

# CARDINAL ADVISORS

# 2025 Medicare Surtax For High Income Retirees-IRMAA

In the video entitled "2025 Medicare Surtax For High Income Retirees-IRMAA" Hans and Tom discuss Medicare.

| 6            | 2025 MEDTCARE SURTAX FOR HTCH TNCOME RETTREES-TRI                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MAA   |
|--------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------|
| S.S.<br>MED  | 212,000-266,000 106.000-133.000 185 74 14 88 1056 1%<br>266,000-344.000 133,000-167.000 185 185 35 220 2640 2%<br>344,000-400,000 167,000-200.000 185 296 57 353 4236 25%<br>400,000-749,000 200,000-499.000 185 407 79 486 5832 3%                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | NCOME |
| LTC          | -FOR 1 YEAR-2023 FOR 2025-NEW CALCULATION IN NOVEMBER -ALL PAY 185 FOR B. IRMAR IS EXTRA -CROSS THRESHOLD. PAY ENTIRE AMOUNT -PLAN FOR 2 YEARS IN ADVANCE -MACI INCLUDES TAX FREE INTEREST -RMO'S INCREASE IRMAR -QCD'S CAN REDUCE IRMAR | STATE |
| 401K/<br>IRA | -IRMAH APPEHL -LIFE EVENTS - MARRIED, DIVORCED, SPOUSE DIED, STOPPED WORK, REDUCED HOURS (YOU OR SPOUSE), -MOVE INCOME REVIEW FROM 2023 TO A PROTECTION OF 2025 OR 2026 -ROTH CONVERSIONS INCREASE IRMAA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |       |

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# Social Security Administration Important Information

Date: November 27, 2024

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The Social Security Act requires some people to pay higher premiums for their Medicare Part B (Medical Insurance) and Part D (Prescription Drug Plan) based on their income. We use information the Internal Revenue Service (IRS) provides us to decide if you will need to pay these higher premiums. Based on your income, you are required to pay these higher premiums for 2025, which are called the Income-Related Monthly Adjustment Amounts (IRMAA). The IRMAA information in this letter is for one year only.

If you currently do not have Medicare Part B or Part D and enroll in 2025, those premiums will also increase based on your income.

If you have Medicare Part B, the total 2025 premium includes:

- \$185.00 for the standard Medicare premium, plus
- any surcharges you may owe for late enrollment, plus
- \$406.90 for the Medicare Part B IRMAA based on your 2023 income tax return

Your Medicare Part D IRMAA based on your 2023 income tax return is:

\$78.60

# How We Figured Your IRMAA

IRMAA are based on your 2023 income tax return. The IRS told us that for tax year 2023 you filed your taxes as married, filing jointly. You had an adjusted gross income of \$729,397.00 plus \$0.00 in tax-exempt interest income. We added these amounts together to get your Modified Adjusted Gross Income (MAGI) of \$729,397.00.

We used the following table to decide IRMAA for the Medicare Part B and Part D premiums:

| If you filed as:                                                                                                           | With MAGI of:                                                                                                                                      | Part B<br>IRMAA<br>is:                                  | Part D<br>IRMAA<br>is:                              |
|----------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------|-----------------------------------------------------|
| Single, Head of<br>Household or<br>Qualifying Surviving<br>Spouse                                                          | \$106,000.01 - \$133,000.00<br>\$133,000.01 - \$167,000.00<br>\$167,000.01 - \$200,000.00<br>\$200,000.01 - \$499,999.99<br>More than \$499,999.99 | \$74.00<br>\$185.00<br>\$295.90<br>\$406.90<br>\$443.90 | \$13.70<br>\$35.30<br>\$57.00<br>\$78.60<br>\$85.80 |
| Married, Filing<br>Jointly                                                                                                 | \$212,000.01 - \$266,000.00<br>\$266,000.01 - \$334,000.00<br>\$334,000.01 - \$400,000.00<br>\$400,000.01 - \$749,999.99<br>More than \$749,999.99 | \$74.00<br>\$185.00<br>\$295.90<br>\$406.90<br>\$443.90 | \$13.70<br>\$35.30<br>\$57.00<br>\$78.60<br>\$85.80 |
| Married, Filing<br>Separately<br>(If you lived apart<br>throughout 2023,<br>see below about<br>Some Special<br>Situations) | \$106,000.01 - \$393,999.99<br>More than \$393,999.99                                                                                              | \$406.90<br>\$443.90                                    | \$78.60<br>\$85.80                                  |

These IRMAA are effective for 2025 only. Next year when we receive updated information from the IRS, we will make a new decision about any IRMAA owed.

# Some Special Situations That May Apply To You

If your tax filing status was married, filing separately, and you lived apart from your spouse throughout the tax year, please call us about your living arrangement. It could lower your IRMAA. Please contact your Social Security office if you have any questions. You will need to bring a copy of the most recent income tax return you filed with IRS.

## If Your Income Has Gone Down

In some situations, we can make a new decision about your IRMAA. Contact us to request a new decision if your MAGI has gone down at least one range in the table above or has gone below the lowest amounts in the table since the 2023 tax year, AND the decrease in MAGI was caused by any of the following life-changing events:

- You married.
- You divorced or your marriage was annulled.
- You became a surviving spouse.
- You or your spouse stopped working or reduced work hours.
- You or your spouse lost income from income-producing property due to a disaster or other event beyond your control.
- You or your spouse experienced a scheduled cessation, termination, or reorganization of an employer's pension plan.
- You or your spouse received a settlement from an employer or former employer because of the employer's closure, bankruptcy, or reorganization.

