



# REIMBURSEMENT REQUEST FOR MEDICARE PART D INCOME-RELATED SURCHARGES

FC 1946 (12-03-24)

For the CALENDAR Quarter Ending: **09/30/2025**

Note: You may use this form to request reimbursement for Medicare Part D Surcharges to you or your eligible spouse/dependent. Please do not combine fees for Medicare Part B Premiums on this form. For Medicare Part B Premium Reimbursement requests, there is a separate form (FC 1646). For more information about this income-related surcharge, see the attached FAQ.

### Retiree Information (Please print clearly)

Retiree Name:			
Retiree's Eligible Spouse/Dependent Name:			
Address 1:		Change of address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address 2:			
City/State/Zip:		Phone No.:	Email:

### Requested Reimbursement

Requester	First Month	Second Month	Third Month	Total Reimbursement Request
	Jul 2025	Aug 2025	Sep 2025	
Retiree				
Retiree's Eligible Spouse/Dependent				
<b>Total Reimbursement for Medicare Part D Surcharges:</b>				

Please check one box to indicate if you pay your Part D surcharge directly to Medicare Premium Collection Center, if the monthly amount is deducted from your Social Security Check, or if both conditions apply.

- Pay Directly to MPCC (attach Premium Bill)
- Deducted from Social Security Check (attach Social Security Letter)
- Pay Directly to MPCC AND Deducted from Social Security Check (attach both Premium Bill and Social Security letter)

Retirees and Eligible Dependent are required to submit to the Benefits Unit a copy of their Medicare Award Notice in order to qualify for reimbursement for Medicare Part B Premium. The yearly Notice of Annual Change in Amount should be sent to the Accounting Unit.

Reimbursable amounts will be paid once a quarter. All requests for payment must be received by the last day of each calendar quarter (March 31, June 30, September 30, and December 31) and payment will be made within 45 days after the end of the quarter. Reimbursement forms not received by the due date will be processed in the subsequent quarter. Reimbursement forms can be obtained by calling the Accounting Unit at (408) 630-2404, or at: [www.valleywater.org](http://www.valleywater.org). (See page 2 for details.)

Return the completed and signed form to: **Santa Clara Valley Water District  
General Accounting Unit  
5750 Almaden Expressway  
San Jose, CA 95118**

### Signature

*I hereby certify that the above information is true and correctly stated.*

Retiree signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Accounting Use Only

Vendor No.:	Amount:
Charge Acct.: 11-2553	Invoice No.: 09302025 Medicare D
Authorized by: _____	Date: _____

**REIMBURSEMENT REQUEST FOR MEDICARE PART D  
INCOME-RELATED SURCHARGES****For the CALENDAR Quarter Ending: 09/30/2025**

1. **Complete the e-form version of FC 1946 Reimbursement Request for Medicare Part D Income-Related Surcharges** by visiting <https://www.valleywater.org/valley-water-retirees-information>. If in the process you have any questions, please call the Accounting Unit at (408) 630-2872 for assistance.
2. Please complete one form per Calendar Quarter. Please note that if you make quarterly payments for your Medicare Part D premiums, Valley Water's quarterly reimbursement schedule may differ from your quarterly Medicare payment schedule. The actual reimbursements you receive from Valley Water may be split between quarters.
3. Under Retiree Information, please type the Retiree's Name, Address, City/State/Zip, and Phone No. The reimbursement check is made out to Retiree unless Retiree is deceased. If the Retiree is deceased, please write "Deceased" next to Retiree name.
4. If there was a change of address from the prior reimbursement request, please check the box next to "Check here for change of address" to alert Valley Water to update your address in our system.
5. Under Current Medicare Insurance Part B Reimbursement, please complete the following for you and/or eligible dependents.
  - a. First month refers to the first month of the quarter you are requesting reimbursement, such as January, April, July, or October.
  - b. Second Month refers to the second month of the quarter you are requesting reimbursement, such as February, May, August, or November.
  - c. Third Month refers to the third month of the quarter you are requesting reimbursement, such as March, June, September, or December.
6. Under the column Total Reimbursement Request, enter the total amount requesting reimbursement for the Retiree and for the eligible dependents; then add both totals to get the Total Reimbursement for Medicare Part D Premiums.
7. Please attach proof of payment or deduction. If you send payments to Medicare Premium Collection Center, please attach a copy of your "Medicare Premium Bill" or copy of Social Security letter.

