



LEOFF 1 PENSION BOARD APPROVAL FORM

Name			Date
Address	City	State	Zip
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 6TH Street, Suite 600, Bremerton WA 98337

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