



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

HB 0985

Dear CalSTRS Member:

This letter is to remind you that you are nearing the age to enroll in Medicare. The federal Medicare health insurance comes in three parts: Medicare Part A (hospital), Medicare Part B (medical), and Medicare Part D (prescription drug coverage). CalSTRS has two programs that may assist you in making your Medicare premium payments.

The CalSTRS Medicare Premium Payment Program (MPPP) allows CalSTRS to pay your Medicare Part A premiums if you're at least age 65, your most recent CalSTRS retirement date is on or before June 30, 2012, and you're not otherwise eligible to receive premium-free Medicare Part A.

If you're eligible, the MPPP may pay your Medicare Part A premium if you or your spouse did not qualify for premium-free Medicare Part A, you're now required to pay a monthly premium and you meet our program requirements.

The CalSTRS Medicare Premium Deduction Service (MPDS) allows you to authorize CalSTRS to deduct your Medicare Part B premium from your CalSTRS monthly benefit. You do not need to be eligible for the MPPP to enroll in the MPDS.

Due to the Centers for Medicare and Medicaid Services (CMS) restrictions, you will need to pay Medicare Part D payments directly to CMS.

This packet explains who is eligible and how to participate, and includes:

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

CalSTRS does not have access to your Social Security or Medicare records. For Medicare enrollment and eligibility information, call the Social Security Administration at 800-772-1213 or visit [ssa.gov](http://ssa.gov).

For questions about the MPPP or the MPDS, call 800-228-5453 or send us a secure online message at [CalSTRS.com/contactus](http://CalSTRS.com/contactus).

Sincerely, CalSTRS

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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 time periods 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.
- 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 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, contact the Social Security Administration at 800-772-1213 or visit [ssa.gov](http://ssa.gov).

## CALSTRS MEDICARE PREMIUM PAYMENT PROGRAM

Under the CalSTRS Medicare Premium Payment Program (MPPP), 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. 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.

## CALSTRS MEDICARE PREMIUM DEDUCTION SERVICE

At your request, CalSTRS can deduct Medicare Part B premiums from your monthly retirement benefit and forward the payment to the Centers for Medicare and Medicaid Services, the federal agency that administers Medicare.

The Center for Medicare and Medicaid Services does not allow third party providers to pay Medicare Part D premiums, including CalSTRS.

## CalSTRS cannot pay Medicare penalties for late enrollment in Medicare Part A or Medicare Part B.

## MEDICARE PREMIUM PAYMENT PROGRAM ELIGIBILITY REQUIREMENTS

Education Code section 25940 establishes the CalSTRS Medicare Premium Payment Program requirements. To be eligible, you must be:

- A retired CalSTRS member receiving a monthly benefit and your most recent CalSTRS retirement date is on or before June 30, 2012.
- Age 65 or older.
- Ineligible for premium-free Medicare Part A.
- 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 or 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.

# Medicare Payment Authorization Form - Instructions



To determine if you're eligible, ask your employer if they held a Medicare division election.

CalSTRS will begin paying Medicare Part A premiums and/or deducting Medicare Part B from your monthly benefit.

If not, you are not eligible for the CalSTRS

- Medicare Premium Payment Program. If yes, determine if it was held before or after 2001. If before 2001, you're eligible for the CalSTRS MPPP, regardless of your vote.
- If after 2001, determine how old were you at the time of the division:
  - If age 58 or older, you're 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're 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 you would like to purchase Medicare Parts A and B. Medicare will then send you a Medicare Premium Bill (CMS-500).

2. Your first Medicare Premium Bill (CMS-500) 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. Include your Client ID number on the top right corner on the Medicare Premium Bill (CMS-500). Do not submit a bill that has already been paid. Medicare requires that you have a balance due to avoid duplicate payments.
4. Mail the *Medicare Payment Authorization* form **and** a copy of your **unpaid** Medicare Premium Bill (CMS-500) to CalSTRS. If you are eligible,

**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.

## COMPLETING THE FORM

Type or print in blue or black ink. 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, Medicare Claim/Card number, complete mailing address, telephone number, date of birth and email address.