We will use the new lower MAGI to see if we can make a new decision about your IRMAA. We cannot make a new decision if your income has changed for a reason other than those listed above, such as receiving one-time income from capital gains.

Page 3 of 5

You will need to submit proof of the event listed above that caused your income to go down (such as a death certificate, a letter from your pension fund administrator, or a letter from your employer about your retirement). If you filed an amended or corrected tax return for the year you want changed, you will also need to submit a copy of the tax return with proof the IRS has received it.

If your MAGI goes down at any time during January through September, you will need to tell us before the end of that year so we can correct your IRMAA in that year. However, if the event that makes your MAGI go down does not occur until October 1 or later in that year, we can correct your IRMAA for that year if you tell us before the end of March of the following year.

# If You Disagree With Our Decision

If you disagree with our decision about your IRMAA, you have the right to:

- Request a new decision if your income goes down due to any of the lifechanging events listed above, or
- Request a new decision using more recent tax information if you have amended or corrected tax information for 2023, or if we used tax information for 2022.

If you qualify for a new decision on your IRMAA, we will make a new decision using your tax information. If we make a new decision, you will be able to file an appeal on the new decision. If you experienced a life-changing event, you can request a new decision by going to <a href="https://www.ssa.gov/forms/ssa-44.pdf">www.ssa.gov/forms/ssa-44.pdf</a> to complete an SSA-44.

# If You Want To Appeal This Decision

If you disagree with this decision about your IRMAA, you have the right to appeal. We will review the decision we made to verify that it is correct. A person who did not make the first decision will decide your case.

If you do appeal, we may start withholding your increased premiums before we make our decision on your appeal. If we change our decision about your IRMAA, we will correct the amounts and refund any incorrectly withheld premiums.

We based the IRMAA for your Medicare Part B and Part D premiums on information we received from the IRS. If you request an appeal because you believe that the IRS information is incorrect, we will give you information on how you can contact the IRS to obtain evidence to support your request for a new decision. If you request an appeal because we included amounts for your Part D premium and you do not have Medicare Part D coverage, you need to contact the Centers for Medicare & Medicaid Services (CMS) at 1-800-MEDICARE (1-800-633-4227; TTY 1-877-486-2048). CMS is the only agency that can correct the information about your Part D coverage.

- You have 60 days to file for an appeal.
- The 60 days start the day after you get this letter. We will assume you got this letter 5 days after the date of the letter, unless you show us that you did not get it within the 5-day period.
- You must have good reason for waiting more than 60 days to file an appeal.
- You must file your appeal in writing. You can go to <u>www.ssa.gov/non-medical/appeal</u> to complete and submit the "Request for Reconsideration" form, SSA-561-U2 online. You may also contact us by phone

to request the form or go to our website at <a href="www.ssa.gov/forms">www.ssa.gov/forms</a> to locate the form. If you need help with the form, please call us.

# If You Want Help With Your Appeal

You may choose to have a representative help you. We will work with this person just as we would work with you. If you decide to have a representative, you should find one quickly so that person can start preparing your case.

Many representatives charge a fee only if you receive benefits. Others may represent you for free. Usually, your representative may not charge a fee unless we approve it. Your local Social Security office can give you a list of groups that can help you find a representative.

If you get a representative, you or that person must notify us in writing. You may use our Form SSA-1696 "Appointment of Representative". Any local Social Security office can give you this form.

## **Information About Your Medicare Coverage**

You can choose how you get your Medicare coverage – Original Medicare and Medicare Advantage. Visit <a href="https://www.medicare.gov">www.medicare.gov</a> for more information.

# my Social Security Online Services

Your personal *my Social Security* account gives you immediate access to important information and tools, putting you in control of your time. If you have an account, you can check your benefits, change your address or telephone number, start or change direct deposit, get a replacement Medicare card, and get a benefit verification letter. You can also choose to opt out of mailed notices for those available online. Please visit <a href="https://www.ssa.gov/myaccount">www.ssa.gov/myaccount</a> to sign in or create your account.

# **Suspect Social Security Fraud?**

If you suspect Social Security fraud, please visit <a href="https://oig.ssa.gov/report">https://oig.ssa.gov/report</a> or call the Inspector General's Fraud Hotline at 1-800-269-0271 (TTY 1-866-501-2101).

# **Help Prevent Identity Theft**

Be aware of scams through the mail, internet, telephone, or in person. You should be careful when someone asks for personal information, like your Social Security number. Please visit <a href="https://www.usa.gov/identity-theft">www.usa.gov/identity-theft</a> to find out more.

# Other Help For Older Adults and People with Disabilities

The Administration for Community Living offers older adults and people with disabilities a way to connect to a variety of community services and resources.

For Older Adults: Eldercare Locator at 1-800-677-1116 or <u>eldercare.acl.gov</u> For People with Disabilities: Disability Information and Access Line (DIAL) at 1-888-677-1199 or <u>www.acl.gov/DIAL</u>

#### If You Have Questions

For general information about Social Security, please contact us. If you have questions about your Medicare Part B premium, please contact Medicare.

