Fire Pension Board Meeting Agenda

April 15, 2026, 9:30 a.m. via Microsoft Teams

1.) Approval of minutes for March 18, 2026

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$704,000.00	
February 2026	$53,789.23	
Remaining budget	**$596,722.10**	**84.76%**
MEDICAL CLAIMS		
Budgeted amount	$2,240,000.00	
February 2026	$96,171.05	
February 2026 HMA fees	$14,006.79	
Remaining budget	**$1,937,530.18**	**86.50%**

3.) Action Item:

Member #3	Reimbursement request in the amount of $249.99 for a portable oxygen concentrator.
Member # 144	Reimbursement request in the amount of $60 for ointment for rosacea. Request includes approval for up to one year of treatment (which is not covered by HMA).
Member #22	Reimbursement request for $2254.80 for 2024 Medicare.

Fire Pension Board Minutes
City Of Everett
March 18, 2026

DRAFT

The regular meeting of the Fire Pension Board was called to order at 9:30 a.m. on March 18, 2026. Board Members Vitalich, Jorve, and Neyens were present. Board Member Franklin and Schwab who were excused. Chelsi Bardwell, Human Resources; David Hall, Board Attorney; and Rick Gray, Finance were also present.

APPROVAL OF MINUTES

The minutes of the meeting of December 17, 2025, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$709,000.00	
September 2025	$55,351.05	
Remaining budget	**$173,339.49**	**24.45%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
September 2025	$71,122.04	
September 2025 HMA fees	$13,308.30	
Remaining budget	**$580,867.00**	**29.85%**
PENSION ROLL		
Budgeted Amount	$709,000.00	
November 2025	$54,977.65	
Remaining budget	**$63,384.19**	**8.94%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
November 2025	$103,792.03	
November 2025 HMA fees	$12,953.40	
Remaining budget	**$309,772.13**	**15.92%**
PENSION ROLL		
Budgeted Amount	$709,000.00	
December 2025	$53,594.33	
Remaining budget	**$9,789.86**	**1.38%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	

December 2025	$106,028.71	
December 2025 HMA fees	$13,130.85	
Remaining budget	**$190,612.57**	**9.80%**

PENSION ROLL

Budgeted Amount	$704,000.00	
January 2026	$53,488.67	
Remaining budget	**$650,511.33**	**92.40%**

MEDICAL CLAIMS

Budgeted amount	$2,240,000.00	
January 2026	$178,462.64	
January 2026 HMA fees	$13,829.34	
Remaining budget	**$2,047,708.02**	**91.42%**

Moved by Vitalich, seconded by Jorve, to approve the pension roll for September as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Vitalich, seconded by Jorve, to approve the medical claims for September as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Vitalich, seconded by Jorve, to approve the pension roll for November and December as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Vitalich, seconded by Jorve, to approve the medical claims for November and December as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Jorve, seconded by Vitalich, to approve the pension rolls for January as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Moved by Vitalich, seconded by Jorve, to approve the medical claims for January as presented.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Alternate Oas entered the meeting at 9:34 a.m.

ACTION ITEM

Member #137 Reimbursement request in the amount of $3400 for stem cell injections not covered by insurance.

Moved by Vitalich, seconded by Jorve, to approve the request for Member #137.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Other:

Benchmarking for their benefit allowances on dental, vision hardware and hearing aids

Presented by Chelsi Bardwell, HR

Moved by Neyens, seconded by Vitalich to direct HR to review benefit allowances annually in the month of April.

Roll was called with all members voting yes, except Board Members Franklin and Schwab who were excused.

Motion carried.

Process for reimbursement reminders

Presented by Chelsi Bardwell, HR

Discussion ensued regarding reimbursement processes.

Additional discussion ensued regarding long-term care polls.

Board Member Jorve exited at 10:09 a.m. and reentered at 10:14 a.m.

The Board meeting adjourned at 10:20 a.m.

_____
Marista Jorve, Board Secretary

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request for Pre-approval

To be completed by LEOFF 1 member's physician to establish medical necessity for procedures or services not covered under member's medical plan.

