



<<FIRST NAME>><<LAST NAME>>
<<ADDRESS>>
<<CITY>><<STATE>> <<ZIP CODE>>

Dear <<FIRST NAME>> <<LAST NAME>>:

Now that you have reached/or are over the age of 65, I hope that you and your family are in good health as you continue on in your retirement from the City of Grand Rapids.

As a former member of the **Fire** bargaining unit you and your beneficiary may be entitled to **\$115.00*** per month from the Medicare Supplemental Trust Fund. The Medicare Supplemental Trust Fund is provided by the City of Grand Rapids, on behalf of your bargaining unit, towards your current supplemental health insurance

If you wish to participate in this benefit the attached four documents, listed below must be submitted to the City's Human Resources Department prior to receiving the benefits

1. Medicare Supplement Trust Fund Rules/Guidelines
2. Medicare Supplement Trust Fund Reimbursement Application
3. The invoice from your insurance carrier
4. W-9 Form - to be completed by your private insurance carrier if the city does not have one.

If you have any questions regarding this information please contact the City's Insurance Specialist at 616-456-3300. Thank you for taking the time to carefully read this important information.

Sincerely,

Mary Beth Jelks
Managing Director of Administrative Services

MBJ/lkr

Enclosures (2)

Effective: 4/16

Rev. 10/17*

ADDENDUM - "B-1"

