## LEOFF I – CERTIFICATION CLAIM FORM – POLICE

I hereby certify under penalty of perjury that this is a true and correct claim for necessary medical expenses incurred by me, and that no payment has been received by me on account thereof.

I further certify that I am an active/retired member of the Kennewick Police Department; that the following claim was required by an allowable provider; I am enclosing the required explanation of benefits; and that I am eligible for reimbursement under the following plan(s):

Asuris [ ]	Medicare [ ]	Other [ ]		
Date of Service	Condtion or Illness Or Prescription Name	Provider of Service	Bill Charged	Co-pay Amount
		TOTAL:		
Print Name		Signature		Date
Board Use Only	/			