



# City of Seattle

Jenny Durkan, Mayor

## Seattle Police Pension Fund

Daniel Oliver, Executive Secretary

November 1, 2019

Dear LEOFF1 Seattle Police Pension Member:

Attached please find the required Annual Form that **MUST** be completed and returned to our office **no later than January 31, 2020!** Please keep a copy for your records! We may need to ask you for a copy if we didn't receive it.

For all Retired Officers: Enclosed are two mandatory forms which must be completed, notarized and returned to the Seattle Police Pension Office by January 31, 2020.

The first form, titled the Reporting Form confirms your status as a retiree, and provides information concerning a current living spouse and any dependent children you may have. The second form, the Medical Benefits form provides us with information about any other medical coverage currently utilized by you or available to you, our retiree, through your employer or through your spouse's employer, or Medicare. It will not reduce your 100% medical coverage with the pension fund. **This other or additional coverage information is required by State law.**

For those Retired Officers, who over 65 years old and on Medicare: There is a form titled 2019 Medicare Annual Reimbursement Form. Do not complete this form if you are already submitting requests to us throughout the year. This form is for the Annual Medicare Reimbursement only. Expect processing time of approximately 4 to 6 weeks. **This reimbursement will NOT be processed until we receive both your Reporting and Medical Benefits Notarized forms.** This form is not required to be notarized.

**THESE ANNUAL FORMS ARE MANDATORY!!** Auditors look to these reports to validate public pension payments and medical benefits you may be receiving.

Please take a few minutes now to complete this vital paperwork and return it to your Seattle Police Pension Office by January 31, 2020!! **YOUR SIGNATURE(S) MUST BE NOTARIZED.**

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PO Box 94729, Seattle, WA 98124-4729

Tel: (206) 386-1286 Fax (206) 386-9075

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Once completed and notarized, you can email, fax or mail your documents to the Pension Office:

Email: [policepension@seattle.gov](mailto:policepension@seattle.gov)

The only way we can send an acknowledgement of our receipt is via the email transmission.

Fax: 206-386-9075

US Mail: Police Pension Office, PO BOX 94729 Seattle, WA 98124-4729

**Please be sure to keep a copy for your records! If we fail to receive your document(s) we will be contacting you for a copy.**

Should you have any questions, please call me, Stephanie at (206) 386-1286 OPTION 3 or my email is [stephanie.coleman@seattle.gov](mailto:stephanie.coleman@seattle.gov)  
Thank you for your prompt cooperation.

Kind Regards,

*Stephanie Coleman*

Stephanie Coleman  
Assistant Executive Secretary

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Tel: (206) 386-1286 Fax (206) 386-9075

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2020 Reporting Form – Due by January 31, 2020

All persons are required to complete and return the properly NOTARIZED form:

Seattle Police Pension Fund  
PO Box 94729  
Seattle, Washington 98124-4729  
Email: [policepension@seattle.gov](mailto:policepension@seattle.gov) OR Fax: 206-386-9075

**\*\*KEEP A COPY FOR YOUR RECORDS\*\***

1. I, \_\_\_\_\_,  
(Your Last Name, First name, Middle)

I hereby certify that I receive a pension allowance from either the State of Washington, the City of Seattle, or both, as authorized under Title 41, Washington State Law.

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

2. My Current Living Spouse:

Spouse's Name \_\_\_\_\_

Spouse's Date of Birth \_\_\_\_\_ Date of Marriage \_\_\_\_\_

Dependents' Name(s) & Date of Birth \_\_\_\_\_  
(under the age of 18 only, biological & legally adopted only. Legal custody & Guardianships do not apply)

3. My Emergency Contacts (both must be living outside of your home):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

4. Power of Attorney Document(s):

Is your Power of Attorney Document on file at the Police Pension Office? If not, please attach a complete copy of your POA to this document. If you have already sent us a copy, you initial the first line. If you have updated your POA, we will need a copy. You can contact us directly to see if we have a copy or need a copy. Please call us at 206-386-1286 option 3 or email us at [policepension@seattle.gov](mailto:policepension@seattle.gov)

\_\_\_\_\_ Initial if you have attached a copy of my complete Power of Attorney document(s)  
\_\_\_\_\_ Initial if Police Pension has a copy of my current POA dated \_\_\_\_\_  
\_\_\_\_\_ Initial here if you do not have Power of Attorney document(s).

