

CITY OF REDMOND
LEOFF I DISABILITY BOARD CLAIM FORM

*This form is to be used **ONLY** for submitting claims through the Disability Board and is not to be used for claims submitted through your health insurance carrier. This form, and an Explanation of Benefits, an itemized statement, and a Claim for Expense form should be submitted to the Human Resources Department 10 days prior to a Disability Board meeting (1st Wednesday of each month).*

Name: _____ Date: _____

Address: _____

Department (please circle one): Fire Police

Retirement (please circle one): Service Disability

A. General Information

1. Have you submitted this claim through your insurance carrier? Yes ____ No ____
2. If yes, has part, or all, of the claim been denied? (**please attach denial of claim**)
 Partial _____ All _____
3. Explain the services received _____

B. If your claim is for an eye examination, eyeglasses, or contacts:

1. Have you been examined and reimbursed by the Disability Board for such services within the last year? Yes _____ No _____
2. If yes, have you attached a doctor's statement stating that your prescription has changed? Yes _____ No _____

C. If your claim is approved, the check should be made payable to: _____

D. An itemized statement is required. Please attach.