WAC 415-104-4801 Medical reimbursement for LEOFF 2 catastrophically disabled members. (1) **What type of medical premiums are available for reimbursement for a LEOFF Plan 2 member who is catastrophically disabled in the line of duty?**

(a) LEOFF Plan 2 members who are catastrophically disabled in the line of duty are eligible for reimbursement of medical premiums.

(i) For members who are not eligible for medicare, DRS will pay for the member, spouse, state-registered domestic partner, and eligible dependents:

(A) Employer-provided medical insurance;

(B) Medical insurance offered under the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA); or

(C) Other medical premiums, which could include vision and dental, not to exceed the COBRA amount. DRS will not pay for separate supplemental plans for vision, dental, and prescriptions.

(ii) For members who are eligible for medicare, DRS will pay medicare Part A and B.

(b) LEOFF Plan 2 members who are catastrophically disabled are eligible for reimbursement for medical insurance premiums paid after June 30, 2013.

(2) **What if I am eligible for medicare coverage?** If you or your spouse become eligible for medicare coverage, you must notify DRS when you become eligible. To remain eligible for the reimbursement payment, you must enroll in and maintain enrollment in medicare Part A and B. At that point, DRS will only reimburse for premiums on employer-provided medical insurance, insurance authorized by the federal Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), medicare Part A (hospital insurance), and medicare Part B (medical insurance) to the member or spouse who is a medicare participant. For the member or spouse who is not a medicare participant, DRS will reimburse for medical premiums described in subsection (1)(a)(i) of this section. DRS will not reimburse for any medicare supplemental or prescription plans.

(3) **How do I apply for medical premium reimbursements?** To receive medical premium reimbursements, you must first complete a request for medical reimbursement form and provide proof of medical insurance coverage and premium payment to DRS.

(4) **What is acceptable as proof of insurance coverage?** DRS will accept these documents as proof of insurance coverage:

(a) Invoice from insurance provider.

(b) Certificate from insurance provider.

(c) Invoice from medicare.

(d) Social Security Form SSA-1099.

(5) **What is acceptable as proof of premium payment?** DRS will accept these documents as proof of payment:

(a) Letter from the Social Security Administration showing your medicare deduction from your monthly benefit;

(b) Bank or credit card statement showing insurance payment that is supported by other documentation showing this is for medical insurance;

(c) Receipt from insurance provider; or

(d) Copies of both sides of cashed checks.

(6) **What if my premiums are deducted from my DRS benefit or my spouse's payroll checks?** DRS will accept these documents as proof of both insurance coverage and premium payment:

(a) Premium deduction authorization from your insurance provider, if premium payments are being paid directly from DRS.

(b) Copy of spouse's or partner's pay stub showing insurance deduction amount.

(7) **When is documentation required?**

(a) You must provide proof of insurance coverage and premium payments at the time you apply for reimbursement. After you are enrolled in the reimbursement program, you must submit this form each time DRS requests, at a minimum twice a year, along with requested documentation.

(b) DRS will reach out to each retiree receiving medical reimbursement payments, and retirees will have 90 days from the date of the letter to provide proof of premium payment. DRS will provide notifications of the 90-day window to ensure that retirees are aware of the requirement to reapply and supply proof.

(c) After 90 days, DRS will suspend reimbursement until proof of insurance coverage and premium payments have been received for each missed period. After DRS receives supporting information, DRS will reinstate reimbursement payments for the month(s) that documentation supports were paid.

(d) Any adjustment in or cancellation of medical premiums paid by retirees may result in an overpayment of the reimbursement paid to the retiree, so changes should be reported to DRS when they occur.

[Statutory Authority: RCW 41.50.050. WSR 26-16-064, s 415-104-4801, filed 8/3/26, effective 9/3/26; WSR 24-13-026, § 415-104-4801, filed 6/7/24, effective 7/8/24; WSR 23-17-019, § 415-104-4801, filed 8/7/23, effective 9/7/23.]