Today's Date: _____/_____/_____ # of pages: Plan Year: **2025**

Medicare Part B Recipient Name:	Employer Name/Division Name: **International Monetary Fund Medicare Part B Reimbursement**	
Medicare Part B Recipient Address: ☐ Please check if change of address; you must also change with your HR department.		
Medicare Part B Recipient Social Security Number:	Home Phone: ( )	Cell Phone: ( )

This form is to be used to apply for reimbursement of Medicare Part B premiums in accordance with the IMF's policy on Medicare Part B enrollment.

Please use one claim form per Medicare Part B participant. If one reimbursement request form is used to submit claims for multiple Medicare Part B participants in the same family, P&A Group will not process your reimbursement request.

The name of the individual on the P&A Group claim form should be identical (match) to the name shown in the supporting documentation. If your name does not match, the reimbursement request will not be processed and you will be asked to resubmit.

Please indicate one of the following: ☐ Initial Request for Reimbursement Or ☐ Change in Premium Cost

Name of Medicare Part B Participant	**Name of the IMF (Current or former) Employee and your relationship to them**	List the total MONTHLY AMOUNT	Indicate the month the premium went into effect
1.			

Total Amount Requested: $ _____**Per Month**

I certify that the above listed expenses have been incurred by me or by my spouse or dependent(s) and that they have not been reimbursed under any other health plan; furthermore, I will not seek reimbursement of the expenses under any other health plan.

Signature: _____ Date: _____/_____/_____

Claim Submission Guidelines

- All reimbursements will be made payable to the Medicare Part B Participant.
- Send completed claims via electronic upload, fax or mail to P&A Group.
- Claims for reimbursement of 2025 Medicare Part B premiums must be submitted by March 31, 2026.

FAX: Toll-free (855) 362-7711
MAIL ADDRESS: Flex Department, Attn: IMF Reimbursement Account 6400 Main St., Suite 2100, Williamsville, NY 14221

P&A Group Customer Service Information

Customer service representatives are available Monday - Friday, 8:30 AM - 10:00 PM ET.
WEBSITE: www.padmin.com **TOLL-FREE:** (800) 688-2611, Option 5

Electronic Claim Submission for Faster Processing

Submit your claim via electronic upload directly to the P&A secure website from your mobile device, tablet or desktop computer. Log into your P&A online account for more information.