

REQUEST FOR SURVIVORS BENEFICIARY AFFIDAVIT

To obtain reimbursement for Medicare Part B payments owed to a deceased retiree write a letter to:

**NYC Health Benefits Program
Attention – Medicare Unit
22 – Cortlandt Street – 12th Floor
New York, NY 10007**

Include the following:

A copy of the Death Certificate

Name of deceased Retiree _____

Social Security # _____

Your Name _____ and

Social Security # _____

Your home address _____

_____ and

Telephone # _____