

****2016 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 2016. **(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 _____ Email: _____

SIGNATURE _____

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

Keep a copy for your records! Please allow 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