



City of Arlington

Administration Office

LEOFF 1 Disability Board Annual Contact Information Form

Name: _____ Phone: _____

Mailing Address: _____

Email Address: _____ What agency are you representing? _____

CITY OF ARLINGTON REPRESENTATIVES

LEOFF 1 Disability Board Secretary
Phone: (360) 403-3443 Fax: (360) 403-4605
Email: HR@arlingtonwa.gov

Julie Petersen, Staff Support
Phone: (360) 403-3445 Fax: (360) 403-4605
Email: jpetersen@arlingtonwa.gov

LEOFF BOARD RULES

I acknowledge that I have read the current LEOFF board rules. If you are not able to access them online, please contact Julie Petersen and request a copy be mailed to you. LEOFF Board rules are online at the following links below on the LEOFF 1 Disability Board Website.

- LEOFF 1 Disability Ordinance: [Ordinance No. 2020-015 Adopting LEOFF 1 Disability Board](#)
- LEOFF 1 Disability Bylaw Rules: [City of Arlington LEOFF 1 Disability Bylaw Rules](#)
- LEOFF 1 Disability HIPPA Release Form(s): [City of Arlington LEOFF 1 Disability Board HIPPA Release](#)

REMINDER

LEOFF Board rule 5.3 (4) Every member shall have at least one (1) dental cleaning and one (1) dental checkup once a year, defined as a 12 month period. Failure to do so shall impact reimbursement and/or authorization of other dental procedures.

PERSONAL REPRESENTATIVE

I designate the following person(s) as my representative to discuss and/or obtain my medical information from the LEOFF Disability Board:

Name: _____ Email: _____ Phone number: _____

Name: _____ Email: _____ Phone number: _____

I declare the above information is true to the best of my knowledge. I authorize the LEOFF Board Secretary or designee to obtain my medical information from my health care providers or my insurance company regarding specific claims that I have submitted to the LEOFF Board for payment.

Signature: _____ Date: _____

Failure to return this form could result in a denial of claims being processed for reimbursement.