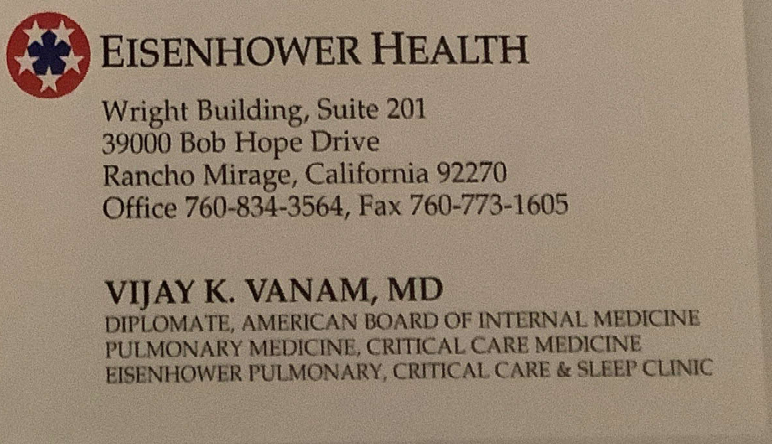
Member Name [redacted]
(please print)

1. Diagnosis: Pulmonary Emphysema, disease & COPD
2. Prognosis: He will need oxygen for the rest of his life
3. Type of Treatment(s) or Procedure: needs 6L/min oxygen
4. Reason for this specific treatment or procedure: to breath easier
5. Length and/or number of treatments: Oxygen 24/7
6. Expected outcome: breathing easier
7. Estimated cost ~~of treatments/service~~: $ 249.99 Portable Oxygen Concentrator

[redacted]

Physician's Signature
(Please attach business card)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
FAX: (425) 257-6604



Order #18468 confirmed

MajorCPAP <store+40192704675@t.shopifyemail.com> 2/18/2025 9:12 AM

To [redacted]

Reply Forward Delete

Date of purchase: February 18,

CP

ORDER #18468

Thank you fo

Hi [redacted] we're ge

you when it has be

Eisenhower Health

Dr. Vijay Vanam

- Joan Dabu, MD • DEA # FD6218401 • CA Lic # A150418
- Annette Godwin, PA-C • DEA # MG1197513 • CA Lic # PA17748
- Mohammad Mojarad, MD • DEA # BM8551069 • CA Lic # C42082
- Anil Perumbeti, MD • DEA # FP[illegible] • CA Lic # A113144
- Shahriyar Tavakoli, MD • DEA # BT2558659 • CA Lic # A48572
- Justin Thomas, MD • DEA # FT1983938 • CA Lic # A125306

39000 Bob Hope [illegible] • Ph 760.834.3564 • Fx 760.773.1[illegible]

Name [redacted] Date 2/18/202

Address

Batch 19-84

℞

Portable Oxygen Concentrator
Patient is mobile and would benefit from
Smaller device. 6 L/min Rest, Exertio
and Recovery. Travel
DME Lincare

REFILLS
- None
- 1 2 3 ___ TIMES
- GENERIC

X

or Visit our store

Order summary

Inogen One G5 Battery - Refurbished × 1
Double - 16 Cell

$249.99

ubtotal

MajorCPAP <store+40192704675@t.shopifyemail.com> 2/18/2025 9:12 AM

Order #18468 confirmed

To [redacted]

MajorCPAP

Date of purchase: February 18, 2025

ORDER #18468

Customer information

Shipping address

[redacted]

Billing address

[redacted]

Order summary

	Inogen One G5 Battery - Refurbished × 1 Double - 16 Cell	**$249.99**

Subtotal	**$249.99**
Shipping	**$0.00**
Taxes	**$0.00**
Total	**$249.99 USD**

From: [redacted]
To: LEOFF 1
Subject: RE: [EXTERNAL] Reimbursement
Date: Thursday, February 12, 2026 6:42:11 PM
Attachments: image001.png