For information about Medicare, visit <a href="https://www.medicare.gov">www.medicare.gov</a> or call toll-free 1-800-MEDICARE(1-800-633-4227). If you are deaf or hard of hearing, you can call the Medicare TTY number toll-free at 1-877-486-2048.

Social Security Administration

# **2025 Medicare Income Planning**

# Part B and D Charges

The Medicare health care system is largely government funded, but individuals pay premiums to participate in two portions of it.

Medicare charges premiums to participants in Medicare Part B, covering doctor visits, and Part D, the prescription drug benefit. In 2025 the basic premium for Part B is \$185.00 per month. The premium for Part D varies by plan.

The standard premiums for these are increased by surcharges imposed on upper-income individuals, those with **Modified Adjusted Gross Income (MAGI)** exceeding \$106,000 on an individual return or \$212,000 on a joint return.

In 2025, the largest premium surcharges apply to persons with MAGI of \$500,000 or over on a single return or \$750,000 or over filing jointly.

The extra amount that higher-income individuals must pay is called an **Income Related Monthly Adjustment Amount (IRMAA)**. The first five IRMAA tiers for Medicare premium surcharges are adjusted for inflation each year. This could result in reduced Medicare premiums for some. The IRMAA tier for individuals earning \$500,000 or more (or married couples with MAGI of \$750,000 or more) will not be adjusted until 2028.

# Combination Chart - Parts B and D

### 2025 IRMAA MONTHLY SURCHARGES FOR MEDICARE PART B AND PART D (Based on 2023 MAGI)

| Filing Single                         | Married filing joint                  | IRMAA Surcharge<br>Part B | Total Premium<br>Part B | IRMAA Surcharge<br>Part D | Total of surcharges<br>Part B & D |
|---------------------------------------|---------------------------------------|---------------------------|-------------------------|---------------------------|-----------------------------------|
| \$106,000 or less                     | \$212,000 or less                     | \$0.00                    | \$185.00                | \$0.00                    | \$0.00                            |
| Over \$106,000 to \$133,000           | Over \$212,000 to \$266,000           | \$74.00                   | \$259.00                | \$13.70                   | \$87.70                           |
| Over \$133,000 to \$167,000           | Over \$266,000 to \$334,000           | \$185.00                  | \$370.00                | \$35.30                   | \$220.30                          |
| Over \$167,000 to \$200,000           | Over \$334,000 to \$400,000           | \$295.90                  | \$480.90                | \$57.00                   | \$352.90                          |
| Over \$200,000 to less than \$500,000 | Over \$400,000 to less than \$750,000 | \$406.90                  | \$591.90                | \$78.60                   | \$485.50                          |
| \$500,000 and above                   | \$750,000 and above                   | \$443.90                  | \$628.90                | \$85.80                   | \$529.70                          |

IRMAA surcharges apply on a "cliff" basis. Reaching the first dollar of an IRMAA income level causes the full corresponding surcharge to apply to all premiums paid for the year.

#### Example:

If Bob has MAGI of as much as \$106,000 on his single return, he'll owe no surcharge. But if his income reaches \$106,001, then a monthly surcharge of \$74.00 for Part B plus \$13.70 for Part D, or \$87.70 total, will apply for all 12 months of the year. Bob's \$1 of additional income increases premium cost by \$1,052.40 for the year.

# **Medicare Planning Points**

Medicare premium surcharges are imposed on individuals with MAGI over \$106,000 on a single tax return or \$212,000 on a joint return.

#### 2-Year Lookback

For IRMAA purposes, MAGI is defined as Adjusted Gross Income (AGI) plus tax-exempt interest and untaxed foreign income. Medicare uses the MAGI reported on the federal tax return from two years ago. For example, to determine whether someone will pay higher premiums for 2025, Medicare uses **2023** MAGI.

Similarly, the tax return filed for 2025 will be used to calculate IRMAA surcharges for the year 2027.

#### RMD Effect

Address required minimum distribution (RMD) requirements well in advance of the required beginning date, explaining how RMDs are included in income for Medicare Part B and Part D costs two years down the road. RMDs are not required from Roth IRAs during the Roth IRA owner's lifetime.

Don't forget that this includes older beneficiaries who are also subject to RMDs on IRAs they have inherited.

# **Income Reduction Strategies**

The key to reducing Medicare surcharges is to reduce MAGI. Items like itemized deductions won't do that. They only reduce **taxable** income.

Check the tax return during the year to see if reported MAGI is near one of the threshold amounts. If income is close enough, plan to realize income and deductions to keep MAGI below the nearest threshold.

#### **Roth Conversions**

A Roth IRA conversion can be useful in minimizing future IRMAA surcharges as distributions from the Roth IRA can be tax free, reducing MAGI.

To avoid a current income spike from a Roth conversion, consider making a series of partial conversions over a number of years to avoid pushing income into higher tax brackets. This is a strategy that requires long-term advance planning.

For those in early retirement, consider the benefit of converting before the conversion income would impact Medicare costs.

Converting later may still be an effective strategy. A Roth conversion would negatively affect MAGI for Medicare purposes, but only for one year. It may make sense to take the hit in one year in exchange for no RMD concerns in future years.

