



City of Seattle

Edward B. Murray, Mayor

Seattle Police Pension Fund

Daniel Oliver, Executive Secretary

October 2016

Dear Seattle Police Pension Member:

Attached please find the required Annual Forms that **MUST** be completed and returned to our office no later than January 31, 2017! Please keep a copy for your records! We may need to ask you for a copy if we didn't receive it.

We will be attending the monthly RSPOA meetings at the Nile and will have our notary stamps. So please bring your completed paperwork so we can notarize it for free and save you a few dollars. The meetings are held on the second Wednesday of each month.

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, 2017.

The first form, titled the Reporting Form (Yellow 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 (Blue 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. However, it will in no way reduce your 100% medical coverage. This information is required by State law and it will reduce expenses for the Seattle Police Pension Fund.

For those Retired Officers, only, over 65 years old and on Medicare: You will also receive the 2016 Medicare Reimbursement Form. Do not complete this form if you are already submitting requests to our office. This form is for the Annual Medicare Reimbursement only. Expect processing time of approximately 4 to 6 weeks. This form is not required to be notarized.

For Surviving Spouses/Beneficiaries: You will receive only one form, the "Reporting Form" (Yellow Form), which must be completed, notarized and returned to the Seattle Police Pension Office by January 31, 2016. There is no need for you to complete the Medical Benefits form so we did not mail it to you.

Everyone will also receive the Emergency Contact Form. This form is not required to be notarized. Please complete this form and return it with your other document(s).

PO Box 94729, Seattle, WA 98124-4729

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

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

Instructions For All:

Please take a few minutes now to complete this vital paperwork and return it to your Seattle Police Pension Office by January 31, 2017!! **YOUR SIGNATURE(S) MUST BE NOTARIZED.**

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

Email: 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.

If you have a Power of Attorney (POA) that person may complete these document(s) for you as your POA; Police Pension must have a plain paper copy of your Power of Attorney paperwork in your file, so please be sure to send us a copy with your documents.

Should you have any questions, please call me, Stephanie at (206) 386-1287 or my email is stephanie.coleman@seattle.gov Thank you for your prompt cooperation.

Kind Regards,

Stephanie Coleman

Stephanie Coleman
Assistant Executive Secretary

PO Box 94729, Seattle, WA 98124-4729

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

An equal employment opportunity, affirmative action employer. Accommodations for people with disabilities provided upon request.

SEATTLE POLICE PENSION OFFICE - REPORTING FORM - 2017

**ALL PERSONS ARE REQUIRED
TO COMPLETE AND RETURN THE PROPERLY NOTARIZED FORM TO:**

Seattle Police Pension Fund Phone: 206-386-1287
PO Box 94729
Seattle, Washington 98124-4729
Email: POLICEPENSION@SEATTLE.GOV OR Fax: 206-386-9075 IS ALLOWED

**** DUE BY JANUARY 31, 2017 ** **KEEP A COPY FOR YOUR RECORDS****

1. 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 _____

Phone _____ My Social Security No. is _____

Home Phone _____ Cell Phone _____

E-mail address _____

2. INFORMATION CONCERNING MY CURRENT LIVING SPOUSE:

Living Spouse's Name _____

Living Spouse's Date of Birth _____ Date of Marriage _____

Living Spouse's Social Security No. _____

Dependents' Name(s) and Dates of Birth _____
(a child under the age of 18)

3. Dated this _____ day of _____, 20__.

SIGNATURE _____

***** 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
STATEMENT OF OTHER HEALTH & MEDICAL BENEFITS - 2017**

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

Seattle Police Pension Fund
PO Box 94729

Phone: 206-386-1287

Seattle, Washington 98124-4729

Email: POLICEPENSION@SEATTLE.GOV OR Fax: 206-386-9075 IS ALLOWED

****DUE BY JANUARY 31, 2017** **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 _____

****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

2017 - Emergency Contact Form

PLEASE PRINT ALL DETAILS CLEARLY

Last Name

First Name

Middle Name

Date of Birth

Permanent Home Address:

Is this a new address? ___ Yes ___ No

City

State

Zip Code

Cell Phone: Area Code ()

Home Telephone: ()

Additional Home Address:

Is this a new address? ___ Yes ___ No

City

State

Zip Code

Cell Phone: Area Code ()

Home Telephone: ()

PLEASE ATTACH A COPY OF YOUR POWER OF ATTORNEY PAPERWORK TO THIS DOCUMENT

_____ INITIAL HERE IF YOU DO NOT HAVE A POWER OF ATTORNEY

RETURN TO: POLICE PENSION, PO BOX 94729, SEATTLE, WA 98124

