



Human Resource Services Employer Group Waiver Plans (EGWPs) Reimbursement Request

Effective October 1, 2019 Palomar College retired Anthem PPO medical enrollees over 65 are required to enroll in Employer Group Waiver Plans (EGWP) which is a group sponsored Medicare Part D plan.

There is no cost to the program if your modified adjusted gross income (MAGI) is less than \$85,000 (single) or \$170,000 (married/file jointly). If your tax filings are higher, there is a cost that you would be responsible to pay to Medicare. Should you incur a cost for Medicare Part D, Palomar College will reimburse such cost to you.

Instructions: How do I receive reimbursement for Medicare Part D?

1. Complete the Reimbursement Request form below
2. Provide proof of payment to Human Resources (cash check, bank statement, Social Security stub) copies are acceptable.

Mailing Address

Palomar College – Human Resources Benefits
1140 West Mission Road
San Marcos, CA 92069

Fax: 760-761-3530

Email: benefits@palomar.edu

Phone: 760-744-1150 ext. 2609

3. Reimbursement requests must be submitted no later than 6 months following a new plan year.
4. Payment is at the end of the month in accordance with the reimbursement timeline below.

QUARTER	Q1	Q2	Q3	Q4
QUARTER DATES	Jan. to Mar.	Apr. to Jun.	Jul. to Sept.	Oct. to Dec.
REIMBURSEMENT	May	August	November	February

Employer Group Waiver Plan Reimbursement Request

Retiree name: _____

Spouse name (if applicable): _____

Current mailing address: _____

Current telephone number: _____

Description	Beginning (month/year)	Ending (month/year)	Amount
EGWP Quarterly Fee			\$
EGWP Quarterly Fee			\$
EGWP Quarterly Fee			\$
EGWP Quarterly Fee			\$
Total Reimbursement			\$

Signature: _____ Date: _____

I certify that due to my modified adjusted gross income, I have incurred a cost from Social Security while enrolled in Medicare Part D. I have attached proof of payment to this request and request Palomar College reimburse me in accordance with the schedule listed above.