

Your New Benefit Amount

BENEFICIARY'S NAME:

Your Social Security benefits will increase by **2.8%** in 2019 because of a rise in the cost of living. You can use this letter as proof of your benefit amount if you need to apply for food, rent, or energy assistance. You can also use it to apply for bank loans or for other business. Keep this letter with your important financial records.

How Much Will I Get And When?

- Your monthly amount (before deductions) is \$359.50
- **The amount we deduct for Medicare Medical Insurance is \$135.50**
(If you did not have Medicare as of November 16, 2018, or if someone else pays your premium, we show \$0.00.)
- The amount we deduct for your Medicare Prescription Drug Plan is \$0.00
(We will notify you if the amount changes in 2019. If you did not elect withholding as of November 1, 2018, we show \$0.00.)
- The amount we deduct for voluntary Federal tax withholding is \$0.00
(If you did not elect voluntary tax withholding as of November 16, 2018, we show \$0.00.)
- After we take any other deductions, you will receive \$224.00
on or about January 23, 2019.

If you disagree with any of these amounts, you must write to us within 60 days from the date you receive this letter. Or visit www.ssa.gov/non-medical/appeal to appeal online. We would be happy to review the amounts.

If you receive a paper check and want to switch to an electronic payment, please visit the Department of the Treasury's Go Direct website at www.godirect.org online.

What If I Have Questions?

- Visit our website at www.socialsecurity.gov
- Call us toll-free at **1-800-772-1213** (TTY **1-800-325-0778**)
- Contact your nearest Social Security office

Other Help For Seniors

Call the Eldercare Locator service of the U.S. Administration on Aging at **1-800-677-1116** or visit www.eldercare.acl.gov to learn about a wide variety of services that may be helpful to you.

MEDICARE PREMIUM BILL

DATE: 01/28/2019

YOUR MEDICARE NUMBER:

Ways to pay your bill:

- Pay online at your bank's website
- Sign up for Medicare Easy Pay
- Make a check or money order payable to "CMS Medicare Insurance"
- Use Visa, MasterCard, American Express, or Discover

Send payment with the coupon at the bottom to:

Medicare Premium Collection Center
P.O. Box 790355
St. Louis, MO 63179-0355

Coverage Periods	Part A (Hospital Insurance)	Part B (Medical Insurance)	IRMAA Part D	Total Amount
Amount due for Part A and/or Part B 03/01/2019-05/31/2019		\$406.50		\$406.50
Past due amount for Part A and/or Part B				
Amount due for IRMAA Part D				
Past due amount for IRMAA Part D				
Part A termination date:				Total amount due: \$406.50
Part B termination date:				
Part D termination date:				
				Payment in full due by: 02/25/2019

Please send your full payment by 02/25/2019. Your payment is late if Medicare gets it after this date. If your bill says "Delinquent" at the top, you must pay your bill in full by this date, or you could lose your coverage and you may not be able to get your coverage back right away. **Partial payment may not stop you from losing your coverage.**

Your bill shows new amounts and past amounts we didn't get by your last bill's due date.

We got your last payment of \$405.00 on 11/15/2018.

See other side for important information, including who to contact if you have questions.

▼ Don't send notes or letters with your payment. Cut at dotted line and return bottom with payment. ▼

Check here if your name or address has changed or is wrong, and complete the back of this paper.

Check here if the person has died.

Amount you are paying: \$

Medicare Number:

Write your Medicare number on your check or money order.

Amount due: \$406.50 Due in full by: 02/25/2019

Don't send cash. Make check/money order payable to:
CMS Medicare Insurance

Send payment to:

MEDICARE PREMIUM COLLECTION CENTER
P.O. BOX 790355
ST. LOUIS, MO 63179-0355

Visa/MasterCard/American Express/Discover Number:
 - - -

Expiration Date: (MM/YYYY) -

Credit/Debit Card Billing ZIP Code:

Signature:

*The amounts on this sample may not reflect your Medicare premium.