

MEDICAL/DENTAL CLAIM FORM

KCDRB Form 5

LEOFF-I Employer's Statement: Claim for Reimbursement of Medical/Dental Expenses

(To be completed by LEOFF-1 employer)

Please mail this form with any relevant accompanying documentation to King County Disability Retirement Board, The Chinook Building CNK-ES-0230, 401 Fifth Avenue, Seattle, WA 98104. If you have questions, call 206-684-1556.

Section I. Employment Status of LEOFF-1 Claimant

LEOFF-1 claimant: _____

Position/title: _____

LEOFF-I employer: _____

Date of Retirement: _____ Service retirement Disability retirement

Section II. Insurance Status of LEOFF-1 Claimant

(to be completed by human resources/benefits representative)

LEOFF-1 claimant's medical insurance currently includes:

1. Enrollment in health plan offered by employer Yes No

If "Yes", name of plan: _____

2. Claimant's Medicare status:

Medicare, Part A Yes No

Medicare, Part B Yes No

If "No", explain: _____

3. Coverage under spouse's or domestic partner's insurance Yes No

If "Yes", state name of spouse's or domestic partner's insurance carrier: _____

4. Claim submitted to you within six months of initial billing? Yes No

If "No" explain: _____

All billing statements, applicable insurance Explanation of Benefits, and treatment plan (when required under Board rules) are attached. The total dollar amount sought herein reflects only the balance outstanding after all other sources of reimbursement (including Medicare and secondary insurance) have been exhausted.

Signed: _____ Date: _____
Human resources/benefits representative

KCDRB Form 5 (continued)

Section III. LEOFF 1 administrator's authorization

(to be completed by the member's LEOFF-1 administrator)

1. Do you have reason to believe the medical services and expenses claimed are not necessary, are not reasonable, or do not comply with Board rules? (Check those applicable.) For more information, see Rule 8.11(c).

Explain: _____

Signed: _____ Date: _____
LEOFF-1 administrator

Title: _____

The King County Disability Retirement Board for LEOFF-1 will only accept original signed and dated claim forms. If you are concerned about privacy, do not e-mail personal information or a copy of this completed form to the Board - your privacy over the Internet cannot be guaranteed.