



# Seattle Police Relief Association



## SUPPLEMENTAL PLAN ENROLLMENT FORM

CHECK ANY THAT APPLY

Employee #: \_\_\_\_\_

Add self (SPRA member)

AETNA PREVENTIVE (PLAN 4053D): \_\_\_\_\_

Add spouse/domestic partner\*

\$4/MTH HOLDING STATUS ONLY: \_\_\_\_\_

Add dependent children

### MEMBER INFORMATION:

Last Name:	First Name:	Middle Initial:	Serial Number:	Birth Date:
_____	_____	_____	_____	_____

### DEPENDENT INFORMATION: Please complete this section to add coverage for dependents

Last Name	First Name	M.I.	Sex	D.O.B.	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

\* If adding a domestic partner to the supplemental medical you must include supporting documentation from City

### SIGNATURE:

I declare that to the best of my knowledge I am eligible for the coverage requested. I give permission to SPRA to examine records pertaining to me and my covered family members as required to process claims. I authorize my employer to deduct the required dues from my earnings.

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

### TO DECLINE COVERAGE, SIGN BELOW:

**I decline to participate** in the Seattle Police Relief Association's Supplemental Medical Plan. **I understand that by not paying the holding dues, I am ineligible to join at a later date.**

\_\_\_\_\_  
Member Signature

\_\_\_\_\_  
Date

# Seattle Police Relief Association

## SUPPLEMENTAL MEDICAL BENEFITS FOR MEMBERS

The medical plans for members and their dependents are offered as supplements to the medical plans of the Seattle Police Department, or any other plan that covers the member or covered dependents. The SPRA Supplemental Medical Plan helps to bridge the gap between your actual medical costs and the coverage of your primary plan.

**The Plan D monthly premiums are \$10.00 for the member, \$20.00 for a spouse or domestic partner, and \$20.00 for each child for the supplement to your SPD Medical Plan.**

For eligible medical expenses, the supplemental plan provides reimbursements for the following co-pays:

Physician Office Calls:	Up to \$10.00 per co-pay
Illness, accident, preventive care, chiropractic, physical therapy, naturopathic care, emergency room	
Prescriptions:	
Generic	Up to \$15.00 per co-pay
Brand name	Up to \$15.00 per co-pay
Prescription eyeglasses or contacts	\$40-contacts or \$50-glasses/year
Annual maximum	\$500 per person, \$1,000 per family

Eligible dependents include legal spouses, domestic partners, unmarried children from date of birth or adoption who are financially dependent on the member for support, and stepchildren who are primarily dependent on the member for support.

**Holding Fee - To Retain Your Plan Eligibility:** Members of the Association who decline participation in the medical plan may pay a monthly holding fee to retain the option to participate in the future. The holding fee applies to both the member and the member's family, if applicable; there is no additional holding fee for a member's family. The monthly holding fees are \$4.00 for those members, active or retired, having less than 25 years of membership in the Association, and \$3.00 for members, active or retired, with 25 or more years membership in the Association.

Should a member wish to enroll his/her spouse or domestic partner and children while not belonging to a plan himself/herself, it would be necessary for the member to pay the holding fee for himself/herself. ***Members who choose not to pay the holding fee for the Supplemental Medical Plan become ineligible to rejoin the plan at a later date.***