Ana,
I am requesting an extension from the board for the one year to file a claim to the city. Through no fault of my own I have still not received a denial statement from Medicare.
April 18, 2025 mailed claim to Medicare and HMA
June 6, 2025 received denial from HMA
June 11, 2025 mailed claim to you
June 26, 2025 you requested denial from Medicare
June 26, 2025 called Medicare and spoke with Hailey. She found denial and said that she would mail it to me and that it would take 10-15 days. Never received.
July 15, 2025 called Medicare and spoke with Alex Bishop. He transferred me to Sunny Jones. She found the denial and said that she would mail it to me and that it would take 10-15 days. Never received.
July 31, 2025 called Medicare and spoke with Gabriel Stuart. Confirmed address. Medicare will not email or send to another address. I am unable to access [redacted] account even with his user name and password because he is deceased. So I am unable to print denied statement myself. I have to wait until 7-5-25 to request denial statement again.
August 6, 2025 called Medicare and spoke with Demetrie Simmons. She could not find the claim. I resubmitted claim.
October 1, 2025 called Medicare and spoke with Maris Smith she will send dental statement. Never received.
October 22, 2025 called Medicare and spoke with Martha Monroe . Denial statement was sent October 1, 2025 and can't send another one until after October 31, 2025. Looked online for local Medicare office. Found out there aren't any and you need to go to the local Social Security office.
November 3, 2025 went to the local Social Security office. After 1 1/2 hours was told that they can help with Medicare issues except for claims. They are not allowed to look at any claims even with user names and passwords.
November 13, 2025 called Medicare and spoke with Jordan Scott. Denial statement will be sent. Never received.
December 9, 2025 called Medicare and asked to speak with a supervisor, spoke with James Sherman. Claim opened, #2522315011900. The have 45 days to respond to claim.
January 6, 2026 called HMA to see if perhaps they could request a denial statement from Medicare for me, spoke with Vien. Went on a 3 way conversation with Judy from Medicare. Call disconnected. Vien tried again. Then on a 3 way conversation with Kayla Michaelson. Kayla said she wasn't allowed to mail denial statement to HMA or direct to LEOFF1. She will mail denial statement to me. Never received.
January 26, 2926 received letter regarding the claim filed stating Medicare statement will be mailed once it is printed and to please note that MSN's are only sent once per quarter. Letter attached.
I am doing everything I possibly can to get the document you say you need.

Thank you for your patience.

- [redacted]

On 08/21/2025 1:58 PM PDT LEOFF 1 <leoff1@everettwa.gov> wrote:
a

Category 2: Sensitive information

Hi [redacted]

You have one year to submit a claim to the city.

Ana Mechler

Human Resources Coordinator | Human Resources

425.257.7032 | 2930 Wetmore Ave, Everett, WA 98201

everettwa.gov | Facebook | Twitter

Category 2: For official use only / disclosure permissible by law.

From: [redacted]
Sent: Wednesday, August 6, 2025 10:18 AM
To: LEOFF 1 <leoff1@everettwa.gov>
Subject: RE: [EXTERNAL] Reimbursement

Ana,

After 4 phone calls to Medicare and waiting to receive the denial statement they now say they never received the claim. Even though 3

representatives said they found it and would mail it to me. I have resubmitted theclaim to Medicare, mailed today. How long do I have to submit a claim to the city?

Thanks,

[redacted]

On 06/26/2025 8:57 AM PDT LEOFF 1 <leoff1@everettwa.gov> wrote:

Category 2: Sensitive information

Good Morning [redacted]

It was denied due to needing Medicare EOB. It needs to go through Medicare first since Medicare is primary and then HMA.

ME MEDICARE IS THE PRIMARY PAYOR, PLEASE SUBMIT THE EXPLANATION OF BENEFITS (EOB) THAT CORRESPONDS TO THESE CHARGES.

1A MEMBER SUBMITTED CLAIM. REIMBURSEMENT, IF ANY.

Ana Mechler

Human Resources Coordinator | Human Resources

EVERETT

425.257.7032 | 2930 Wetmore Ave, Everett, WA 98201

everettwa.gov | Facebook | Twitter

Category 2: For official use only / disclosure permissible by law.

From: [redacted]
Sent: Wednesday, June 11, 2025 1:35 PM
To: LEOFF 1 <leoff1@everettwa.gov>
Subject: [EXTERNAL] Reimbursement

To: Ana Mechler

From: [redacted]

Re: [redacted] reimbursement request from 3/7/2025

HMA covered the oximeter, however denied the oxygen battery in the amount of $249.99. I have attached page 1 and 3 of the explanation of benefits dated 6/6/2025.

The denial is at the bottom of page 3.

Thank you.

