



# MEDICARE PART B REIMBURSEMENT PLAN (MBRP) APPLICATION

ALAMEDA COUNTY EMPLOYEES' RETIREMENT ASSOCIATION  
475 14<sup>th</sup> Street, Suite 1000 QIC 22901  
Oakland, CA 94612-1900 FAX (510) 268-9574  
[www.ACERA.org](http://www.ACERA.org) (510) 628-3000 / 1-800-838-1932, Press 1



The Medicare Part B Reimbursement Plan (MBRP) provides a reimbursement towards the Retired Members Medicare Part B premium, which is deducted from Social Security checks. **This Benefit is only for eligible Retired Members.** Medicare Premiums for Spouse and/or dependents are **not** eligible for this reimbursement. If I drop my Medicare Part B, I understand that I must notify ACERA immediately of Medicare disenrollment and understand all medical coverage through ACERA will be cancelled.

**To qualify for MBRP, a retiree must:**

- Have at least 10 years of ACERA service; **or** approval of a Service-Connected Disability Retirement;
- Provide proof of enrollment in Medicare Part B (a copy of Medicare Part B card) and **remain enrolled**; and,
- Complete and submit the MBRP Application.

**(Please Print or Type)**

Name: \_\_\_\_\_ Last 4 digits of SSN: XXX-XX-\_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (mm/dd/yyyy) E-mail Address: \_\_\_\_\_

***Submission of the following Documentation is REQUIRED:***

- \* Medicare Part B Reimbursement Application Form
- \* Photocopy of Medicare Part B card. **(REQUIRED)**

**I certify that I am enrolled in Medicare Part B and I understand the MBRP is not a vested benefit and there is NO RETROACTIVE PAYMENT of this benefit.** This benefit could be modified or deleted by the Board of Retirement at any time.

**Reimbursement will begin at the end of the first month after ACERA receives all required documentation, but not earlier than the effective date on your Medicare card.**

I am:  Member  Power of Attorney

\_\_\_\_\_  
**Signature of Member or Power of Attorney \***

\_\_\_\_\_  
**Date**

**RETURN THIS FORM AND DOCUMENTATION TO ACERA**

\* Must have Power of Attorney documentation in member's file or submission with this form.

ACERA USE ONLY	
Input By: _____	Date: _____
Verified By: _____	Date: _____
Out of Area: <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, forward to RS	

## **MEDICARE PART B REIMBURSEMENT PLAN (MBRP)**

The Board of Retirement annually reviews the resolution, which if adopted authorizes ACERA to reimburse eligible Retirees for the Medicare Part B premium deducted from one's Social Security check(s).

### **Who is eligible?**

All retired members of ACERA who have at least 10 years of ACERA service or Retiree on a Service-Connected Disability Retirement and are currently enrolled in Medicare Part B are eligible for the reimbursement.

### **Is my spouse or dependent eligible?**

No, only the Retired member is eligible for this benefit.

### **How do I prove enrollment in Medicare Part B?**

You can prove enrollment in Medicare Part B by sending ACERA a photocopy of your Medicare card showing eligibility for Medicare Parts A & B.

### **Is this a guaranteed benefit?**

This is **not a vested benefit** and there is **no retroactive reimbursement of this benefit**. This benefit could be modified or deleted by the Board of Retirement at anytime if determined it is not financially feasible to continue reimbursement.

### **How do I apply?**

Complete the MBRP Application and return it to ACERA at 475 14<sup>th</sup> Street Suite 1000, Oakland, CA 94612. You may also download this form by going to ACERA's website at [www.acera.org/downloads](http://www.acera.org/downloads).

### **When can I apply?**

ACERA has a continuous Open Enrollment for the Medicare Part B Reimbursement Plan (i.e. enrollment is allowed throughout the year). You can enroll as soon as you receive notification from Social Security your eligibility is effective for **Medicare Part B**.

### **When will reimbursement begin?**

Reimbursement will begin at the end of the first month after ACERA receives all required documentation, but not earlier than the effective date on your Medicare card. **There will be no retroactive Reimbursement**. Applications must be **received before** the end of the second week of the month.

### **How will reimbursement be made?**

Reimbursement will be made by an adjustment onto your retirement check and will show-up as an increase in your monthly retirement take-home pay.

**NOTE:** Certain applicants of Medicare Part B may be billed by Social Security on a quarterly basis. However, ACERA MBRP Reimbursement adjustments are done monthly. Applicants being billed quarterly will be reimbursed by ACERA monthly according to the date documentation is received but not earlier than the effective date on their Medicare card.

### **How much is the reimbursement?**

The reimbursement amount is set each year by the Board of Retirement. To view the amount you may go to [www.ACERA.org/MBRP](http://www.ACERA.org/MBRP)

(Rev. 8/5/2022)

**Questions??? Call (510) 628-3000 or 1-800-838-1932, Press 1 for Assistance**