

**J.J. STANIS AND COMPANY, INC
C/O WESTERN SUFFOLK BOCES**

MEDICARE PART B PREMIUM REIMBURSEMENT FOR 2025

All BOCES retirees and their spouses who were born prior to January, 1960, (or are receiving Medicare benefits as a result of a disability), and are covered under the Empire Plan through BOCES are eligible to receive reimbursement for their Medicare Part B premium payments.

In order to verify your eligibility and receive the correct reimbursement of the premiums paid for the period January 1 to December 31, 2025, you need to:

- You must send a copy of the 1099 form you receive from the Social Security Administration which indicates the Medicare Part B premium you paid in 2025.
- Only if you have deferred your social security, we would then accept a copy of the bill showing how much you paid.
- If documentation is not sent, BOCES will NOT process reimbursement. Premiums for Medicare Part B are specific to each retiree. Therefore, documentation is required.

Kindly have this form sent back to us **NO LATER THAN 2/28/2026** in **ONE** of three ways:

Mail: J.J. Stanis and Company, Inc.
Attn: Western Suffolk BOCES- Medicare Reimbursements
377 Oak Street, Suite 406
Garden City, NY 11530

Email (fastest): Medicare@jjstanisco.com

Confidential Fax: 516-706-7890

PLEASE NOTE: only send one way, sending multiple ways will slow down our process of reviewing and processing your reimbursements.

RETIREE:

Name: _____ Date of Birth: _____

Retiree Signature: _____ Date: _____

SPOUSE (only if you carry a family plan):

Name: _____ Date of Birth: _____

Spouse Signature: _____ Date: _____

Please indicate whichever is applicable for your **spouse**:

_____ I certify that I **DO NOT** receive reimbursement **from another source**.

_____ I **will receive** reimbursement **from another source**. You may be eligible for a reimbursement from your former employer as a retiree who is continuing health insurance.

IF YOUR INFORMATION CHANGED, PLEASE INDICATE BELOW (changes only)

Home Phone # _____ Cell Phone # _____

Address: _____

Email address _____

FOR QUESTIONS ABOUT THIS FORM PLEASE CONTACT J.J. STANIS AT 516-465-3900