[redacted]

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted]
(please print)

1. Diagnosis: Rosacea - Skin Condition

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: Ointment at this time

4. Cost of treatments/service: $ 60.00

5. Request to the board for this specific treatment or procedure:

Fire member #144 would like reimbursement of $60. Would also like approval for a year since this is not covered by HMA. He will continue to use prescription for a while. If this does not work, will get a different treatment.

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

HMA

Member Reimbursement Claim Form

Patient Information

First Name [redacted] Last Name [redacted]

Date of Birth [redacted] Member ID Number[1]

Group/Employer Name 020188 EVERETT Group Number[1] 020188

Service Type

Please select the type of service for which you're requesting reimbursement. If more than one service type applies, you must submit a separate claim form for each. If you're completing this form electronically, your selection here drives which information will be marked as required in the "Attachments" and "Claim Information" sections below.

Service Type Select... DRUG PURCHASE

Attachments

Please include all relevant documentation (such as an itemized receipt, bill, and/or invoice) with your submission. The checkboxes below indicate which information your documentation must contain for each service type. **Failure to provide the requested information may cause your claim to be delayed or denied.**

☐ **Required for all service types:** Date(s) of service and total amount you were billed for each service rendered / equipment purchased

☐ **Required for all service types *except* durable medical equipment (DME) purchased through a store (not purchased through a certified DME vendor):** Patient name, provider full name and mailing address, including city, state, and ZIP code, procedure codes such as CPTs or HCPCs, and one or both of the following: Provider's national provider identifier (NPI) number, provider's tax ID number (TIN)

☐ **Required for all service types *except* DME purchased through a store and massage therapy:** Diagnosis code(s), in ICD format

Claim Information

Please enter all necessary information below or ensure it's listed on the documentation you're attaching with your submission such as an itemized receipt, bill, and/or invoice. **Failure to supply all the required information may cause your claim to be delayed or denied.**

↓ Check each applicable box below if you're including an attachment that contains this information. If so, no need to also write the information below.

☑ **Date(s) of Service[2]** 12-24-25

☐ **Total Billed Amount** 60.00

☐ **Provider Name** GOODMAN DERMATOLOGY

☐ **Provider Mailing Address** 13830 W CAMINO DEL SOL

City SUN CITY WEST **State** AZ **ZIP Code** 85375

☐ **Procedure or Service Codes (such as CPTs or HCPCs)[3]** SEE ENCLOSED

☐ **Diagnosis Codes (in ICD format)[4]**

☐ **Provider's NPI Number[5] and/or Tax ID Number (TIN)[6]**

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1 This information can be located on your insurance ID card. "Member ID" is also called "Employee ID".

2 For DME you purchased through a store, this is the purchase date.

3 Procedure/Service Code (CPT/HCPC) is usually a five-digit number that describes the services/products provided.

4 Diagnosis Code (ICD) is usually a three- to seven-character alphanumeric code that indicates the reason for your healthcare treatment.

5 National Provider Identifier (NPI) is a unique 10-digit ID issued to U.S. healthcare providers by the Centers for Medicare and Medicaid Services (CMS). If you don't know your provider's NPI, please contact your provider to obtain it before submitting your claim for reimbursement. If you submit your claim without this information, it might be denied if we're unable to verify your provider.

6 Tax Identification Number (TIN) is a unique 9-digit ID issued by the IRS. If you don't know your provider's TIN, please contact your provider to obtain it before submitting your claim for reimbursement. If you submit your claim without this information, it might be denied if we're unable to verify your provider.

HMA

Member Reimbursement Claim Form

Accident Information

Is This Claim Due to an Accident? ✓ No (skip to next section) ○ Yes (fill out this section)

Accident Date _____ **Accident Location** ○ Home ○ Work ○ School ○ Auto ○ Other _____

How Did the Accident Happen? _____

Are You Filing a Claim with Labor & Industries (L&I), Homeowner/Auto Insurance, or Any Other Party? ○ Yes ○ No

Signature

Note: It's a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines, and denial of insurance benefits.

By signing below, I indicate the following:

- ☑ I certify that the information I provided on this form is true and complete to the best of my knowledge.
- ☑ I expressly authorize any provider of care to provide Healthcare Management Administrators with any records concerning me or any member of my family for whom benefits or services have been claimed.
- ☑ I understand that my claim for reimbursement might be delayed or even denied if I haven't provided all the information needed to process my claim.