If I am unable to communicate, I give the Police Pension Office the authority to talk to my *Emergency contact(s)* on my behalf.

**ALL FIELDS IN THIS TWO SIDED DOCUMENT MUST BE COMPLETED, NOTARIZED AND RETURNED TO THE POLICE PENSION OFFICE BY JANUARY 31, 2020**

5. Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

**SIGNATURE** \_\_\_\_\_  
(Sign only when in front of a Notary)

\*\*\*\*\* **NOTARY** \*\*\*\*\*

SUBSCRIBED AND SWORN TO OR AFFIRMED BEFORE ME THIS \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

NOTARY SIGNATURE \_\_\_\_\_

Printed \_\_\_\_\_

NOTARY PUBLIC IN AND FOR THE STATE OF \_\_\_\_\_

RESIDING AT \_\_\_\_\_

**SEATTLE POLICE PENSION OFFICE**  
**2020 - 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, 2020\*\* \*\*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**

1. Are you currently on Medicare A & B? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently enrolled in a medical health plan from your employer or any other plan?

\_\_\_ YES \_\_\_ NO If yes, attach a copy of both sides of your medical card

Name of Employer \_\_\_\_\_ Plan Effective Date \_\_\_\_\_

Effective Date of Employment: \_\_\_\_\_ Plan Name \_\_\_\_\_

3. Is your Spouse employed and are you currently enrolled under your spouses' benefits?

\_\_\_ YES \_\_\_ NO If yes, attach a copy of both sides of your medical card

If yes, what is the plan name? \_\_\_\_\_ Effective Date \_\_\_\_\_

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 \_\_\_\_\_  
(sign only when in front of a Notary)

\*\*\*\*\* 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 \_\_\_\_\_

# 2019 MEDICARE REIMBURSEMENT REQUEST

LEOFF I AND ESCALATOR RETIRED SEATTLE POLICE PENSION FUND MEMBERS ONLY

**\*\*NO MEDICARE REIMBURSEMENTS WILL BE PROCESSED UNTIL WE HAVE RECEIVED YOUR NOTARIZED MANDATORY REPORTING AND MEDICAL REPORTING FORMS! \*\***

Please return this reimbursement form to:  
Seattle Police Pension Office, PO Box 94729, Seattle, WA 98124-4729  
Fax: 206-386-9075 or email [policepension@seattle.gov](mailto:policepension@seattle.gov)

Name (Please Print) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email: \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

## My Medicare Part B Premium Rate is:

Standard Rate is \$135.50 X 12 months = 1626.00 Total Initial here \_\_\_\_\_

My Rate \$ \_\_\_\_\_ X 12 months = \$ \_\_\_\_\_ Total Initial here \_\_\_\_\_

**Proof must be attached, No exceptions!**

**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**

This form is only for LEOFF I or ESCALATOR retired Seattle Police Pension Fund members who are on MEDICARE. This is for a reimbursement request for premiums you paid out for your Medicare coverage. Reimbursement will only be considered in response to your submitting a claim for your out-of-pocket expenses in 2019.

**Proof of non-standard rate\* must be attached, NO EXCEPTIONS!**

\*Proof can consist of a copy of your 1099SS Benefit Statement (typically mailed in the January after the current year) or a copy of the letter sent in about November (the previous year) with your premium clearly identified. Proof can also be a copy of your checks/bank statement with the stub portions of each billing included if you are billed directly.

Call Social Security at 1-800-772-1213 to obtain the documentation, if you do not have it in your files.

**Keep a copy for your records!** Please allow up to 4-6 weeks for processing. If you have not received your check AFTER that time, please call the Pension Office at 206-386-1286 or email us at: [policepension@seattle.gov](mailto:policepension@seattle.gov)

RFR