



MECKLENBURG COUNTY

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The following forms must be submitted to waive the Mecklenburg County Medicare-Coordinated (secondary) plan and initialize reimbursement payments from Mecklenburg County for premium payments for your enrollment in a separate Medicare Supplement plan. The County will only reimburse Medicare eligible retirees who have waived the County's Medicare-Coordinated (secondary) plan and enrolled in a Medigap or Medicare Supplement plan. The County does not reimburse for an additional Part D plan if that plan is separate from the Medigap or Medicare Supplement plan.

Retiree Medical Plan Waive Election Form: You waive all rights to medical coverage through Mecklenburg County at a later date once you sign, date, and return this form.

W-9 Form: The Procurement Department needs this form to set you up as a 'Vendor' to receive reimburse payments. The reimbursement payments are for your individual Medicare Supplement premium payments up to the maximum annual amount. Use your personal information when completing the form.

2022 Maximum Monthly Reimbursement:	10-19 yrs: \$306.35	20+ yrs: \$612.69
2022 Maximum Annual Reimbursement:	10-19 yrs: \$3,676.20	20+ yrs: \$7,352.28

Automatic Deposit Form: The Finance Department uses this form to start direct deposit payments to your bank account for the premium payments you pay (up to the annual maximum amount). You must submit a new form to the Finance Department when you want to change your direct deposit. **A voided check (or copy) must be included with your forms (front and back of check).**

Bank/Credit Card Account Statement: The Finance Department uses a bank statement or a credit card account statement as proof of your payment for your Medicare Supplement plan. The statement must include your name, to whom paid, current date, and the amount of the payment (monthly, quarterly, or annually payments can be submitted). You may mark out private information such as the account number and account balance.

Return all forms to the Mecklenburg County Human Resources **Employee Services Center** at 700 East Fourth Street, Suite 220, Charlotte, NC 28202.

Contact Rhonda Brown at 980.314.2956 or Rhonda.Brown@MecklenburgCountyNC.Gov for any payment verification requirement questions. Once your vendor account is created, the Finance Department will start your direct deposit reimbursement payments for the premiums paid (up to the annual maximum). Future verification of premium payments may be emailed to Rhonda.Brown@MecklenburgCountyNC.Gov. You may also mail them to PO Box 34486, Charlotte, NC 28234 (ATTN: Rhonda Brown) or fax them to 704.432.3887.