[redacted] _____ [redacted] _____

Printed Name (First and Last) — Relationship to Patient (If you are the patient, put "Self")

[redacted] _____ 2-11-26 _____

Signature — Date

RECEIVED
FEB 16 2026
CITY OF EVERETT
HUMAN RESOURCES DEPT.

GOODMAN DERMATOLOGY

Sun City West 13830 W Camino Del Sol
Suite 240
Sun City West, AZ 853756526
Work: (623) 254-7375

Name: [redacted]
DOB:
Patient Phone:
Patient Address

Provider: Matthew Goodman
Written on: December 24, 2025
Prescription: Rovis 0.25 %-1 %-1 %-4 % topical gel
Sig: Apply a thin layer to the face daily after cleansing
Quantity: 60 (Sixty) - Gram
Size: 30.0 Grams bottle
Refills: 0 (Zero)
Diagnosis: L719

X SUBSTITUTION PERMITTED
DEA: FG3235290
State Lic: 20487

X DISPENSE AS WRITTEN
NPI: 1679556633
State: AZ

SENT THIS TO YOU BY TEXT BUT DONT KNOW IF YOU RECEIVED IT

[redacted]

CITY OF EVERETT
POLICE & FIRE
2930 WETMORE
EVERETT, WA 98201
(425) 257-7024

MEDICAL CLAIM

PENSION BOARD APPROVAL:
I certify that the named patient is authorized to receive the described medical care at the expense of the City of Everett Uniformed Personnel Pension Fund. Payment is approved by board action this date. I am authorized to authenticate and certify said claim.

City Clerk or Secretary of Board | Date

TO BE COMPLETED BY EMPLOYEE

[redacted]

☐ POLICE
☑ FIRE
☑ MALE
☐ FEMALE

THIS SPACE FOR OFFICE USE ONLY

ACCOUNT NUMBER	VOUCHER NO.	VENDOR NO.	DESCRIPTION	AMOUNT
☐ 6375380000250 ☐ 6385380000250	42717		☐ MED SERV ☐ RX ☐ CHIRO SERV ☐ REIMB ☐ OTHER	

I certify that the information and charges here shown are true and correct, and that these services and/or medications were received by me and that I am liable for these charges. I hereby authorize all doctors, pharmacists, hospitals, or other institutions rendering care and treatment to furnish the Fire/Police Pension Board with full information regarding treatment rendered (including copies of their records). I also authorize any Union, Trust Fund, Employer or Insurance Carrier to furnish the Fire/Police Pension Board with information regarding benefits to which I may be entitled. A photostat copy of this authorization shall be considered as effective and valid as the original. I hereby assign benefit to the supplier/vendor below.

DATE 12-26-2025 | EM[redacted]

STATEMENT OF ATTENDING PHYSICIAN OR OTH[redacted]

DIAGNOSIS AND CONCURRENT CONDITIONS
(IF DIANGOSIS CODE OTHER THAN ICDA USED, GIVE NAME)

REPORT OF SERVICES (IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT)

DATE OF SERVICES	PLACE OF SERVICES†	DESCRIPTION OF SURGICAL OR MEDICAL SERVICES RENDERED	PROCEDURE CODE IF USED (IF CODE OTHER THAN CPT ★★ USED, GIVE NAME)	CHARGES
12-24-25	SunCityWest	PRESCRIPTION		60.00

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES $ 60.00

TOTAL PAYMENTS $

DATE 12-26-25 | S[redacted]

TELEPHONE

ZIP CODE

[redacted]

514-409 (REV. 6/06)

PENSION BOARD

Goodman Dermatology and Mohs Surgery
Sun City West

13830 W Camino Del Sol
Suite 240
Sun City West, AZ 85375-6526
(623) 254-7375

Payment Receipt

SALE - APPROVED

Patient Name	[redacted]
Date	12/24/2025
Time	09:44:54 PST
Card	**********0953
Card Type	visastandarddebit
Cardholder Name	N/A
Payment Method	visa
Entry Mode	Contactless chip
Auth. code	077595
AID	A0000000031010
MID	479338001854247
TID	AMS1-000168240339314
PTID	40339314
PAN seq.	00
Pref. name	VISA DEBIT
Payment variant	visastandarddebit
Tender	jG66001766598294003
Reference	8b808758-1ab1-4122-b3bf-a5dc51ebadb3
Total Amount	$60.00

