

## Medicare Reimbursement For NHBP Tribal Elders

Tribal Elders, did you know you can be reimbursed for the premium you paid to Medicare for your Part B that was deducted from your benefits? Tribal Council has approved reimbursement to NHBP Tribal Elders who have paid for their Medicare Part B.

**To receive reimbursement of your Part B Premium through the NHBP Healthcare plan,** send in a copy (not your original) of your Social Security 1099 (SSA-1099) tax form to Forest County Potawatomi.

**By Email:** [fcinsurance@fcpotawatomi-nsn.gov](mailto:fcinsurance@fcpotawatomi-nsn.gov)

**By Mail:**

Attention: Karen Dercks  
FCPC  
PO Box 211408  
Eagan, MN 55121

### What is a Social Security Benefit Statement?

A Social Security 1099 or 1042S Benefit Statement, also called an SSA-1099 or SSA-1042S, is a tax form that shows the total amount of benefits you received from Social Security in the previous year. These are mailed out the end of January each year. An example of this form is below.

### How do I get a copy of my Social Security 1099 (SSA-1099) tax form?

It is mailed out each January to people who receive benefits and tells you how much Social Security income to report to the IRS on your tax return.

### You can get a copy of your Social Security 1099 (SSA-1099) tax form online!

Need a replacement copy of your SSA-1099 or SSA-1042S, also known as a Benefit Statement? You can instantly download a printable copy of the tax form by logging in to or creating a free my Social Security account. Visit <https://www.ssa.gov/myaccount/replacement-SSA-1099.html>

**If you need help creating an account on my Social Security, printing a replacement 1099 statement, or sending your 1099 to Forest County Potawatomi, please contact Dena Juday at 269.704.8349 or [dena.juday@nhbp-nsn.gov](mailto:dena.juday@nhbp-nsn.gov).**

**FORM SSA-1099 – SOCIAL SECURITY BENEFIT STATEMENT**

<b>2015</b> • PART OF YOUR SOCIAL SECURITY BENEFITS SHOWN IN BOX 5 MAY BE TAXABLE INCOME. • SEE THE REVERSE FOR MORE INFORMATION.		
Box 1. Name	Box 2. Beneficiary's Social Security Number	
Box 3. Benefits Paid in 2015	Box 4. Benefits Repaid to SSA in 2015	Box 5. Net Benefits for 2015 (Box 3 minus Box 4)
DESCRIPTION OF AMOUNT IN BOX 3	DESCRIPTION OF AMOUNT IN BOX 4	
SAMPLE	Box 6. Voluntary Federal Income Tax Withheld	
	Box 7. Address	
	Box 8. Claim Number (Use this number if you need to contact SSA.)	

Form SSA-1099-SM (1-2016) DO NOT RETURN THIS FORM TO SSA OR IRS