2025 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 <u>retired</u> 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 2025.

Do NOT use this reimbursement form to request Medicare reimbursement if you already submit

Check here if this is a new address

Name (Please Print)

Address

City _______ State ____ Zip______

Phone ______ Email: _______

SIGNATURE

Standard Part B Premium Rate for 2025:
\$185.00 X 12 months = \$2,220.00 Total Check here if this is what you paid

Non-Standard Rate for 2025, please specify your rate below:

Part B Monthly Rate \$ _____ X 12 months = \$ _____ Total Proof must be attached, NO exceptions! **

Part D (RX) IRMAA Monthly Assessment \$ _____ X 6 months = \$ _____ Total Proof must be attached, NO exceptions! **

**Proof can consist of a copy of your Social Security benefit letter sent to you in November 2024 with your premium clearly identified for the year 2025 or a copy of your 2025 1099SS Benefit Statement (will be mailed by Social Security in January 2026). Proof can also be a copy of your checks/bank statement with a copy of your Medicare premium bill attached. 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 206-684-3375 or email us at: policepension@seattle.gov