

# **2024 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](mailto: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 2024.

**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 2024 is:**

Standard Rate is \$174.70 X 12 months = \$2,096.40 Total

**OR**

**Non-Standard Rate for 2024, 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 November 2023 with your premium clearly identified for the year 2024 or a copy of your 1099SS Benefit Statement (will be mailed by Social Security in January 2025). 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 2 or email us at: [policepension@seattle.gov](mailto:policepension@seattle.gov)**