#### **HSAs (Health Savings Accounts)**

Younger people may want to consider funding a Health Savings Account (HSA) rather than an IRA if they have a choice. They can make deductible HSA contributions in their working years, use other funds to pay medical expenses, and then they can access their HSA tax- and penalty-free to pay for qualified medical expenses in retirement. These distributions would not be included in MAGI for Medicare purposes the way RMDs and other traditional IRA distributions are.

#### QCDs (Qualified Charitable Distributions)

As a result of the tax law's increased standard deduction amounts, many are no longer deducting charitable contributions. QCDs can help restore charitable tax benefits by having those QCDs excluded from income. The exclusion from income will help to avoid Medicare premium increases.

With a QCD, an IRA owner (or beneficiary) who is age 70½ or over can transfer up to \$108,000 (indexed for inflation) annually from their IRA to a charity tax-free.

A QCD can count towards the RMD and is not included in MAGI for determining Medicare costs. Keeping the RMD amount out of MAGI can result in big savings. This is not the case if an IRA owner takes their RMD and then donates to charity and claims a charitable deduction (if they can at all). With that approach, the RMD would still be included in MAGI.

For those taking RMDs, consider how a QCD could help to save on Medicare costs.

# Other strategies that can be used to manage MAGI to minimize Medicare surcharges include:

- Timing investment gains and other income by accelerating them onto a tax return for a year before IRMAA calculations occur
  or deferring them to a year when income is expected to be lower and there may be offsetting losses.
- Obtaining spending funds from tax-free sources. For instance, one may borrow against a life insurance policy rather than take a taxable distribution from a retirement plan or use tax-free proceeds from the sale of a principal residence (as much as \$250,000, or \$500,000 on a joint return).
- Using a home equity conversion mortgage (HECM reverse mortgage line of credit) to provide a source of tax-free funds with no corresponding mortgage payment expense, to keep income below the Medicare surcharge threshold amounts.

# When Income Falls

If there has been a major life-changing event that results in a large reduction in MAGI, an individual may request to use their MAGI for a more recent year. If an individual disagrees with the decision about their Medicare costs, they have the right to appeal.

Do this by submitting Form SSA-44, "Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event," to the Social Security Administration.

The end of employment is a qualifying "life-changing event" that should be considered for every client who retires at age 65 or later. If an IRMAA surcharge will result from high salary income reported on a return filed two years earlier, but that salary no longer exists, relief from the surcharge may be readily available.

# **2025 Tax Planning**

# Taxable Income Brackets for 2025 Ordinary Income Tax Rates

| Marginal<br>Tax Rate | Married Filing<br>Joint | Single                |
|----------------------|-------------------------|-----------------------|
| 10%                  | \$0 - \$23,850          | \$0 - \$11,925        |
| 12%                  | \$23,851 - \$96,950     | \$11,926 - \$48,475   |
| 22%                  | \$96,951 - \$206,700    | \$48,476 - \$103,350  |
| 24%                  | \$206,701 - \$394,600   | \$103,351 - \$197,300 |
| 32%                  | \$394,601 - \$501,050   | \$197,301 - \$250,525 |
| 35%                  | \$501,051 - \$751,600   | \$250,526 - \$626,350 |
| 37%*                 | Over \$751,600          | Over \$626,350        |

<sup>\*</sup> The top rate is effectively 40.8% for those subject to the 3.8% Medicare surtax on net investment income (those with MAGI over the thresholds of \$250,000 joint filers/\$200,000 single filers).

| 2025 Trust Tax Rates    |                        |  |  |
|-------------------------|------------------------|--|--|
| Ordinary Income Tax     | Capital Gain Rates     |  |  |
| 10% \$0 - \$3,150       | 0% \$0 - \$3,250       |  |  |
| 24% \$3,151 - \$11,450  | 15% \$3,251 - \$15,900 |  |  |
| 35% \$11,451 - \$15,650 | 20% Over \$15,900      |  |  |
| 37% Over \$15,650       |                        |  |  |

**Trust Tax Rates** – Distributions from inherited IRAs that exceed **\$15,650** and are made to and retained in discretionary trusts will be subject to the top 37% rate. After the SECURE Act, inherited IRA funds will have to be paid out to most of these trusts under the 10-year rule, accelerating trust taxes. Roth conversions during the IRA owner's life become more valuable if the IRA beneficiary is a trust.

### **Qualified Business Income (QBI) Deduction**

#### 20% Deduction Phase-Out Ranges

\$394,600 - \$494,600 - Married Joint

\$197,300 - \$247,300 - Single

# Taxable Income Brackets for 2025 Long Term Capital Gains and Qualified Dividends Tax

| Long Term<br>Capital<br>Gains Rate | Married Filing<br>Joint | Single               |
|------------------------------------|-------------------------|----------------------|
| 0%                                 | \$0 - \$96,700          | \$0 - \$48,350       |
| 15%*                               | \$96,701 - \$600,050    | \$48,351 - \$533,400 |
| 20% **                             | Over \$600,050          | Over \$533,400       |

<sup>\*</sup>The 15% rate is effectively 18.8% for those subject to the 3.8% Medicare surtax on net investment income.

