

**SEATTLE POLICE PENSION OFFICE**  
**2025 - STATEMENT OF OTHER HEALTH & MEDICAL BENEFITS**

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

Seattle Police Pension Fund  
PO Box 94729  
Seattle, Washington 98124-4729  
Email: POLICEPENSION@SEATTLE.GOV OR Fax: 206-470-6900

**\*\* DUE BY JUNE 30, 2025 \*\* \*\*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**

1. Are you currently on Medicare A & B? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently enrolled in a medical health plan from your employer or any other plan?

\_\_\_ YES \_\_\_ NO If yes, attach a copy of both sides of your medical card.

Name of Employer \_\_\_\_\_ Plan Effective Date \_\_\_\_\_

Effective Date of Employment: \_\_\_\_\_ Plan Name \_\_\_\_\_

3. Is your Spouse employed and are you currently enrolled under your spouses' benefits?

\_\_\_ YES \_\_\_ NO If yes, attach a copy of both sides of your medical card.

If yes, what is the plan name? \_\_\_\_\_ Effective Date \_\_\_\_\_

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 \_\_\_\_\_  
(Sign only when in front of a Notary)

\*\*\*\*\* 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 \_\_\_\_\_