Total $60.00

Notes

Rovus Lot #74301

Cardholder Copy

IMPORTANT - Please retain for your records

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted] _____
(please print)

1. Diagnosis: _____

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: _____

4. Cost of treatments/service: $ _____

5. Request to the board for this specific treatment or procedure:

Fire Pensioner # 22 is requesting reimbursment for 2024 Medicare. This request was received outside of the 365 day reimburment window but the member mailed

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

Rick,

I have enclosed the 1099's for 2024 and 2025. We moved to South Dakota in 2024 and I did not get the 1099 for that year. I sent SS 4 requests throughout the year and got no response from them. Finally in Dec of 2025 I went to the SS office and had them print it out. They told me they do not respond to requests for a 1099 through the mail, that you have to come in person. It would have been nice if they had sent me a letter and told me that.

So, In Dec of 2025, I picked it up and mailed it in to you and apparently you never received it. So, I sent it again in on 1/26. Then I was told I was late.

Rick requested that I explain what happened and send it in.

I am respectfully requesting that you pay it, even though it is late. The fault was not anything I did.

Thank you,

You can send the check to this address, I am getting ready to close out my BECU account.

*** REC 2025351 144737 HD681981 SVRK CIPQYA6 PQA6 (F-L4G) ***

1099 DTE:12/17/25 [redacted] DOC:715 UNIT:120 PG: 001

+++++FORM SSA-1099 - SOCIAL SECURITY BENEFIT STATEMENT - 2024+++++
+PART OF YOUR SOCIAL SECURITY BENEFITS MAY BE TAXABLE INCOME FOR 2024.
+USE $ 2254.80 FROM BOX 5 BELOW WITH IRS NOTICE 703 TO SEE IF ANY PART OF YOUR BENEFITS MAY BE TAXABLE ON YOUR FEDERAL INCOME TAX RETURN.
+ALSO SEE ATTACHED GENERAL INFORMATION.

BOX 1. NAME [redacted]
BOX 2. BENEFICIARY SOCIAL SECURITY NUMB [redacted] (SEE BOX 8 BELOW)
BOX 3. BENEFITS FOR 2024- $ 2254.80 (SEE DESCRIPTION OF AMOUNT IN BOX 3 BELOW)
BOX 4. BENEFITS REPAID TO SSA IN 2024-NONE
(SEE DESCRIPTION OF AMOUNT IN BOX 4 BELOW)
BOX 5. NET BENEFITS (BOX 3 MINUS BOX 4) FOR 2024-$ 2254.80
BOX 7. ADDRESS- [redacted]

BOX 8. CLAIM NU[redacted] (USE THIS NUMBER IF YOU NEED TO CONTACT SSA)

+++DESCRIPTION OF AMOUNT IN BOX 3+++
ADD:

PAID BY CHECK OR DIRECT DEPOSIT	$ 0.00
MEDICARE PART B	$ 2254.80
MEDICARE PART C	$ 0.00
MEDICARE PART D	$ 0.00
WORKERS COMPENSATION OFFSET	$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$ 0.00
PAID TO ANOTHER FAMILY MEMBER	$ 0.00
ATTORNEY FEES	$ 0.00
VOLUNTARY FEDERAL INCOME TAX WITHHELD	$ 0.00
TREASURY BENEFIT PAYMENT OFFSET, GARNISHMENT AND/OR TAX LEVY	$ 0.00
TOTAL ADDITIONS	$ 2254.80

SUBTRACT:

NONTAXABLE PAYMENTS	$ 0.00
AMOUNTS FOR OTHER FAMILY MEMBERS PAID TO YOU	$ 0.00
TOTAL SUBTRACTIONS	$ 0.00
BENEFITS FOR 2024 (AMOUNT SHOWN IN BOX 3)	$ 2254.80

+++DESCRIPTION OF AMOUNT IN BOX 4+++
ADD:

CHECKS RETURNED TO SSA	$ 0.00
DEDUCTIONS FOR WORK OR OTHER ADJUSTMENTS	$ 0.00
OTHER REPAYMENTS	$ 0.00
BENEFITS REPAID TO SSA IN 2024 (AMOUNT SHOWN IN BOX 4)	$ 0.00

12/6/25
SENT 1/26/26
" 3/29/26