<sup>\*\*</sup>The top rate is effectively 23.8% for those subject to the 3.8% Medicare surtax on net investment income.

| 2025 Transfer Taxes   |              |              |  |
|-----------------------|--------------|--------------|--|
| Transfer Tax          | Exemption*   | Maximum Rate |  |
| Estate, Gift, GST Tax | \$13,990,000 | 40%          |  |

<sup>\*</sup>The estate and gift exemptions are portable. The unused amount can be transferred to a surviving spouse. The GST exemption is NOT portable.

| Annual Gift Tax Exclusion | \$19,000 |
|---------------------------|----------|
|---------------------------|----------|

| Standa            | rd Deductions |  |
|-------------------|---------------|--|
| Married-Joint     | \$30,000      |  |
| Single            | \$15,000      |  |
| Head of Household | \$22,500      |  |

#### Extra Standard Deduction for Age 65 or Blind

\$1,600 (married-joint) \$2,000 (single)

#### **Qualified Charitable Distributions**

Available only to IRA owners and IRA beneficiaries who are 70½ or older. The annual QCD limit for 2025 is \$108,000 per IRA owner, **not** per IRA account. For 2025, the limit for a QCD to a split interest entity is \$54,000. QCDs are more valuable due to the larger number of taxpayers that are using the increased standard deduction.

# **Roth Conversion Planning Ideas**

Roth conversions are permanent and work best for those who believe they will be subject to higher marginal tax rates in the future.

Roth conversions are not all or nothing. Consider a series of smaller annual conversions over time to spread out the income tax.

Timing Roth conversions for maximum tax efficiency:

Convert before RMDs begin. RMDs cannot be converted, so no conversion can be done until the RMD is withdrawn.

Avoid the impact of Roth conversions on Medicare IRMAA charges for Parts B and D based on income. Since Medicare has a 2-year lookback provision, consider conversions before age 63.

If a spouse died during the year, consider a Roth conversion for the surviving spouse since this may be the last year to take advantage of married-joint tax return rates. Include the conversion income on the final joint tax return.

# Medicare Income-Related Monthly Adjustment Amount - Life-Changing Event

If you had a major life-changing event and your income has gone down, you may use this form to request a reduction in your income-related monthly adjustment amount. See page 5 for detailed information and line-by-line instructions. If you prefer to schedule an interview with your local Social Security office, call 1-800-772-1213 (TTY 1-800-325-0778).

Name Social Security Number

You may use this form if you received a notice that your monthly Medicare Part B (medical insurance) or prescription drug coverage premiums include an income-related monthly adjustment amount (IRMAA) and you experienced a life-changing event that may reduce your IRMAA. To decide your IRMAA, we asked the Internal Revenue Service (IRS) about your adjusted gross income plus certain tax-exempt income which we call "modified adjusted gross income" or MAGI from the Federal income tax return you filed for tax year 2023. If that was not available, we asked for your tax return information for 2022. We took this information and used the table below to decide your income-related monthly adjustment amount.

The table below shows the income-related monthly adjustment amounts for Medicare premiums based on your tax filing status and income. If your MAGI was lower than \$106,000.01 (or lower than \$212,000.01 if you filed your taxes with the filing status of married, filing jointly) in your most recent filed tax return, you do not have to pay any income-related monthly adjustment amount. If you do not have to pay an income-related monthly adjustment amount, you should not fill out this form even if you experienced a life-changing event.

| If you filed your taxes as:                                                                                                                                 | And your MAGI was:          | Your Part B<br>monthly<br>adjustment is: | Your prescription<br>drug coverage<br>monthly<br>adjustment is: |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------------------------------------|-----------------------------------------------------------------|
| -Single, -Head of household, -Qualifying widow(er) with dependent child, or -Married filing separately (and you did not live with your spouse in tax year)* | \$106,000.01 - \$133,000.00 | \$ 74.00                                 | \$ 13.70                                                        |
|                                                                                                                                                             | \$133,000.01 - \$167,000.00 | \$185.00                                 | \$ 35.30                                                        |
|                                                                                                                                                             | \$167,000.01 - \$200,000.00 | \$295.90                                 | \$ 57.00                                                        |
|                                                                                                                                                             | \$200,000.01 - \$499,999.99 | \$406.90                                 | \$ 78.60                                                        |
|                                                                                                                                                             | More than \$499,999.99      | \$443.90                                 | \$ 85.80                                                        |
| -Married, filing jointly                                                                                                                                    | \$212,000.01 - \$266,000.00 | \$ 74.00                                 | \$ 13.70                                                        |
|                                                                                                                                                             | \$266,000.01 - \$334,000.00 | \$185.00                                 | \$ 35.30                                                        |
|                                                                                                                                                             | \$334,000.01 - \$400,000.00 | \$295.90                                 | \$ 57.00                                                        |
|                                                                                                                                                             | \$400,000.01 - \$749,999.99 | \$406.90                                 | \$ 78.60                                                        |
|                                                                                                                                                             | More than \$750,000.00      | \$443.90                                 | \$ 85.80                                                        |
| -Married, filing separately (and you lived with your spouse during part of that tax year)*                                                                  | \$106,000.01 - \$393,999.99 | \$406.90                                 | \$ 78.60                                                        |
|                                                                                                                                                             | More than \$393,999.99      | \$443.90                                 | \$ 85.80                                                        |

