ILWU-PMA BENEFIT PLANS /

International Longshore & Warehouse Union – Pacific Maritime Association **www.benefitplans.org**

1188 FRANKLIN STREET • SUITE 101 • SAN FRANCISCO, CALIFORNIA 94109 FAX (415) 673-8500 FAX (415) 749-1400

ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

Date: December 17, 2019

TO: ILWU Longshore, Ship Clerks and Walking Boss/Foremen Locals

FROM: Mario Perez, Director of Benefit Plans

SUBJECT: Request for Medicare Part B Premium Information

Enclosed is a copy of the notice mailing to pensioners and beneficiaries requesting proof of their 2020 Medicare Part B premium amount. The request is to ensure the Plan is reimbursing the correct monthly premium amount.

Enclosure

A copy of this memo can be downloaded at <u>www.benefitplans.org</u>

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ILWU-PMA Pension Plan ILWU-PMA Welfare Plan ILWU-PMA Watchmen Pension Plan

December 2019

Subject: ILWU-PMA Welfare Plan Proof of 2020 Medicare Part B Premium-Medicare Eligibles

For many Medicare-eligible participants, Medicare Part B premiums change January 1 of each year. To ensure you are reimbursed the correct premium, Medicare Eligibles (including pensioners, beneficiaries, and disabled adult children) must submit a copy of their 2020 Medicare Part B Social Security notice to the Benefit Plans Office no later than March 31, 2020. However, please note that more time may be allowed for those experiencing extenuating circumstances which might delay their ability to timely submit their 2020 Social Security notice (eg, hospitalization, out of the country for an extended period of time, etc).

Please note the Plan will only reimburse premiums being paid by members. If your premium is being paid by a third party, you are not eligible for reimbursement and should notify the Benefit Plans Office.

The Social Security Administration mails you a letter towards the end of November or the beginning of December with your upcoming premium rate for the following year. Please provide the Benefit Plans Office with a copy of the Social Security letter showing your 2020 Part B premium as soon as possible. Be sure to write your Registration Number next to the name to ensure efficient and accurate processing.

Please refer to the back page for samples of an acceptable Social Security Administration letter/notice. If you misplaced or do not have your letter/notice, contact the Social Security Administration at 1-800-772-1213 to request another copy. You may also go online to **www.ssa.gov** and print out a copy of your 'Benefit Verification letter'.

Beginning January 1, 2020, the Benefit Plans Office will be reimbursing \$109 per month for each Medicare Part B enrolled member until your 2020 Social Security Administration letter/notice is received. Letters/notices received by March 31, 2020 will receive retroactive adjustment to January 2020. Letters/notices received after March 31, 2020 will be reimbursed based on the month of receipt and no retroactive adjustment will be made (unless otherwise allowed by the Benefit Plans Office as noted in the first paragraph). Because Medicare Part B reimbursement payments are tax exempt, any overpayments will be collected.

Please submit your letter/notice as soon as possible but no later than March 31, 2020. **If you have already submitted your notice for 2020, please disregard this request.** A postage-paid return envelope is enclosed for your convenience. You may also fax your letter/notice to 415-749-1400 to expedite delivery.

If you have any questions, please contact the Benefit Plans Office at 415-673-8500.

(Over)

Other Help For Seniors Call the Eldercare Locator service of the U.S. Administration on Aging at 1-800-677-1118 or visit <i>unux-eldercare, acl.gos</i> to learn about a wide variety of services that may be helpful to you.		C See Next Page
ANNEX 1ST FL 90 TTH ST SAN FRANCISCO CA 94103		
		 Your benefit amount after deductions that will be deposited into your bank account or sent in your check on January 15, 2020 is:
 Visit our website at <i>invar.socialsecurity.gov</i> Call us toll-free at 1-800-772-1313 (TTY 1-800-325-0778) Confact your nearest Social Security office 		 So as for the income related mounty adjustment amount income tax return Your deduction for voluntary tax withholding is: \$591.50
What If I Have Questions?	23	
Department of the Treasury's Go Direct website at www.godirect.org online.		Your 2020 monthly deduction for the Medicare Part B szoz.40
If you receive a paper check and want to switch to an electronic payment, please visit the		 Your new 2020 monthly benefit amount before deductions is:\$2,568,40
We would be happy to review the amounta.	MIC	How Much Social Security Will I Get?
If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit <i>unnessa, gawhon-medicallappeal</i> to appeal online.	i %	If you currently do not have Medicare Part B or Part D and enroll in 2020, those premiums will also be increased based on your income.
• After we take any other deductions, you will receive an or about January 15, 2020.	(66990019-	premiums because of your income. The information in this letter about your premiums is for one year only.
 The amount we deduct for volustary rederat fax withholding is (If you did not elect voluntary tax withholding as of November 22, 2019, we show \$0,00.) 	s DXS+140	Your Social Security benefits will increase by 1.6 percent in 2920 because of a rise in the cost of living. The Social Security Act requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part
	9513019530000	
2 Insurance is 22, 2019, pow \$0.00.)	noscocis21161	
How Much Will I Get And When? • Your monthly amount (before deductions) is	n oper	والعالية المحالية المحادية ومح
Your Social Security benefits will increase by 1.6% in 2020 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.	NIN CONTROL	Date: November 27, 2019 BNC#:
BENEFICIARY'S NAME:	102 9 X5¥10	Important Information
	10×	Coolal Convity Administration
Your New Benefit Amount		