

**WHITMAN COUNTY LEOFF I BOARD**  
**400 N Main Street, Colfax, WA 99111**  
**(509) 397-5246**  
**FAX (509) 397-6355**

DATE:

TO: LEOFF I RETIREE

FROM: LEOFF I BOARD

RE: REQUEST FOR MEDICAL PAYMENT/REIMBURSEMENT

Dear Retiree:

It is very important that you or your provider submit your bills directly to the insurance company to reduce the chance for loss, error, or additional waiting time for payments and/or reimbursements. The County/City will not process your medical requests for reimbursement or pay any medical claims until **you** have fulfilled these processing obligations.

**\*\*Please read carefully and follow all instructions.\*\***

**Since you are not enrolled in Medicare Part B:**

1. Submit the bill to insurances you have privately as your **Primary Insurance**.
2. Submit any balance(s) to Whitman County's insurance company as your **Secondary Insurance**.
3. Submit any remaining balance(s) and explanation of benefits (paid/rejected) to:

**Retired Whitman County Members**

ATTN: Officer Bolyard/Officer Auvil  
Whitman County Sheriff's Office  
PO Box 470  
Colfax, WA 99111

**Retired City of Colfax Members**

ATTN: Carol Larson  
City of Colfax  
PO Box 229  
Colfax, WA 99111

**Retired City of Tekoa Members**

ATTN: Peggy Hagan  
City of Tekoa  
PO Box 927  
Tekoa, WA 99033

Only after items #1 and #2 above have been met will the LEOFF I Board review your remaining balance(s) to determine the appropriate reimbursement or payment level.

Should you have any questions, please contact Maribeth Becker at (509) 397-6202.