

REIMBURSEMENT AFFIDAVIT

This is to certify that, I, \_\_\_\_\_, paid the total sum of \$ \_\_\_\_\_, on \_\_\_\_\_, 20\_\_ for Medicare coverage for myself and/or my spouse, breakdown of charges below.

Employee:

Medicare premium: \$ \_\_\_\_\_
Medicare supplements: \$ \_\_\_\_\_
Medicare Rx/ Part D: \$ \_\_\_\_\_
Subtotal: \$ \_\_\_\_\_

Spouse:

Medicare premium: \$ \_\_\_\_\_
Medicare supplements: \$ \_\_\_\_\_
Medicare Rx/ Part D: \$ \_\_\_\_\_
Subtotal: \$ \_\_\_\_\_
Grand Total: \$ \_\_\_\_\_

FILED
TERRI ROSS
COUNTY CLERK
2020 DEC 15 AM 11:50
UPSHUR COUNTY, TX.
BY [Signature] DEPUTY

I certify that the above amounts represent legitimate charges for Medicare and supplements for myself and/or my spouse.

\_\_\_\_\_  
Employee Signature Date

Reimbursement is the amount of the Employee's Medicare premium up to \$350.

Amount Reimbursed: \$ \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.

Reimbursement is the difference of Spouse's Medicare premium (over \$142.72 insurance charge) up to \$350.00.

Amount Reimbursed: \$ \_\_\_\_\_ on \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Assistant Treasurer Date

\_\_\_\_\_  
County Treasurer Date