To attach proof of payment, click on the "Submit & Sign" button found on the lower right side of the form.
8. Click on "Upload PDF document" > Then "Click Here to Upload" > Select file to upload > "Upload" form > Hit "Continue."

Click on the "Finalize & Submit" button found on the lower right side of the form to e-sign your form.
9. Under the Signature area, the Retiree must sign and date the form to certify that the information is true and correctly stated. To e-sign your form:

To create your e-Signature > Type in your full name and email address. **Important: Double check the accuracy of your email address; the system will not alert you if the address is incorrect.** Select one of the Signature Type radio buttons.
10. Check the I agree box > Apply Signature; click on the "Finalize & Submit" button found on the lower right side of the form.

Your e-form will automatically be sent to Christina Madden for approval.

## **Income-Related Monthly Adjustment Amount (IRMAA) FAQ**

The income-related monthly adjustment amount, or IRMAA, applies to both your Medicare Part D and Part B premiums. If you fall into a higher income bracket, here's what you need to know about IRMAA Part D.

### **What is IRMAA?**

The income-related monthly adjustment amount, or IRMAA, is a surcharge that high-income people may pay in addition to their Medicare Part B and Part D premiums. The Medicare IRMAA for Part B went into effect in 2007, while the IRMAA for Part D was implemented as part of the Affordable Care Act in 2011.

IRMAA payments go directly to Medicare, even if you pay monthly premiums to an insurance company for Medicare Advantage or Part D prescription drug coverage.

### **Is IRMAA deducted from Social Security?**

The Social Security Administration (SSA) determines whether or not you're subject to IRMAA based on the income you reported in your tax return two years ago. For example, in 2023, the SSA looks at the 2021 income data you filed with your tax return.

Unlike late enrollment penalties, which can last as long as you have Medicare coverage or are considered a Medicare beneficiary, the IRMAA is calculated every year. You may have to pay the adjustment one year, but not the next if your income falls below the threshold.

### **What are the income brackets for IRMAA Part D and Part B?**

Visit <https://secure.ssa.gov/poms.nsf/lnx/0601101020>

### **How do I pay for Medicare Part D IRMAA**

IRMAA Part D payments are paid separately to Medicare, and you must pay them even if your employer or another third party (such as retirement system) pays your Part D plan premiums. You'll get a Medicare Premium Bill each month for your Part D IRMAA and you can pay it in the same way you pay your Medicare Part B premiums. You do not pay it to your prescription drug plan. Remember that Medicare treats IRMAA payments the same as other premium bills, which means that if you don't make your payments on time each month, you could lose your coverage.

It is also important that you pay your Part D IRMAA directly to Medicare, not to your plan or employer. You must pay the Part D IRMAA, even if your employer or a third party (such as a union or retirement program) pays for your Part D plan premiums. If you don't pay the Part D IRMAA and get disenrolled, you may also lose your retirement coverage and you may not be able to get it back.

### **What can I do if I don't want to pay IRMAA?**

The Social Security Administration (SSA) can make a determination if you must pay IRMAA at any time after you apply for Medicare benefits. If you receive a notice from the SSA that you owe IRMAA, and you disagree with the finding, you can file an appeal with the Social Security Administration using information the SSA sends with your "initial determination" notice. You can also file this form if you experience a life-changing event that has significantly impacted your income for the year.

**Situations Social Security Considers Life-Changing Events:**

- Marriage
- Divorce
- Spousal death
- You or your spouse stop working or reduce the number of working hours
- Involuntary loss of income-producing property due to a natural disaster, disease, fraud, or other circumstances
- Receipt of the settlement payment from a current or former employer due to the employer's closure or bankruptcy

You can request a new initial determination by submitting a Medicare IRMAA Life-Changing Event form. You can also schedule an appointment with Social Security. Documentation will be required with proof of the life-changing event that caused your income to go down.

You may contact the Social Security Administration (SSA) at **1-800-772-1213** (TTY **1-800-325-0778**) if you have general questions about IRMAA.