<sup>\*</sup> Let us know if your tax filing status for the tax year was Married, filing separately, but you lived apart from your spouse at all times during that tax year.

| STEP 1: Type        | of Life-Changi                             | ng Event                                                          |                                                                                                                             |
|---------------------|--------------------------------------------|-------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| Check any life-ch   | nanging event an                           | nd fill in the date(s) that th                                    | e events occurred (mm/yyyy).                                                                                                |
| Marriage            |                                            | Work Reduction                                                    |                                                                                                                             |
| Divorce/Annu        | ılment                                     | Loss of Income-Producin                                           | g Property                                                                                                                  |
| Death of You        | r Spouse                                   | Loss of Pension Income                                            |                                                                                                                             |
| Work Stoppa         | ge                                         | Employer Settlement Pay                                           | vment                                                                                                                       |
| D. (a) a f life a   |                                            |                                                                   |                                                                                                                             |
| Date(s) of life-c   | nanging event:                             | (r                                                                | nm/yyyy)                                                                                                                    |
| already occurred or | an income reduction<br>already occurred, a | fe-changing event, you can rep<br>n that you anticipate occurring | oort to us an income reduction that has this or next year. Use Step 2 to report syou are anticipating occurring. Additional |
| STEP 2: Reduc       | tions in Income                            | that have Already Occ                                             | urred                                                                                                                       |
| 6), the amount o    | f your adjusted g                          | ross income (AGI, as use                                          | ging event (see instructions on page<br>ed on line 11 of IRS form 1040) and<br>m 1040), and your tax filing status.         |
| Tax Year            | Adjuste                                    | d Gross Income                                                    | Tax-Exempt Interest                                                                                                         |
| 20                  | \$                                         |                                                                   | \$                                                                                                                          |
| Tax Filing Statu    | s for this Tax Ye                          | ar (choose <u>ONE</u> ):                                          |                                                                                                                             |
| Single              | [                                          | Head of Household                                                 | Qualifying Widow(er) with Dependent Child                                                                                   |
| Married, Filir      | g Jointly [                                | Married, Filing Separately                                        |                                                                                                                             |
|                     |                                            |                                                                   |                                                                                                                             |
| STEP 3: Antici      | nated Reduction                            | ns in Modified Adjusted                                           | l Gross Income Next Year                                                                                                    |
|                     |                                            |                                                                   | ear than the year in Step 2?                                                                                                |
| No - Skip to        |                                            |                                                                   |                                                                                                                             |
|                     | lete the blocks belo                       | w for next year                                                   |                                                                                                                             |
| Tax Year            | Estimated Ad                               | djusted Gross Income                                              | Estimated Tax-Exempt Interest                                                                                               |
| 20                  |                                            |                                                                   | \$                                                                                                                          |
|                     | Ψ                                          |                                                                   | <b>*</b>                                                                                                                    |
| Expected Tax F      | iling Status for th                        | nis Tax Year (choose <b>O</b> N                                   |                                                                                                                             |
| Single              |                                            | Head of Household                                                 | Qualifying Widow(er) with Dependent Child                                                                                   |
| Married, Filir      | ng Jointly                                 | Married, Filing Separately                                        |                                                                                                                             |

#### STEP 4: Documentation

Provide evidence of your modified adjusted gross income (MAGI) and your life-changing event. You can either:

1. Attach the required evidence and we will mail your original documents or certified copies back to you;

#### **OR**

2. Show your original documents or certified copies of evidence of your life-changing event and modified adjusted gross income to an SSA employee.

**Note**: You must sign in Step 5 and attach all required evidence. Make sure that you provide your current address and a phone number so that we can contact you if we have any questions about your request.

# STEP 5: Signature

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING THIS FORM.

I understand that the Social Security Administration (SSA) will check my statements with records from the Internal Revenue Service to make sure the determination is correct.

I declare under penalty of perjury that I have examined the information on this form and it is true and correct to the best of my knowledge.

I understand that signing this form does not constitute a request for SSA to use more recent tax year information unless it is accompanied by:

- Evidence that I have had the life-changing event indicated on this form;
- A copy of my Federal tax return; or
- Other evidence of the more recent tax year's modified adjusted gross income

| Signature       | Phone Number |          |
|-----------------|--------------|----------|
| Mailing Address | Apartmen     | t Number |
| City            | State        | ZIP Code |

# Privacy Act Statement Collection and Use of Personal Information

Sections 1839(i) and 1860D-13(a) of the Social Security Act, as amended, allow us to collect this information. Furnishing us this information is voluntary. However, failing to provide all or part of the information may prevent an accurate and timely decision on your income-related monthly adjustment amount (IRMAA).

We will use the information you provide to determine if you qualify for a reduction in or elimination of IRMAA. We may also share the information for the following purposes, called routine uses:

- To contractors and other Federal agencies, as necessary, for the purpose of assisting SSA in the efficient administration of its programs. We contemplate disclosing information under this routine use only in situations in which SSA may enter into a contractual or similar agreement with a third party to assist in accomplishing an agency function relating to this system of records; and
- To applicants, claimants, prospective applicants or claimants (other than the data subjects and their authorized representatives) to the extent necessary for the purpose of administering Medicare Part A, Part B, Medicare Advantage Part C, and Medicare Part D, including but not limited to pursuing Medicare Part B, Part C and Part D premium collection.

