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

Administered By: Benefit Programs Administration
Telephone: (562) 463-5050 Fax: (562) 463-5894 E-Mail: smpoatrust@bpabenefits.com www.smpoatrust.org

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

Understanding and Agreement
To Report Certain Paid Benefits as Taxable Income

I or my spouse have incurred a medical expense benefit from an employer that was received on a pre-tax basis. I understand that I am not eligible to receive reimbursement from this Plan for those same non-taxed medical benefits, unless I agree to have my reimbursement reported as income to the IRS and any applicable State Tax authority.

I _____ and my Spouse _____, understand that submitting a request for reimbursement is optional. By submitting such request for reimbursement, I/We and agree that any reimbursement received from this Plan for any medical expense(s) received on a pre-tax basis will be reported to the IRS and any applicable State Tax authority using form 1099-MISC.

Signature(s) below is My (Our) agreement and consent to such reporting and consent will remain valid until revoked in writing to this Plan.

Member Signature: _____ Date: _____

Spouse Signature: _____ Date: _____