

ILWU-PMA BENEFIT PLANS /

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

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ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

Date: November 28, 2017

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

FROM: Mario Perez, Manager, Welfare 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 2018 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 www.benefitplans.org

MP:nt/opeiu29aficio/MTP-RequestForMedicarePartBPremium-112817

ILWU-PMA Pension Plan
ILWU-PMA Welfare Plan

ILWU-PMA Watchmen Pension Plan

December 2017

**Subject: ILWU-PMA Welfare Plan
Proof of 2018 Medicare Part B Premium**

For many participants, Medicare Part B premiums change annually. To ensure you are being reimbursed the correct premium, the Benefit Plans Office is requesting all pensioners and beneficiaries to submit proof of their 2018 Medicare Part B premium.

Each year, the Social Security Administration mails you a letter towards the end of November with your upcoming rate for the following year. Please make a copy of this letter showing your 2018 Medicare Part B premium, and submit as soon as possible.

Acceptable proof would be a copy of your Social Security letter/notice indicating the 2018 Medicare Part B monthly premium or "Notice of Medicare Premium Payment Due" for 2018. If you misplaced or do not have your letter/notice, you can contact the Social Security Administration at 1-800-772-1213 to request another copy.

The Benefit Plans Office will be reimbursing the standard rate of \$109.00 per Medicare Part B enrolled member per month. **If your monthly Medicare Part B premium is \$109.00, there is no action required on your part. If you are receiving a rate other than \$109.00, please send a copy of your notice to the Benefit Plans Office to ensure you are being paid the correct amount per month.**

Please submit your letter/notice as soon as possible. A postage-paid return envelope is enclosed for your convenience. You may also fax your letter/notice to 415-749-1400.

If you have not provided proof of your 2017 Medicare Part B monthly premium, you will be receiving IRS form SSA-1099 in January 2018. Please submit a copy to the Benefit Plans Office.

Below is a list of members currently eligible for Medicare per Plan records:

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