

CITY OF SEATTLE • SEATTLE POLICE RELIEF AND PENSION FUND
2026 ANNUAL REPORTING AND MEDICAL BENEFITS CERTIFICATION

Due June 30, 2026

Return to: Seattle Police Pension Fund • PO Box 94729 • Seattle, WA 98124-4729

Email: policepension@seattle.gov • Fax: 206-470-6900

IMPORTANT: THIS IS A TWO-SIDED FORM — BOTH SIDES MUST BE COMPLETED.

SECTION 1 – MEMBER IDENTIFICATION

Full Name _____

Address _____

Home Phone _____ Cell: _____

Email _____

SECTION 2 – SPOUSE INFORMATION

Spouse Name _____ Spouse Date of Birth _____

Date of Marriage _____

SECTION 3 – EMERGENCY CONTACTS (Must live outside household)

Emergency Contact #1

Name _____ Relationship _____

Address _____

Phone _____ Cell: _____

Email _____

Emergency Contact #2

Name _____ Relationship _____

Address _____

Phone _____ Cell: _____

Email _____

Initial _____ I authorize the Pension Office to communicate with my emergency contacts if I am unable to do so.

SECTION 4 – POWER OF ATTORNEY

- I have attached a copy of my Power of Attorney* Police Pension already has a copy
 I do not currently have a Power of Attorney.

***PLEASE BE SURE TO SEND A COMPLETE COPY OF THE DOCUMENT**

SECTION 5 – OTHER HEALTH & MEDICAL BENEFITS (RCW 41.26.150)

Are you enrolled in Medicare Parts A & B? Yes No Are you currently employed? Yes No

If currently employed, provide the following:

Employer Name _____

Attach a copy of both sides of your insurance card if coverage exists.

Spouse Coverage: Are you covered under your **spouse's current medical plan?** Yes No

Attach a copy of both sides of your insurance card if coverage exists.

CERTIFICATION

I certify that the information provided is true and correct to the best of my knowledge. I understand that falsification of this information may result in the denial of payment for any medical claims or bills.

Member Signature (sign only in front of a Notary) _____

Date _____

NOTARY ACKNOWLEDGEMENT

Subscribed and sworn before me this _____ day of _____, 20_____.

Notary Signature _____

Printed Name _____

Notary Public in the State of _____

Residing At _____

Any member or beneficiary who knowingly makes false statements, falsifies, or permits the falsification of any record of the retirement system to defraud the system is subject to felony prosecution.