



# San Joaquin County Employees' Retirement Association

**TO:** San Joaquin County Employees' Retirement Association  
**Attention:** Medicare B Enrollment

**FROM:** Retiree Name \_\_\_\_\_ (Medicare B Eligible Retiree)

**Subject:** Participation in 2008 Medicare B Retirement Program

| Medicare B Beneficiaries who file an individual tax return with income: | Medicare B Beneficiaries who file a joint tax return with income: | Total monthly Medicare B premium amount for each participant |
|---|---|--|
| Less than or equal to \$82,000  | Less than or equal to \$164,000                                   | \$96.40  |
| Greater than \$82,000 and less than or equal to \$102,000               | Greater than \$164,000 and less than or equal to \$204,000        | \$122.20   |
| Greater than \$102,000 and less than or equal to \$153,000              | Greater than \$204,000 and less than or equal to \$306,000        | \$160.90   |
| Greater than \$153,000 and less than or equal to \$205,000              | Greater than \$306,000 and less than or equal to \$410,000        | \$199.70   |
| Greater than \$205,000  | Greater than \$410,000  | \$238.40   |

For 2008, please initiate the Medicare Part B Reimbursement from my Sick Leave Balance as indicated below:

For myself: Name: \_\_\_\_\_ \$ \_\_\_\_\_

For Spouse/  
And/Or qualified  
Dependent Name: \_\_\_\_\_ \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**NOTE:** I certify under penalty of perjury that the foregoing information on the Medicare B premium that I will be paying is true and correct. I understand and agree that once enrolled, the enrollees named above must remain in the Medicare B Premium Reimbursement Program through the end of the calendar year UNLESS an enrollee becomes ineligible for or otherwise discontinues Medicare B coverage. I understand and agree that I must notify SJCERA immediately upon termination of Medicare B coverage for any of the enrollees named above. If I fail to notify SJCERA, I understand that SJCERA is required to collect from me any reimbursement payments to which I am not entitled plus a processing fee.

By signing this form, I agree that I will not make any legal claim of any kind against SJCERA, its staff and advisors, should my participation in this program result in unexpected tax liability to me, including interest and penalties. I understand that my ability to participate in this program is voluntary and a valuable benefit for which I am willing to sign this waiver of all claims.

\_\_\_\_\_  
 Signature Date