

****2014 MEDICARE REIMBURSEMENT REQUEST****
LEOFF I AND ESCALATOR RETIRED SEATTLE POLICE PENSION FUND
MEMBERS ONLY

This form is only for LEOFF I or ESCALATOR retired Seattle Police Pension Fund members (not beneficiaries) on MEDICARE, and is a reimbursement request for premiums you paid with Medicare. Reimbursement will only be considered in response to your submitting a claim for your out-of-pocket expenses in 2014. Those who are covered by our Plan through Premera Blue Cross of WA, your premiums are paid directly by the Police Pension Office and are not reimbursable.

**(If you are uncertain about your coverage, please contact Janice Brandes at 206-386-1286.)*

Medicare Premium, Part B \$ 104.90* x _____ = \$ _____
(Deducted from your Social Security (# of months) **(TOTAL)**
check or paid monthly/quarterly by you.)

*This is the Standard premium monthly amount. If yours is different, strike out \$104.90 and insert your true rate for reimbursement if different than the standard rate. **Proof of non-standard rate must be attached**, either your monthly or quarterly statement or the SSA 1099-SS Benefit Statement that is mailed at the end of the year is sufficient. Call Social Security at 1-800-772-1213 to obtain one, if you do not have it in your files.

Do not use this reimbursement form to request Medicare Reimbursement if you already submit requests to our office on a Monthly, Quarterly or Half-Yearly basis.

Name (Please Print) _____

Address _____

(address where check is to be mailed)

City _____ State _____ Zip _____

Phone _____

SIGNATURE _____

Please return this reimbursement form to:
Seattle Police Pension Office
PO Box 94729
Seattle, WA 98124-4729

Reimbursements will not be processed until after December 1, 2014 – Please allow 4-6 weeks for processing.