



California State Teachers'  
Retirement System  
SR Medicare  
P.O. Box 15275, MS 47  
Sacramento, CA 95851-0275  
800-228-5453  
[calstrs.com](http://calstrs.com)

HB 0985

Dear CalSTRS Member:

You may be eligible for CalSTRS to pay your Medicare Part A (hospital) premiums if you are at least 65, your most recent CalSTRS retirement date is on or before June 30, 2012, and you are not eligible to receive Medicare Part A premium-free. The CalSTRS Medicare Premium Payment Program may pay your Medicare Part A premium if you or your spouse did not pay into Medicare and you now are required to pay a monthly premium for Part A, and you meet the program requirements.

The information in this packet tells you who is eligible for this CalSTRS benefit and how to participate. Materials include:

- Medicare Payment Authorization Instructions
- *Medicare Payment Authorization* form (HB-0986)

Because CalSTRS does not have access to your Social Security or Medicare records, we do not know your eligibility status. Call the Social Security Administration toll free at 800-772-1213 or TTY 800-325-0778 to determine your eligibility and to enroll in Medicare.

For your convenience, you may authorize CalSTRS to deduct your Medicare Part B (medical) premium from your CalSTRS monthly benefit. You do not need to be eligible for CalSTRS to pay for your Medicare Part A premium to enroll in this option.

If you have any questions about the CalSTRS Medicare Premium Payment Program, send us a secure online message at [CalSTRS.com/contact](http://CalSTRS.com/contact) or call us at 800-228-5453.

Sincerely,

Service Retirement

(Rev. 9/17)

## MEDICARE PAYMENT AUTHORIZATION FORM-Instructions

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Medicare is a nationwide, federally administered health insurance program for eligible individuals, usually age 65 and older. Medicare has three parts: Medicare Part A covers inpatient hospital costs; Medicare Part B covers outpatient medical and physician costs; and Medicare Part D covers prescription drug costs.

Most people do not pay a monthly premium for Medicare Part A because they or a spouse paid Medicare taxes while they were working. Everyone must pay the Medicare Part B premium. If you or your spouse did not pay the Medicare tax while you worked and you are age 65 or older, you can request to purchase Medicare Part A.

### MEDICARE ENROLLMENT PERIODS

There are three times when you can sign up for Medicare Parts A and B.

#### Initial Enrollment Period

You may sign up for Medicare Parts A and B during the initial enrollment period, which

- Begins three months before the month you turn 65 and
- Ends three months after the month you turn 65.

#### General Enrollment Period

If you do not enroll in Medicare Parts A and B during the Initial Enrollment Period, you can sign up during the Medicare General Enrollment Period, which is January 1 through March 31 of each year. Your Medicare coverage will start July 1 of the year you sign up. You may be charged penalties for enrolling in Medicare after the initial enrollment period. CalSTRS cannot pay these penalties for you.

#### Special Enrollment Period

This period is available if you are eligible for Medicare and waited to enroll because you or your spouse was actively working and had group health plan coverage through an employer. You can sign up for Medicare:

- Any time you are still covered by an employer group health plan through your or your spouse's current employment

**OR**

- During the eight months following the month that the group health plan coverage ends or when the employment ends, whichever is first

For more information about Medicare enrollment periods, please contact the Social Security Administration at 800-772-1213 or visit [socialsecurity.gov](https://www.socialsecurity.gov).

#### CALSTRS MEDICARE PREMIUM PAYMENT PROGRAM

Under the CalSTRS Medicare Premium Payment Program, CalSTRS will pay your Medicare Part A premium if you do not qualify for Medicare Part A premium-free and you meet the eligibility requirements (see page 2). This benefit is not available to your spouse or beneficiary. Under federal regulations, you must also enroll in Medicare Part B. You will have to pay the Medicare Part B premium. As a convenience to you, CalSTRS can deduct your Medicare Part B premium from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

CalSTRS does not have a program to deduct Medicare Part D premiums from your monthly benefit.

**CalSTRS cannot and will not pay Medicare penalties for late enrollment in Medicare Part A or Medicare Part B.**

# MEDICARE PAYMENT AUTHORIZATION FORM-Instructions

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## Eligibility Requirements

You must meet the following CalSTRS Medicare Premium Payment Program eligibility requirements:

- Be a retired CalSTRS member receiving a monthly benefit and your most recent CalSTRS retirement date is on or before June 30, 2012.
- Be age 65 or older.
- Be ineligible for premium-free Medicare Part A.
- Be enrolled in both Medicare Part A and Medicare Part B.

If you retired prior to January 1, 2001, you are eligible for the CalSTRS Medicare Premium Payment Program.

If your retirement date is between January 1, 2001, and June 30, 2012, your eligibility depends upon whether your employer:

- Held a Medicare division prior to 2001.  
**OR**
- Already completed/is conducting a Medicare division after 2001 as long as you retire during or after the 10-day election period *and* you voted “yes” if less than 58 years of age.

To determine if you are eligible, ask your employer the following questions:

Did your employer hold a Medicare division?

If no, then you are not eligible for the CalSTRS Medicare Premium Payment Program. If yes, was it before or after 2001?

- If before 2001, you are eligible for the CalSTRS MPPP, regardless of your vote.
- If after 2001, how old were you at the time of the division?
  - If over age 58, you are eligible no matter what your vote, as long as you retire during or after the 10-day election period.
  - If under age 58, how did you vote?
    - If you voted no or did not vote, then you are not eligible for the CalSTRS MPPP.
    - If you voted yes, then you are eligible as long as you retire during or after the 10-day election period.

For help determining eligibility, contact CalSTRS at 800-228-5453.

