USD Post Retirement Medical Reimbursement Request Form

Please complete all requested information

Retiree Information

Retiree Name: _____ **Phone Number:** _____

Address: _____ **City:** _____

State: _____ **Zip:** _____ **Email:** _____

Request Details - Requests may be submitted quarterly, semi-annually or annually only. Documentation of an incurred expense must be included with each request.

Medicare Reimbursement Year: 2023 **Amount Requested: $** _____

($1,194.00 maximum per year)

Month(s) Requested (max reimbursement $99.50/month) ☐ All 12 months

☐ JAN ☐ FEB ☐ MAR ☐ APR ☐ MAY ☐ JUN ☐ JUL ☐ AUG ☐ SEP ☐ OCT ☐ NOV ☐ DEC

Expense Certification - I certify that the expense(s) itemized herein are accurate, allowable and appropriate expenditure(s) persuant to USD's Post Retirement Medical Reimbursement policy 3.11.4.

Retiree Signature: _____ **Date:** _____

Please attach 1099 or alternate expense documentation showing proof of incurred expense and return:

via e-mail:
usdbenefits@sandiego.edu

or by mail:
HR/Benefits, Maher Hall 101
University of San Diego
5998 Alcala Park
San Diego, CA 92110

RECEIVE YOUR REIMBURSEMENT FASTER... SIGN UP FOR DIRECT DEPOSIT TODAY!

Comments:

Funding POETS

FOR INTERNAL USE ONLY

Project	Organization	Expenditure Type	Task	Source	Amount Approved
BENE00000	Benefit Costs	BEN Post Retirement	03.04	10000	$

Payment Method: ◯ ACH Deposit ◯ Check

Approvals - I certify that the expense(s) itemized herein have been reviewed and are accurate, allowable and an appropriate expenditure(s). It is within my budgetary authority to approve the expense(s).

USD HR - Print: _____

USD HR - Sign: _____ **Date:** _____

See Reverse Side for Policy 3.11.4

3.11.4 Post-Retirement Medical Reimbursement Benefit

The following policy applies to eligible retired faculty, administrative, and staff employees.

The University provides limited financial support for the cost of Medicare supplemental insurance for eligible retired employees in any year when the University's budget permits such support. The maximum amount of the support available to each eligible retired employee will be determined in the regular budget process to be effective the following year. The University reserves the right, after giving 90 days notice, to amend or terminate this benefit at any time, including reducing or terminating all future benefits of any person who is currently receiving benefits pursuant to this policy.

Eligibility

Former employees who retired from service at USD on or after January 1, 1988, with at least 10 years of service, who were eligible to receive medical benefits from USD at the time of retirement, who are at least 65 years of age, who are participating in the federal Medicare program, and who are not receiving paid medical and/or dental insurance from another employer are eligible for reimbursement for premiums paid for Medicare supplemental insurance, in accordance with the limitations set forth below. Employees with 10 years of service who retire from the University before the age of 65, but who are at least age 59 1/2 at the time of retirement will become eligible for the post-retirement medical reimbursement benefit at age 65. As stated in the first paragraph of this policy, the University reserves the right to amend or terminate the post-retirement medical reimbursement benefit, therefore, if an eligible employee retires before age 65 the University does not guarantee that the benefit will be available at age 65.

Implementation

1. During each calendar year, the University will reimburse each eligible retired employee an amount for Medicare B and/or supplemental insurance up to the amount budgeted by the University. The benefit will be prorated by the number of months from the retired employee’s 65th birthday through the end of the year.

2. Reimbursement Procedures. The benefit paid under this policy will be reimbursed after presentation of a premium receipt or statement for Medicare B or paid insurance premiums qualifying for such reimbursement. Retired employees may submit statements or premium receipts up to four times per calendar year, with the total reimbursed not to exceed the benefit set for that calendar year.

3. Requests for retroactive reimbursement of premiums paid for Medicare supplemental insurance will be limited to one year preceding the date requested for reimbursement.

(Last Revised January 1, 2015)