

Ohio Education Association
PSU & Management Retirees
Medicare B Reimbursement Form

In accordance with your contract you are eligible for Medicare B reimbursement payments beginning at age 65.

The OEA requires a **copy of your current Social Security statement** to be provided with this reimbursement form. You may submit your request for payment quarterly or annually. **All payment requests must be submitted by March 31 for the prior calendar year.**

Please submit your payment requests to:

Ohio Education Association
 Attn: Medicare Part B Reimbursements
 PO Box 2550
 Columbus, OH 43216

For use with Quarterly Payments

Dates	Amount	Submit After
Jan-Mar		Mar 1
Apr-June		June 1
July-Sept		Sept 1
Oct-Dec		Dec 1

For Use with Annual Payment

Dates	Amount	Submit By Mar 31 st of the Following Calendar Year
Jan-Dec		

For Office Use Only:

Acct #	CC	DOL	SBC	Description	AMOUNT
2440	000	SC020			
				Total	

Approved by _____ Date _____

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