



Chicago Teachers' Pension Fund

MEDPAY ENROLLMENT (Complete **ONLY** if Paying Medicare Part A)

425 S. Financial Place, Suite 1400 | Chicago, IL 60605-1000
312.641.4464 | Fax 312.641.7185 | www.ctpf.org

FORM 301
(REV. 8/2023)

SECTION 1: PERSONAL IDENTIFICATION

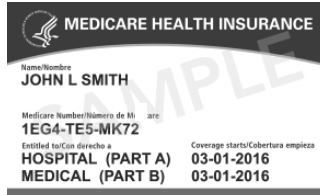
Member Name: First	M.I.	Last	Last 4-digits SSN/Member ID:
Mailing Address: Street			Apt. or Unit no.
City	State	Zip	Email Address:
Member's Birth Date:	Telephone Number: <small>(with area code)</small>		<input type="checkbox"/> Male <input type="checkbox"/> Female

SECTION 2: MEDICARE INFORMATION

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

SECTION 3: PROGRAM ENROLLMENT

- 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 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).
- Please 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.

- 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.
- 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 SSA 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** (recommend using EasyPay - visit Medicare.gov).

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:

- A copy of your first CMS-issued Notice of Medicare Premium Payment Due.
- 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

- 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. You **MUST** continue to pay your Part D IRMAA directly to Medicare.
- 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