**NOTE:** You can find your Client ID on your *Retirement Progress Report*.

## ADDRESS

To establish residency for tax purposes, we ask that you provide a street address. Be sure to include any street, apartment or suite number.

If your post office does not deliver mail to your street address, you may enter your box number instead.

If you reside outside the United States, use the CITY – STATE – ZIP field to provide your foreign address.

If you receive your mail in care of a third party, enter "c/o" followed by the third party's name and address.

## SECTION 2: AUTHORIZATION

Initial one or both authorizations that apply.

- If eligible for the MPPP, initial the first statement to have CalSTRS **pay** your Medicare Part A monthly premium.
- If you choose to participate in the MPDS, initial the second statement to have CalSTRS **deduct** the Medicare Part B premium from your monthly benefit.

## SECTION 3: REQUIRED SIGNATURE

Sign and date this form.

## **SUBMITTING YOUR MEDICARE PAYMENT AUTHORIZATION FORM**

Return this form to CalSTRS along with a copy of your current **unpaid** Medicare Premium Bill (CMS-500) 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.

**Be sure to include your Client ID number on the Medicare Premium Bill (CMS-500).**

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

### **Hand Delivery:**

Hand deliver your application to a local CalSTRS office. For a current listing, go to [CalSTRS.com/forms-drop](http://CalSTRS.com/forms-drop).

### **Mailing Address:**

Mail your application to:

CalSTRS  
P.O. Box 15275, MS 65  
Sacramento, CA 95851-0275

### **Overnight Delivery:**

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

CalSTRS  
Member Services  
100 Waterfront Place  
West Sacramento, CA 95605

### **Fax Delivery**

916-414-5964 or  
916-414-5965

## **QUESTIONS**

Email your questions using your *myCalSTRS* account or at [CalSTRS.com/contactus](http://CalSTRS.com/contactus) or call 800-228-5453.

# Medicare Payment Authorization

HB 0986 REV 07/21



California State Teachers' Retirement System  
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Sacramento, CA 95851-0275  
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CalSTRS.com

[For CalSTRS' Official Use Only]

**Instructions:** If you're currently receiving a Social Security benefit and a Medicare premium is being deducted from that benefit, disregard this form. If you enroll in Medicare Part A and will be charged a premium, you may qualify for the CalSTRS Medicare Premium Payment Program. To enroll in the program, complete and submit this form. If you're billed for Medicare Part B, you can use this form to enroll in the Medicare Premium Deduction Service in which CalSTRS will deduct the monthly premiums from your CalSTRS monthly benefit and send payments to Medicare. Be sure to include your Client ID on your Medicare Premium Bill, which you must submit to complete the enrollment process. It is important you report any change of address promptly to the Social Security Administration and to CalSTRS. This form does not enroll you in Medicare. To enroll in Medicare, call Social Security at 800-772-1213.

## Section 1: Member Information

CLIENT ID

MEDICARE CLAIM/CARD NUMBER

NAME (LAST, FIRST, INITIAL)

DATE OF BIRTH (MM/DD/YYYY)

MAILING ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE

## Section 2: Authorization

I authorize CalSTRS to pay Medicare Part A premiums to the Centers for Medicare and Medicaid Services, the federal Medicare administrator, on my behalf. With my initials and signature below, I request CMS to send premium notices to CalSTRS rather than to me. I also authorize 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.**

\_\_\_ If eligible, 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 Administration.

## Section 3: Required Signatures

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. I understand that I am responsible for the payment of any Medicare premium bills, and remain responsible, even in the event that CalSTRS subsequently discontinues deductions and/or payment of my premiums.



MEMBER'S SIGNATURE

SIGNATURE DATE (MM/DD/YYYY)

