

Monmouth County Medicare Part B Reimbursement Request Form

Instructions



Type the following URL into your address bar: <https://medicare.co.monmouth.nj.us>

The following page will appear:



Monmouth County - Medicare Part "B" Reimbursement Request Form

Sign In

Login



I am human



hCaptcha
Privacy - Terms

[New user? Register here!](#)

[Forgot Password](#)

[Click here for instructions.](#)

Need help? Please contact HR Benefits at (732) 683-8955 or email us at Medicarehelp@co.monmouth.nj.us

Click **New User? Register here!** to begin.

The following page will appear:

[Back to login](#)

Sign Up

Name

Email

Username

Password

Confirm Password

I am human



[Sign Up](#)

Password requirements:

- Password must be at least 8 characters long.
- It should contain at least one uppercase letter (A-Z).
- It must include at least one lowercase letter (a-z).
- Your password must have at least one digit (0-9).
- It should include at least one special character (e.g., !#\$%^&*).
- Spaces are not allowed in the password.

Enter your first and last name in the **Name field**.

Enter your email in the **Email field**.

In the **Username** field, make up a username which will be easy for you to remember.

In the **Password** field, enter a long, secure password fulfilling the listed requirements.

Re-enter your password. Please make sure to save this password in a safe location.

Check the **I am human** box. A screen will appear asking to match images to a given image. Once you have selected which images match click **verify**.

Then click **Sign Up**.

The following page will appear:

Account was created successfully. Please sign in using your credentials.

Sign In

 I am human 
hCaptcha
Privacy - Terms

[New user? Register here!](#)

[Forgot Password](#)

Please enter your username and password in the designated fields.

Click the **I am human** box and match the images, then click **Verify**. (There may be two pages of images.)

Then click **Login**.

The following screen will appear:



Monmouth County - Medicare Part "B" Reimbursement Request Form



A confirmation email has been sent to the email address on file. Please follow the directions in your email to confirm your identity. Please make sure to check your junk or spam folder.

[Return Home](#)

Check the email you used when you registered. There will be a new message from no-reply@co.monmouth.nj.us

The message will look like this:

Click the link to confirm your identity for the Medicare Reimbursement Part B Online Application



no-reply@co.monmouth.nj.us
To [redacted]

Please [Click here](#) to confirm your identity for the Monmouth County Medicare Reimbursement Part B Online Application. If you did not initiate this request, please contact (732)683-8955

Thank you.

Regards,
Monmouth County Human Resources
Division of Benefits & Workforce Wellness

Click the [blue text](#) to follow the link to the system.

The following screen will appear in your browser:



Monmouth County - Medicare Part "B" Reimbursement Request Form

Welcome to Monmouth County's new online Medicare Part B Reimbursement Tool

Please select from the following options:

I am using this tool for the first time this year. I want to file for my reimbursement.

I have already filed for my reimbursement. I want to check my status.

To file for your reimbursement, click the **I am using this tool for the first time this year. I want to file for my reimbursement.** option.

The following screen will appear:

Please read this page VERY carefully. When completed, please **check the box** at the bottom confirming you have read and understood the terms and conditions of using this tool.

Then click **Begin**.



Monmouth County - Medicare Part "B" Reimbursement Request Form



Eligibility Criteria and Instructions

Please note: This is a new online tool which has been developed by the County for ease of use and faster processing. All personal and private information entered here is encrypted for your safety.

Eligibility:

You and/or your spouse are eligible for a Medicare Part B Reimbursement if you are enrolled in Medicare Part B, and you fit into one of the following categories:

1. You and/or your spouse are a retired Monmouth County employee receiving medical coverage from the County at no cost, and you are enrolled in Medicare Part B coverage.
2. You and/or your spouse are receiving a disability retirement from the New Jersey Division of Pensions and Benefits, and you are receiving medical coverage from the county at no cost due to the disability retirement, and you are enrolled Medicare Part B coverage.

Reimbursements are made once per year for the period January 1 through December 31.

Instructions:

You **MUST** comply with the following instructions:

1. Parts I, II, and III **MUST** be completed on the following form by all applicants.
2. **ONLY** complete the information for your spouse if your spouse is eligible for the reimbursement.
3. You and/or your spouse **MUST ATTACH** the following support documents with the other completed fields to receive reimbursement:
 - A) A copy of your social security statement (Form SSA-1099) from the prior year which indicates coverage and deductions for Medicare Part B, **OR** a copy of all cancelled checks paid to the health care financing administration (HCFA) for Medicare Part B for the period covering this reimbursement.
 - B) A copy of your Medicare card verifying Part B enrollment.
4. Please submit this completed information with all necessary **ATTACHMENTS** to receive your reimbursement.
5. Not attaching the necessary support documents will cause your reimbursement to be delayed.

Please note that reimbursement requests must be submitted no later than September 1, 2025, for the year 2024.