## How to Enroll

1. Enroll in Medicare. Call the Social Security Administration at 800-772-1213 or visit your local Social Security office.

If the Social Security representative tells you that you are not qualified, are ineligible or do not have enough credits to receive Medicare Part A premium-free, tell the representative that you would like to purchase Medicare Parts A and B. Medicare will then send you a Notice of Medicare Premium Payment Due for Medicare Parts A and B (Medicare bill).

2. Your first Notice of Medicare Premium Due (Medicare bill) should arrive the month before your Medicare coverage begins. **Do not pay this bill.**
3. Complete, initial, sign and date this *Medicare Payment Authorization* form after you receive your first Medicare bill.
4. Mail the *Medicare Payment Authorization* form **and** a copy of your **unpaid** Medicare bill to CalSTRS. If you are eligible, CalSTRS will begin paying Medicare Part A premiums and/or deducting Medicare Part B from your monthly benefit.

**Note:** Because of normal processing time, you may receive a second premium notice from Medicare’s federal administrator (Centers for Medicare and Medicaid Services) stating a past due premium. **Do not pay it.** Contact CalSTRS only if you receive a Delinquent Medicare bill.

# MEDICARE PAYMENT AUTHORIZATION FORM-Instructions

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## COMPLETING THE FORM

Please type or print in blue or black ink. Do not erase. Erasures are unacceptable and will void your authorization. If you make a mistake, complete a new form or line through the error, make your correction and date and initial the correction.

Once CalSTRS begins taking deductions, you or Medicare must notify us in writing of any change in status or to request cancellation of premium deductions.

### SECTION 1: Member Information

Enter your full name, Client ID or Social Security number, Medicare Claim number, email address, complete mailing address, telephone number and date of birth.

### SECTION 2: Authorization

Initial one or both of the authorizations that apply.

- Initial the first statement to have CalSTRS **pay** your Medicare Part A (hospital) monthly premium.
- Initial the second statement to have CalSTRS **deduct** the Medicare Part B (medical) premium from your monthly benefit. We will notify Medicare of the monthly deduction.

### SECTION 3: Required Signature

Sign and date this form.

## SUBMITTING YOUR MEDICARE PAYMENT AUTHORIZATION FORM

### Hand Delivery

Hand deliver this form to a local CalSTRS office. For a current listing of offices that accept forms, visit [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop).

### Mailing Address

CalSTRS  
SR Medicare  
PO Box 15275, MS 47  
Sacramento, CA 95851-0275

### Overnight Delivery

If you are using a special mailing service, such as UPS or FedEx, send this form to:

CalSTRS  
Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

### Fax Delivery

916-414-5262

# MEDICARE PAYMENT AUTHORIZATION

HB 0986 rev 9/17

# CALSTRS

California State Teachers' Retirement System  
P.O. Box 15275, MS 47  
Sacramento, CA 95851-0275  
800-228-5453  
CalSTRS.com

**CalSTRS does not provide health or dental insurance for retired members.**

If you are currently receiving a Social Security benefit and a Medicare premium is being deducted from that benefit, please disregard this form. However, if you enroll in Medicare Part A (hospital) and will be charged a premium, you may qualify for the CalSTRS Medicare Premium Payment Program. Use this form to enroll in the program. If you are billed for Medicare Part B (medical), you can use this form to authorize CalSTRS to deduct the monthly premiums from your CalSTRS monthly benefit and send payments to Medicare.

**This form does not enroll you in Medicare. To enroll in Medicare, call Social Security at 800-772-1213.**

## Section 1: Member Information

NAME (LAST, FIRST, INITIAL)

CLIENT ID OR SOCIAL SECURITY NUMBER

MEDICARE CLAIM NUMBER

EMAIL ADDRESS

MAILING ADDRESS

CITY

STATE

ZIP CODE

( ) HOME TELEPHONE

DATE OF BIRTH (MM/DD/YYYY)

## Section 2: Authorization

I authorize the California State Teachers' Retirement System to pay Medicare Part A premiums to the federal Centers for Medicare and Medicaid Services (CMS), the Medicare administrator, on my behalf. With my initials and signature below, I request the federal CMS to send premium notices to CalSTRS rather than to me. With this form, I also authorize the federal CMS to furnish CalSTRS with information that may be necessary to administer this premium payment arrangement.

**Initial one or both of the authorizations that apply**

\_\_\_\_\_ I hereby authorize CalSTRS to pay **Medicare Part A** (hospital) premiums for me.

\_\_\_\_\_ I hereby authorize CalSTRS to *deduct* **Medicare Part B** (medical) premiums, which I must pay from my monthly benefit, and send them to the federal Medicare administrator.



HB-0986

# Medicare Payment Authorization

continued



## Section 3: Required Signature

**I hereby release** CalSTRS from liability to me or my estate for any claim arising from the nonpayment of Medicare Part B premiums if designated in section 2, or for premiums paid to the Medicare administrator subsequent to my death.

**I understand** that if I am electing to have the Medicare Part B premium deducted from my benefit, this deduction will continue until I or Medicare cancels the election by notifying CalSTRS in writing.

**Return this form to CalSTRS along with a copy of your notice of Medicare Premium Payment (Medicare bill) to the address below.**



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

## Submitting Your Form

Return this form to CalSTRS along with a copy of your current **unpaid** Notice of Medicare Premium Payment Due (Medicare bill) to the address below. Medicare requires that you have a balance due in order to prevent duplicate payments. Do not submit a bill that has already been paid.

### Hand Delivery

Hand deliver this form to a local CalSTRS office. For a current listing of offices that accept forms, go to [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop).

### Mailing Address

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