

(Place your address here)

DATE: _____

Nassau County Comptroller's Office
Attn: Health Benefits Unit
240 Old Country Road
Mineola, NY 11501

To Whom It May Concern:

RE: MEDICARE PART B REIMBURSEMENT

I am retiring from the Nassau County Police Department effective
_____.

My name is _____ SS # _____ - ____ -

*My spouse/partner's name is _____ SS# _____ - ____ -

* (if not being reimbursed by another agency)

Attached is a copy of my/our Medicare cards for the purpose of
reimbursement of my/our Medicare Part B premium.

You may send the reimbursement checks to me at the above address.

If you have any questions, please call me at _____.

Thank you in advance.

Very truly yours,

(print and sign your name above)