Before using this tool, please check this box that you have read and understood the terms and conditions.



Begin

The following screen will appear:



Monmouth County - Medicare Part "B" Reimbursement Request Form

Tell us a little more about you:

Please select the option which most accurately describes your situation.

I am a

Retiree filing for a reimbursement with my spouse
Retiree filing for a reimbursement with no spouse
Surviving spouse of a retiree filing for reimbursement
Retiree filing for reimbursement. My spouse is not yet eligible for reimbursement.
Spouse of a retiree filing for reimbursement. The retiree is not yet eligible for reimbursement.

Please select from the drop-down menu which option best describes your situation. After you make a selection, click **Submit**.

The following screen will appear:

Part I: General Information

	<u>Employee Retiree</u>	<u>Spouse</u>
First Name	<input type="text"/>	<input type="text"/>
Last Name	<input type="text"/>	<input type="text"/>
Address	<input type="text"/>	<input type="text"/>
Social Security # <small>(Please enter numbers only, no spaces or dashes.)</small>	<input type="text"/>	<input type="text"/>
Telephone #	<input type="text"/>	<input type="text"/>
Email Address	<input type="text"/>	<input type="text"/>
Emergency Contact	<input type="text"/>	<input type="text"/>
Emergency Contact Email	<input type="text"/>	<input type="text"/>

Note: By submitting my email address, I consent to receive electronic notifications concerning future reimbursement reminders and any updates to the process.

Reimbursement Period: January 1, 2024 through December 31, 2024

[Next](#)

Fill in your first name, last name, complete address, social security number, telephone number, email address, emergency contact name and emergency contact email in the designated fields and then click **Next**.

The following screen will appear:

Part II: Eligibility Information - Please respond to each question on the lines provided.

	<u>Employee Retiree</u>	<u>Spouse</u>
A. What is your date of birth?	<input type="text" value="mm/dd/yyyy"/> 	<input type="text" value="mm/dd/yyyy"/> 
B. Are you and/or your spouse covered by & paying for Medicare Part B?	<input type="text"/>	<input type="text"/>

Question A- Please enter the date of birth for you and/or your spouse using two digits for the month and day and four digits for the year.

Question B- Please select whether you and/or your spouse are covered by and paying for Medicare Part B by using the drop-down options.

C. How do you pay for Medicare Part B?	<input type="text"/>	<input type="text"/>
D. Are you being reimbursed for these costs from any other source?	<input type="text"/>	<input type="text"/>
If yes, what is the source? If no, please type n/a.	<input type="text"/>	

Question C- Please indicate how you and/or your spouse pay for Medicare Part B using the drop-down options.

Question D- Please indicate if you and/or your spouse are being reimbursed for these costs from another source using the drop-down options.

All fields are required, so if you are not receiving reimbursement from another source, please type **N/A** in that field.

Did you and/or your spouse work in the Division of Social Services when you were an active employee?

Please indicate if you and/or your spouse worked in the Division of Social Services when employed by the County using the drop-down options.

Please upload a copy of your Medicare Card, 1099 from Social Security or other proof of payment to Medicare.

Drag & Drop your files or [Browse](#)



