

SEATTLE POLICE PENSION OFFICE
2018 - STATEMENT OF OTHER HEALTH & MEDICAL BENEFITS

**ALL LEOFF1 RETIRED OFFICERS ARE REQUIRED
TO COMPLETE AND RETURN THE PROPERLY NOTARIZED FORM TO:**

**Seattle Police Pension Fund
PO Box 94729
Seattle, Washington 98124-4729
Email: POLICEPENSION@SEATTLE.GOV OR Fax: 206-386-9075**

****DUE BY JANUARY 31, 2018** **KEEP A COPY FOR YOUR RECORDS****

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ PHONE _____

Under RCW 41.26.150(2): "The medical services payable under this section will be reduced by any amount received or eligible to be received by the member under workers' compensation, social security including the changes incorporated under Public Law 89-97 as now or hereafter amended, insurance provided by another employer, other pension plan, or any other similar source."

ALL QUESTIONS MUST BE ANSWERED COMPLETELY

Are you currently employed? YES NO Are you currently on Medicare A & B? YES NO

Are you currently enrolled in a medical health plan from your employer or any other plan? YES NO

NAME OF EMPLOYER _____ Insurance Effective Date _____

EFFECTIVE DATE OF EMPLOYMENT _____ INSURANCE PLAN NAME _____

If your spouse is employed, are you currently enrolled under your spouse's benefits? YES NO

IF YES, WHAT IS PLAN NAME? _____ EFFECTIVE DATE _____

*****If enrolled through in any other plan, please include a copy of your current ID card for Coordination of Benefits*****

ANY MEMBER OR BENEFICIARY WHO KNOWINGLY MAKES FALSE STATEMENTS OR SHALL FALSIFY OR PERMIT TO BE FALSIFIED ANY RECORD OR RECORDS OF THE RETIREMENT SYSTEM IN AN ATTEMPT TO DEFRAUD THE RETIREMENT SYSTEM, SHALL BE GUILTY OF A FELONY.

I CERTIFY THAT THIS INFORMATION IS CORRECT AND I UNDERSTAND THAT FALSIFICATION OF THE ABOVE INFORMATION COULD CAUSE DENIAL OF PAYMENT OF ANY MEDICAL BILLS.

SIGNATURE _____ DATE _____

***** NOTARY *****

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS _____ DAY OF _____, 20__.

NOTARY SIGNATURE _____

PRINTED _____

NOTARY PUBLIC IN AND FOR THE STATE _____

RESIDING AT _____