

SECTION 1: PERSONAL IDENTIFICATION

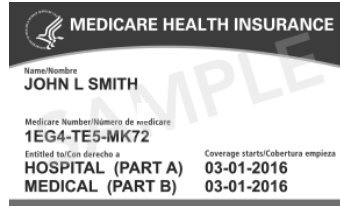
Member Name: First	M.I.	Last	Last 4-digits of SSN
Mailing Address: Street			Apt. or Unit no.
City	State	Zip	Email
Member's Birth Date	Telephone number (with area code)		<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2: MEDICARE INFORMATION

MEDICARE NUMBER <i>(Please refer to your Medicare card)</i>	PART A EFFECTIVE DATE <i>(MM/DD/YYYY)</i>	PART B EFFECTIVE DATE <i>(MM/DD/YYYY)</i>

SECTION 3: PROGRAM ENROLLMENT

1. You must have to pay for Medicare Part A to enroll in this program. CTPF retirees who pay for Medicare Part A must enroll in MedPay to receive the CTPF subsidy for Medicare.



2. To enroll, make your first Medicare Part A, Part B, and Part B IRMAA (if applicable) premium payment directly to the Centers for Medicare and Medicaid Services (CMS).

3. Immediately send CTPF this form and the required documentation noted below.

+ CTPF will not subsidize Part A premiums for members with a pension benefit effective date of July 1, 2016, or later.

4. CTPF will process your request and make all subsequent Part A, Part B, and Part B IRMAA (if applicable) premium payments directly to CMS on your behalf.*

5. Your share of the premium payment (after CTPF premium subsidy) will be deducted from your pension benefit. Depending on the timing of this deduction, you may experience a double deduction from your pension check. Per the requirements of this program, any refunds owed to the member will be paid by Medicare and NOT by CTPF.+

* High income earners as determined annually by the Social Security Administration are subject to Income Related Medicare Adjustment Amounts (IRMAA) for Part B and Part D coverage, in addition to Medicare premiums. Federal law prohibits CTPF from making Part D IRMAA payments on your behalf.

SECTION 4: REQUIRED DOCUMENTATION

Important: your application will not be processed without the required documentation. Immediately after making your first Medicare premium payment to CMS, send this form and the following:

1. A copy of your first CMS-issued Notice of Medicare Premium Payment Due.
2. Proof of your first premium payment. This is usually a copy of your check or credit card bill.

SECTION 5: CTPF MEDICARE PREMIUM PAYMENTS ON YOUR BEHALF

1. Once CTPF receives this completed form and the required documentation, we will initiate the process of making Medicare Part A, Part B, and Part B IRMAA (if applicable) payments to CMS on your behalf.
2. If you receive a second Medicare premium payment bill from CMS, DO NOT PAY the bill until you have contacted CTPF for further instructions. (In rare instances, because of timing, you may be required to make more than one payment directly to Medicare).

ACKNOWLEDGEMENT OF RESPONSIBILITY AND INTENT

I, _____, PRINT NAME _____, authorize the Chicago Teachers' Pension Fund to pay Medicare Part A, Part B, and Part B IRMAA premium (if applicable) on my behalf. I understand that if I am subject to IRMAA Part D as determined by the federal government, I am responsible for making this payment directly to CMS.

(You will be billed for this amount directly from CMS).

Retiree Signature

Date