

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

EMPLOYER STATEMENT
REGARDING MEDICAL EXPENSE CLAIM

LEOFF I MEMBER NAME: _____ SSN: _____
EMPLOYER (or former employer in the case of retirees): _____
CONTACT PERSON: _____ TITLE: _____
The Claimant is (check one): ACTIVE DUTY _____ or RETIRED _____

FOR ACTIVE DUTY employees, please complete the following:

Date Hired: _____ Currently on Disability Leave? _____ If yes, date leave began: _____
To your knowledge, is this claim related to the disabling condition for which leave was taken? Yes _____ No _____
If yes, please comment: _____

To the best of my knowledge and information, the injury/illness, which prompted this claim, (circle one) **was / was not** incurred on the job and/or in the line of duty. Please attach all pertinent information such as reports and investigation results indicating the situation and circumstances surrounding the incident.

FOR RETIRED employees, please complete the following:

Date Retired: _____ Service Retirement? _____ Disability Retirement? _____

FOR ALL CLAIMS, please respond to the following:

Date claim was received: _____
Do you have any reason to believe that the injury/illness, which prompted this claim, was the result of criminal conduct, dissipation, or abuse on the part of the member? Yes _____ No _____

If yes, please explain: _____

I attest that the attached billing and related documentation has been reviewed for accuracy and completeness, and to the best of my knowledge this is a valid claim for necessary medical services for submission to the Whitman County LEOFF I Board.

Signature of Employer Representative Date

Please return the completed statement, claim, and all supporting documentation to:
Whitman County LEOFF I Board, 400 N Main Street, Colfax, WA 99111. Claims must be received by the fourth Tuesday of each month. Any claims submitted after that date will be held until the next regular or special LEOFF I Board meeting. If you have any questions regarding the claims form or procedures, please contact your employer or the Clerk of the Whitman County LEOFF I Board at (509) 397-6202.