

2023 MEDICARE ANNUAL REIMBURSEMENT REQUEST

LEOFF I AND ESCALATOR RETIRED MEMBERS ONLY

THIS FORM DOES NOT NEED TO BE NOTARIZED

Please return this reimbursement form to:

Seattle Police Pension Office, PO Box 94729, Seattle, WA 98124-4729

You can also send via - Fax: 206-470-6900 or email policepension@seattle.gov

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 2023.

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 _____

City _____ State _____ Zip _____

Phone _____ Email: _____

SIGNATURE _____

The Standard Part B Premium Rate for 2023 is:

Standard Rate is \$164.90 X 12 months = \$1,978.80 Total

OR

Non-Standard Rate for 2023, please specify your rate below:

Monthly Rate \$ _____ X 12 months = \$ _____ Total

Proof must be attached, NO exceptions! **

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

*Proof can consist of a copy of the letter sent to you in about November 2022 with your premium clearly identified for the year 2023 or a copy of your 1099SS Benefit Statement (will be mailed by Soc. Sec. in January 2024). Proof can also be a copy of your checks/bank statement with the stub portions of each billing included if you are billed directly. We must know what payment covers what time period.

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 OPTION 1 or email us at: policepension@seattle.gov