

**RETIREE MEDICAL PLAN OF THE SANTA MONICA  
POLICE OFFICERS' ASSOCIATION REIMBURSEMENT TRUST**

**Cash in Lieu of Benefits Certification    3<sup>rd</sup> Quarter 2024**

If you are receiving reimbursements from the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust (Trust), the Trustees will require that you periodically certify that you and your spouse are not receiving cash in lieu of receiving medical benefits from an employer or other plan sponsor.

**Note: Failure to report cash received in lieu of medical benefits is a serious violation of Plan rules. As fiduciaries, the Trustees must recover any amounts paid out in violation of this rule in order to maintain the financial integrity of Trust assets.**

Please indicate below whether you or your spouse are (or not) receiving cash in lieu of medical benefits from another employer-sponsored plan.

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**Please complete and return this form to the Trust Office with your Claim for Reimbursement**

\_\_\_\_\_ No, neither my spouse nor I are receiving cash in lieu of benefits from an employer or other plan sponsor.

\_\_\_\_\_ Yes, my wife or I (or both of us) are receiving cash in lieu of benefits from an employer or other plan sponsor.

Name(s) of person(s) who are receiving cash in lieu of benefits from a medical benefit plan: \_\_\_\_\_

Monthly dollar amount received in lieu of medical benefits: \$ \_\_\_\_\_

Name of Plan: \_\_\_\_\_

(Name of Plan, Insurance Carrier or Employer if Employer Plan) Effective date of Opt Out Agreement with \_\_\_\_\_

Plan Sponsor: \_\_\_\_\_

I do certify that the above statement is true and accurate.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Note:** Effective January 1, 2017, the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust will reimburse eligible retirees an amount not to exceed twelve (12) times their monthly reimbursement amount. As an example, if your maximum monthly reimbursement is \$200 per month (\$2,400 annually), and your quarterly expenses were \$150 in January, \$250 in February and \$350 in March; totaling \$750 for the quarter, you will be reimbursed \$600 for the quarter under the new Plan Rule. Assuming your expenses follow that pattern for the rest of the year, you will be reimbursed up to \$2,400 annually under this new rule.

**NOTICE TO RETIREES - TERMINATION OF BENEFITS**

You are not eligible to receive reimbursements from the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust if you again become an Employee, as that term is defined in this Plan. The Plan defines an Employee as "an individual employed by the City on or after January 1, 1996, who is a member of the bargaining unit represented by the Santa Monica POA".

Please call the Trust Office if you have any questions concerning this provision at (562) 463-5050.