



City of Seattle

Ed Murray, Mayor
Seattle Police Pension Fund
Daniel Oliver, Executive Secretary

Police Pension Office

Seattle Police Relief & Pension Fund Simple Claim Form

UMR ASO Group Number: 76-412545

This form is for the use of Seattle Police Relief & Pension Fund members. The plan covers select services that may not have a Procedure Code (CPT CODE) or that your provider is not willing to bill insurance for. This form is for submission of these types of claims. **Please note that services must be prescribed by a licensed physician and must be medically necessary.** Review and approval may be required by the Police Pension Office.

Reimbursement Form:

Name _____ Subscriber ID Number _____

Service Description _____ Date of Service _____
(i.e. Hearing Aid Batteries, Shoe Inserts, etc.)

Provider Name _____ Provider Tax ID Number _____
(If available)

Provider Address _____ **Group Number: 76-412545**

Amount Paid _____ ☐ proof of payment attached.
(Please attach your receipt/or paid invoice)

☐ RX from the doctor attached.

Send the completed reimbursement form along with **proof of payment** and the RX (when applicable) to:

UMR

Attn: Plan Advisor Team For Police Pension
20021 120th Ave NE, Suite 200
Bothell, WA 98011

OR

Fax: 425-686-1394

Do not send the reimbursement request to the Pension Office as it will be returned to you. Please allow 30 days for UMR to process your reimbursement and call 1-800-207-3172 after 30 days if you have not received your reimbursement check or if the reimbursement is incorrect. The pension office does not have access to check status.

Please keep a copy of everything you send to UMR.

PO Box 94729, Seattle, WA 98124-4729
Tel: (206) 386-1286 Fax (206) 386-9075

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INSTRUCTIONS

PPN UMR PLAN SIMPLE REIMBURSEMENT CLAIM FORM

1. Seattle Police LEOFF I MEMBERS STARTING JANUARY 1, 2017 will now send their out of pocket medical & optical reimbursement requests to UMR on this simple reimbursement claim form. You must send in the claim form with your proof of payment, proof of services/supplies received, and a RX stating it is medically necessary directly to UMR (address or fax number on the form).
2. Please make copies of the reimbursement form if you will be sending in the request frequently. Also, make sure you make copies of everything you send to UMR and date it for your records. For recurring items, you will have to send in a copy of your RX with the first reimbursement request. UMR will hold that RX in their system until it expires. You will not have to send in a new RX until the expiration date.

All over the counter medicines OTC, supplements, orthotics and any medical equipment or supplies require a RX from your doctor. You must also have a RX for massage, acupuncture and any service(s) NOT performed by a doctor but recommended as medically necessary treatment by your doctor or Chiropractor- this includes speech therapy, occupational therapy and physical therapy.

3. Please allow 30 days for processing and please call customer service at 1-800-207-3172 if you have questions regarding the payment or status of your reimbursement check. The pension office does not have access to check processing information.
4. Please be sure to fill out the address EXACTLY as it is on the other side to avoid getting lost in the mail. Failure to submit your request for reimbursement with complete information may result in a long delay. Please make copies of everything you send to UMR and make note of the date you sent it. Allow 30 days from the time UMR receives the claim to process it and return the check by mail.

Please note: Routine Dental claims & reimbursements get sent to Delta Dental of Washington.