Powered by PQINA

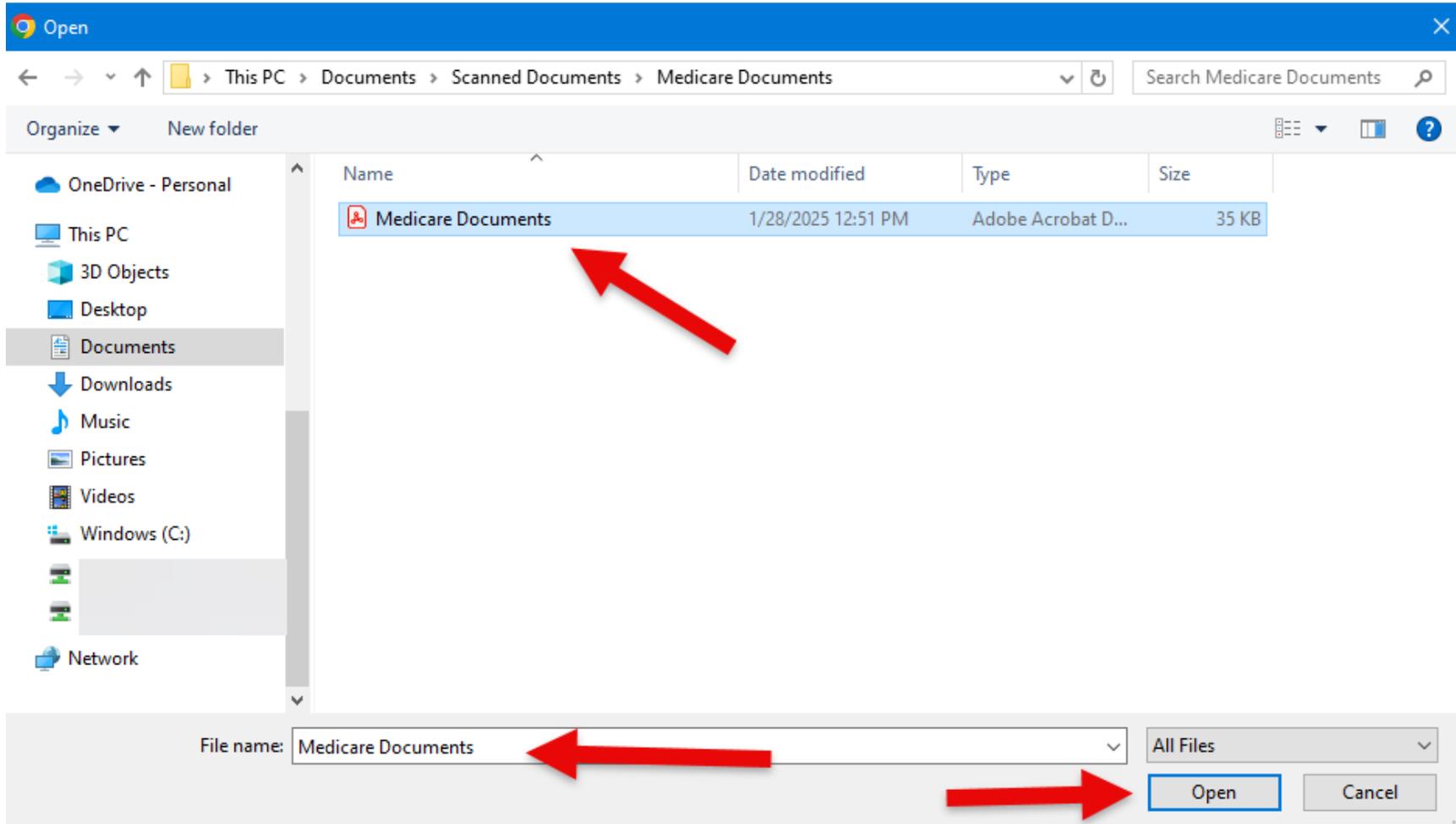
Back

Next

Please upload your supporting documentation including a copy of your Medicare card, a 1099 from Social Security or other proof of payment to Medicare.

To upload your supporting documentation, click **Browse**.

If using a laptop or desktop, a dialogue box will appear looking something like this:



Go to the folder where your files are saved, select which document you wish to upload, and then click **Open**.

Acceptable document file types include pdf, jpeg, png, doc, docx

Your selected document(s) will then appear on the portal page.

Please upload a copy of your Medicare Card, 1099 from Social Security or other proof of payment to Medicare.
(File size limit: 4 MB)

Drag & Drop your files or [Browse](#)

× Medicare Documents.pdf
35 KB



Once all supporting documents are uploaded, click **Next**.

The following screen will appear:

Part III: Certification and Signature

The undersigned hereby certifies that the information provided herein is true and accurate and further certifies that he/she is entitled to reimbursement from the County of Monmouth for Medicare Part B costs as outlined in the Eligibility Criteria.

Signature of Employee:

Signature of Spouse:

Typing your name here will serve as your electronic signature.

Back

Submit

Please read the certification statement. Type the name of the retiree and/or spouse in the designated fields. This will serve as an electronic signature.

Please note: All fields are required. If any information is missing, the form will not submit.

Also note: if you receive an error message coded as 413, the files you are trying to submit are too large. Please contact Medicarehelp@co.monmouth.nj.us for assistance.

To review any of your information, click **Back**.

If all information is complete and accurate, click **Submit**.

The following screen will appear:



Monmouth County - Medicare Part "B" Reimbursement Request Form



Congratulations! You have submitted your documents and information for your Medicare reimbursement. A confirmation email will be sent to the address provided. We will be in touch if any further information is needed. Have a great day!

[Return Home](#)

You will also receive a confirmation email confirming your submission. The email will look something like this:

Successfully submitted Medicare Reimbursement Part B online form.



no-reply@co.monmouth.nj.us

To [redacted]



Dear, [redacted]

Thank you for using the Medicare Reimbursement Portal. We have successfully received your submission, including all required information and documents.

If any further information is needed, we will contact you directly. Otherwise, you will receive an approval email with details on the next steps of the reimbursement process.

Thank you for your cooperation.Regards,
Monmouth County Human Resources
Division of Benefits & Workforce Wellness

Checking the status of your reimbursement submission:

You can check the portal after your submission is received for updates.

Go to <https://medicare.co.monmouth.nj.us>

Login again using your same username and password. You will again have to match images.

You will again receive a verification email with a link to get to the portal.

Information about the status of your reimbursement will be available as the process continues.

You may also receive email updates.

Thank you for using the Monmouth County Medicare Reimbursement Online Form.