In addition, we may share this information in accordance with the Privacy Act and other Federal laws. For example, where authorized, we may use and disclose this information in computer matching programs, in which our records are compared with other records to establish or verify a person's eligibility for Federal benefit programs and for repayment of incorrect or delinquent debts under these programs.

A list of additional routine uses is available in our Privacy Act System of Records Notice (SORN) 60-0321, Medicare Database File, as published in the Federal Register (FR) on July 25, 2006, at 71 FR 42159. Additional information, and a full listing of all of our SORNs, is available on our website at <a href="https://www.ssa.gov/privacy">www.ssa.gov/privacy</a>.

# **Paperwork Reduction Act Statement**

This information collection meets the requirements of 44 U.S.C. § 3507, as amended by section 2 of the <u>Paperwork Reduction Act of 1995</u>. You do not need to answer these questions unless we display a valid Office of Management and Budget (OMB) control number. We estimate that it will take about 45 minutes to read the instructions, gather the facts, and answer the questions. **Send <u>only</u> comments relating this burden estimate or any other aspect of this collection, including suggestions for reducing this burden to:** SSA, 6401 Security Blvd, Baltimore, MD 21235-6401.

# INSTRUCTIONS FOR COMPLETING FORM SSA-44 Medicare Income-Related Monthly Adjustment Amount Life-Changing Event--Request for Use of More Recent Tax Year Information

You do not have to complete this form in order to ask that we use your information about your modified adjusted gross income for a more recent tax year. If you prefer, you may call 1-800-772-1213 and speak to a representative from 7 a.m. until 7 p.m. on business days to request an appointment at one of our field offices. If you are hearing-impaired, you may call our TTY number, 1-800-325-0778.

### Identifying Information

Print your full name and your own Social Security Number as they appear on your Social Security card. Your Social Security Number may be different from the number on your Medicare card.

#### STEP 1

You should choose any life-changing event on the list. Fill in the date that the life-changing event occurred. The life-changing event date must be in the same year or an earlier year than the tax year you ask us to use to decide your income-related premium adjustment. For example, if we used your 2023 tax information to determine your income-related monthly adjustment amount for 2025, you can request that we use your 2024 tax information instead if you experienced a reduction in your income in 2024 due to a life-changing event that occurred in 2024 or an earlier year.

| Life-Changing Event               | Use this category if                                                                                                                                                                                                                                                                                                                                                                                                        |
|-----------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marriage                          | You entered into a legal marriage.                                                                                                                                                                                                                                                                                                                                                                                          |
| Divorce/Annulment                 | Your legal marriage ended, and you will not file a joint return with your spouse for the year.                                                                                                                                                                                                                                                                                                                              |
| Death of Your Spouse              | Your spouse died.                                                                                                                                                                                                                                                                                                                                                                                                           |
| Work Stoppage or Reduction        | You or your spouse stopped working or reduced the hours that you work.                                                                                                                                                                                                                                                                                                                                                      |
| Loss of Income-Producing Property | You or your spouse experienced a loss of income-producing property that was not at your direction (e.g., not due to the sale or transfer of the property). This includes loss of real property in a Presidentially or Gubernatorially-declared disaster area, destruction of livestock or crops due to natural disaster or disease, or loss of property due to arson, or loss of investment property due to fraud or theft. |
| Loss of Pension Income            | You or your spouse experienced a scheduled cessation, termination, or reorganization of an employer's pension plan.                                                                                                                                                                                                                                                                                                         |
| Employer Settlement Payment       | You or your spouse receive a settlement from an employer or former employer because of the employer's bankruptcy or reorganization.                                                                                                                                                                                                                                                                                         |

#### **INSTRUCTIONS FOR COMPLETING FORM SSA-44**

#### STEP 2

Supply information about the more recent year's modified adjusted gross income (MAGI). Note that this year must reflect a reduction in your income due to the life-changing event(s) you listed in Step 1. A change in your tax filing status due to the life-changing event might also reduce your income-related monthly adjustment amount. Your MAGI is your adjusted gross income as used on line 11 of IRS form 1040 plus your tax-exempt interest income as used on line 2a of IRS form 1040. We used your MAGI and your tax filing status to determine your income-related monthly adjustment amount.

#### Tax Year

- Fill in both empty spaces in the box that says "20\_\_". The year you choose must be more recent than the year of the tax return information we used. The letter that we sent you tells you what tax year we used.
  - Choose this year (the "premium year") if your modified adjusted gross income is lower this year than last year. For example, if you request that we adjust your income-related premium for 2025, use your estimate of your 2025 MAGI if:
    - 1. Your income was not reduced until 2025; or
    - 2. Your income was reduced in 2024, but will be lower in 2025.
  - Choose last year (the year before the "premium year," which is the year for which
    you want us to adjust your IRMAA) if your MAGI is not lower this year than last year.
    For example, if you request that we adjust your 2025 income-related monthly
    adjustment amounts and your income was reduced in 2024 by a life-changing event
    AND will be no lower in 2025, use your tax information for 2024.
  - Exception: If we used IRS information about your MAGI 3 years before the premium year, you may ask us to use information from 2 years before the premium year. For example, if we used your income tax return for 2022 to decide your 2025 IRMAA, you can ask us to use your 2023 information.
- If you have any questions about what year you should use, you should call SSA.

