

By completing this form, you are allowing the City of Boston to pay 100% of your Medicare Part B late enrollment penalty directly to the Centers for Medicare and Medicaid Services for you. As a result, you will not have the Part B penalty added to the Part B premium deducted from your monthly Social Security check.

Individual's Authorization for Payment of the Premium Surcharge

In order for the City of Boston to pay the late enrollment premium surcharge portion of my Medicare part B premium to the Centers for Medicare and Medicaid Services (CMS), on my behalf. I request that CMS send notice of the premium surcharge amount due to the City of Boston. I authorize CMS to furnish the City of Boston information from time to time as may be necessary to administer the premium surcharge payment arrangement.

I also understand that, although the City of Boston is paying the premium surcharge portion of my Medicare part B premium, I am still responsible for paying the monthly part B premium payment. I understand that CMS will continue to collect the monthly premium either through benefit withholding or, where there is no benefit, direct remittance.

Signature

Date

Medicare Number

Please return the completed form to:

**City of Boston
Health Benefits Office
Boston City Hall
Room 807
Boston, MA. 02201**