



# LEOFF 1 PENSION BOARD APPROVAL FORM

Name			Date
Address			City
Telephone		Email	

- Police Pension Board
  Check here for Reimbursement  
 Firefighter Pension Board
  Check here for Pre-Approval

Medical Services	Medical Provider	Amount
		\$

**Explain Reason for Medical Services (attach letter if necessary)**


**Mark all attachments:**

- Letter from Physician(s) explaining diagnosis and recommendation for treatment **(required)**  
 Explanation of Benefits (EOB) from Medicare and Insurance **(required if services have been provided)**  
 Invoice or Billing Statement or Estimate of Cost **(required)** – *If the request is for the City to pay the Medical Provider directly, the invoice must be billed to the City*  
 Receipt **(for reimbursements)**

**MAIL FORM AND ALL SUPPORTING DOCUMENTS TO**  
**City of Bremerton, Attn: Pension Board Secretary, 345 6<sup>TH</sup> Street, Suite 100, Bremerton WA 98337**

FOR BOARD SECRETARY USE ONLY	
Board Meeting Date	<input type="checkbox"/> Approved <input type="checkbox"/> Denied