## **Adjusted Gross Income**

• Fill in your actual or estimated adjusted gross income for the year you wrote in the "tax year" box. Adjusted gross income is the amount on line 11 of IRS form 1040. If you are providing an estimate, your estimate should be what you expect to enter on your tax return for that year.

# Tax-exempt Interest Income

• Fill in your actual or estimated tax-exempt interest income for the tax year you wrote in the "tax year" box. Tax-exempt interest income is the amount reported on line 2a of IRS form 1040. If you are providing an estimate, your estimate should be what you expect to enter on your tax return for that year.

### Filing Status

 Check the box in front of your actual or expected tax filing status for the year you wrote in the "tax year" box.

### **INSTRUCTIONS FOR COMPLETING FORM SSA-44**

#### STEP 3

Complete this step only if you expect that your MAGI for next year will be even lower. We will record this information and use it next year to determine your Medicare income-related monthly adjustment amounts. If you do not complete Step 3, we will use the information from Step 2 next year to determine your income-related monthly adjustment amounts, unless one of the conditions described in "Important Facts" on page 8 occurs.

#### Tax Year

• Fill in both empty spaces in the box that says "20 \_ \_ " with the year following the year you wrote in Step 2. For example, if you wrote "2025" in Step 2, then write "2026" in Step 3.

#### **Adjusted Gross Income**

• Fill in your estimated adjusted gross income for the year you wrote in the "tax year" box. Adjusted gross income is the amount you expect to enter on line 11 of IRS form 1040 when you file your tax return for that year.

# Tax-exempt Interest Income

• Fill in your estimated tax-exempt interest income for the tax year you wrote in the "tax year" box. Tax-exempt interest income is the amount you expect to report on line 2a of IRS form 1040.

## Filing Status

• Check the box in front of your expected tax filing status for the year you wrote in the "tax year" box.

#### STEP 4

Provide your required evidence of your MAGI and your life-changing event.

# **Modified Adjusted Gross Income Evidence**

If you have filed your Federal Income tax return for the year you wrote in Step 2, then you must provide us with your signed copy of your tax return or a transcript from IRS. If you provided an estimate in Step 2, you must show us a signed copy of your tax return when you file your Federal income tax return for that year.

# **Life-Changing Event Evidence**

We must see original documents or certified copies of evidence that the life-changing event occurred. Required evidence is described on the next page. In some cases, we may be able to accept another type of evidence. If you do not have a preferred document listed on the next page. Ask a Social Security representative to explain what documents can be accepted.

| Life Changing Event                  | Evidence                                                                                                                                                                                                                                                                                                                                                |
|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Marriage                             | An original marriage certificate: or a certified copy of a public record of marriage.                                                                                                                                                                                                                                                                   |
| Divorce/Annulment                    | A certified copy of the decree of divorce or annulment.                                                                                                                                                                                                                                                                                                 |
| Death of Your Spouse                 | A certified copy of a death certificate, certified copy of the public record of death, or a certified copy of a coroner's certificate.                                                                                                                                                                                                                  |
| Work Stoppage or<br>Reduction        | An original signed statement from your employer; copies of pay stubs; original or certified documents that show a transfer of your business.  Note: In the absence of such proof, we will accept your signed statement, under penalty of perjury, on this form, that you parially or dully stopped working or accepted a job with reduced compensation. |
| Loss of Income<br>Producing Property | An original copy of an insurance company adjuster's statement of loss or a letter from a State or Federal government about the uncompensated loss. If the loss was due to investment fraud (theft), we also require proof of conviction for the theft, such as a court document citing theft or fraud relating to your or your spouse's loss.           |
| Loss of Pension Income               | A letter or statement from your pension fund administrator that explains the reduction or termination of your benefits.                                                                                                                                                                                                                                 |
| Employer Settlement<br>Payment       | A letter from the employer stating the settlement terms of the bankruptcy court and how it affects you or your spouse.                                                                                                                                                                                                                                  |

#### STEP 5

Read the information above the signature line, and sign the form. Fill in your phone number and current mailing address. It is very important that we have this information so that we can contact you if we have any questions about your request.

# **Important Facts**

- When we use your estimated MAGI information to make a decision about your incomerelated monthly adjustment amount, we will later check with the IRS to verify your report.
- If you provide an estimate of your MAGI rather than a copy of your Federal tax return, we will ask you to provide a copy of your tax return when you file your taxes.
- If your estimate of your MAGI changes, or you amend your tax return for that reason, you will need to contact us to update our records. If you do not contact us, we may have to make corrections later including retroactive assessments or refunds.
- We will use your estimate provided in Step 2 to make a decision about the amount of your income-related monthly adjustment amounts the following year until:
  - IRS sends us your tax return information for the year used in Step 2; or
  - You provide a signed copy of your filed Federal Income tax return or amended Federal Income tax return with a different amount; or
  - You provide an updated estimate.
- If we used information from IRS about a tax year when your filing status was Married filing separately, but you lived apart from your spouse at all times during that year, you should contact us at 1-800-772-1213 (TTY 1-800-325-0778) to explain that you lived apart from your spouse. Do <u>not</u> use this form to report this change.