IAFF Local 587
Health Insurance Trust
MIAMI ASSOCIATION OF FIRE FIGHTERS
I.A.F.F. Local 587 · Organized October, 1938
International Association of Firefighters, AFL-CIO, CLC

Chair: Alexander Cardenas
Co-Chair: Sigfredo Delgado
Trustees: Raul Cernuda
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Tom Gabriel
Robert Jorge
Louis Marshall
Nikko Osborne
Alt: Troy Sutton

June 10th, 2026

Dear Local 587 Health Insurance Trust Fund Member,

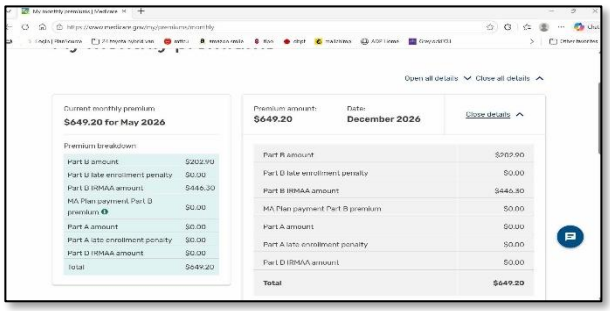
Local 587 Health Insurance Trust Fund (Trust) appreciates your recent efforts to sign up for Medicare Part A and Part B. As stated in earlier correspondence, the Trust is willing to compensate you for some of the additional costs by reimbursing your premiums for Medicare Part A, the penalties for signing up late for Part A, and the penalties for signing up late for Medicare B. The Trust ***WILL NOT*** be reimbursing you for your Medicare Part B premium or any income-related monthly adjustment amount (IRMAA) that may have been imposed on you by Medicare.

The reimbursements for the allowable covered costs will be paid out twice a year, in July and January. The July payment will cover the January to June reimbursements, and the January payment will cover the July to December reimbursements. The first reimbursement payments will be sent out in July of 2026.

The enclosed Medicare Reimbursement Form must be filled out and returned to Local 587 Health Insurance Trust Fund, along with detailed proof of payment. Further instructions are provided on the form. If you need more of these forms they will be available on our website, www.healthtrustmaff.org or by calling the Trust's office.

The preferred proof of payment is a copy of the detailed receipt from Medicare. To find your detailed monthly receipt follow the instructions below:

- Log into your online account on www.Medicare.gov
- Click on your name on the top right side
- Click on "My Premiums" on the right side of the drop-down list
- Click on "Premium details"
- Go to the month that you are looking to be reimbursed for and click on "Open details"
- Print out the detailed report, save it as an attachment or take a picture of it
- The receipt should look like the picture below:



- Send a copy of this detailed receipt to the Trust for each month that you are asking for reimbursement along with your Medicare Reimbursement form.

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Other forms of proof of payment may be acceptable, such as your bill from Medicare or your Social Security statement showing the deductions from your monthly Social Security payment. However, they must show what your monthly Medicare payment was for. This includes a breakdown of your payment for Medicare Part A premium, Part A late penalties, and Part B late penalties.

The reimbursement payments will be by direct deposit to your bank and therefore to start receiving your reimbursement payment, you must fill out, notarize and return the EFT Direct Deposit Form enclosed.

This reimbursement process may be adjusted as the process is fine-tuned, so we ask that you have patience with our staff as we work through the issues that we encounter.

If you have questions, concerns or suggestions about this process, please reach out to us by email at benefits@healthtrustmaff.org or by telephone by calling 305-425-1938.

Your Benefits Team