR YEAR, showing the IRMAA paid for that year.

*YOU MUST INCLUDE THE RETIREE’S NAME AND FULL SOCIAL SECURITY NUMBER ON ANY ELIGIBLE DEPENDENT’S DOCUMENTS.*

If you need a replacement copy of your IRMAA notice you can obtain one from your local Social Security office, which can be located on the following website:

http://www.socialsecurity.gov/onlineservices

Submit copies of the required documentation for each eligible person, along with a completed Submission Form, to:

Dartmouth College
Office of Human Resources
Attn: IRMAA Reimbursement
7 Lebanon Street, Suite 203
Hanover, NH  03755

Please note: claims that do not include the required documentation for each eligible person and claims that include documents for years other than the current year will not be evaluated.
IRMAA Medicare Part D
Reimbursement Claim Submission Form
(Complete all sections and attach documentation)

**Section 1**  RETIREE INFORMATION (please print clearly)

NAME: ______________________________________________________________________________

FIRST     MI     LAST

SOCIAL SECURITY NUMBER: _____________________________________________________________

**Section 2.**  RETIREE ADDRESS:

MAILING ADDRESS:

NUMBER    STREET    APT.

CITY     STATE     ZIP

**Section 3.**  REQUIRED DOCUMENTS
(See Claim Instruction sheet)

The following documents are included for me as the retiree and my eligible dependent: (check each)

_____ Social Security Administration (SSA) statement for Retiree

_____ Social Security Administration (SSA) statement for dependent

Claims that do not include the required documentation for each eligible person and claims that include documents for years other than the current year will not be evaluated.

IRMAA reimbursement checks will be issued beginning March of the year following the payment for which you are requesting reimbursement.