

# SANTA MONICA POLICE OFFICERS' REIMBURSEMENT BENEFIT TRUST

1200 Wilshire Boulevard, 5<sup>th</sup> Floor, Los Angeles, CA 90017  
Telephone (562) 463-5050 • FAX (562) 463-5894 • Email to [smpoatrust@bpabenefits.com](mailto:smpoatrust@bpabenefits.com)

Re: Premium Reimbursements

Fellow Trust Member:

The records of the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust (Trust) indicate that you are currently eligible to be reimbursed for medical premiums and qualifying medical expenses (Premiums) up to an amount determined based upon your years of service, all of which is described more fully in the Trust's Plan Document.

Please complete and return the Election Form (at the bottom of this letter) to advise the Trust whether you want to defer your Reimbursements or begin receiving them. Remember that you paid contributions to the Trust while you were employed by the City of Santa Monica so that you could enjoy these benefits upon retirement. When you defer your election, you are not reimbursed monies which you were otherwise eligible to receive. Upon receipt of a completed application, you will be reimbursed for future Premiums pursuant to the Plan Document, but you will not be able to be reimbursed for Premiums that predate your application.

If you elect to commence the payment of Reimbursements, please complete and return the enclosed Application for Premium Reimbursements and the Information Sheet to the Retiree Medical Plan of the Santa Monica Police Officers' Association Reimbursement Trust c/o Benefit Programs Administration. This is the initial form that starts the processing of your Premium Reimbursements Benefit. You will receive additional information once you return this form to the Administrative Office.

If you have any questions regarding this letter, please contact this office at (562) 463-5050. Thank you for your cooperation.

Sincerely,

Board of Trustees

Enclosures

✂-----

## **Election to Apply for or Defer Premium Reimbursements**

**Please select one of the following, sign, date, and return to the Administrative Office at:**

**1200 Wilshire Blvd., Fifth Floor – Los Angeles, CA 90017-1906**

- ☐ **I elect to commence the payment of my Premium Reimbursements (If you make this selection, please complete and return the enclosed Application for Premium Reimbursements and the Information Sheet)**
- ☐ **I elect to defer the payment of my Premium Reimbursements until such time that I submit the enclosed Application for Premium Reimbursements and the Information Sheet**

\_\_\_\_\_  
Signature

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

\_\_\_\_\_  
Date