

# AFFIDAVIT

To obtain reimbursement for Medicare Part B payments made by a deceased person:

Name of Decedent (deceased person): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

City Agency from which decedent retired: \_\_\_\_\_

State of \_\_\_\_\_ and County of \_\_\_\_\_

\_\_\_\_\_, being duly sworn, deposes and says:

1. I have been appointed by a court of competent jurisdiction to the office of:

(Put check mark in appropriate bracket)

Administrator/Administratrix

Executor/Executrix

of the estate of the above-referenced decedent. A copy of the appropriate designation is attached to this Affidavit.

2. Said decedent died on \_\_\_\_\_ (date). A copy of the death certificate is attached to this Affidavit.

3. At the time of the decedent's death, he/she was a permanent resident at \_\_\_\_\_

\_\_\_\_\_  
(full address)

County of \_\_\_\_\_, State of \_\_\_\_\_

4. At the time of death, there was due and owing to the estate of the decedent, from the City of New York, pursuant to section 12-126 of the New York City Administrative Code, an amount paid by the decedent for Medicare Part B premiums.
5. I make this affidavit to obtain said payment in full satisfaction of said indebtedness of the City of New York to the estate of the decedent. The full name and address of the administrator/executor is as follows:

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
PRINTED NAME OF AFFIANT

\_\_\_\_\_  
SIGNATURE OF AFFIANT

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
CITY, STATE AND ZIP CODE

SWORN TO BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
SIGNATURE OF NOTARY PUBLIC

AFFIX SEAL HERE