

Petition For Reimbursement of Hospital, Medical and/or Surgical Expenses

To be filed by mail or in-person with the Boston Retirement System at Boston City Hall, Room 816, Boston, MA 02201 within six months of incurring the sought after expense and accompanied with an itemized invoice. **Late filed requests will be rejected.**

Supporting documentation reflecting reimbursement(s) sought must be provided along with this form.

Name:

Address:

who retired effective _____ was employed as a _____
of the _____

Pursuant to Mass. General Laws Chapter 41, Section 100B, I hereby petition the City of Boston to indemnify me for hospital, medical and/or surgical expenses incurred by me due to the disability for which I was retired. The expenses in question are a direct and proximate result of the disability, to wit (state medical cause of the disability):

by paying to the undersigned the sum of: _____ for the following hospital, medical and/or surgical expenses incurred as aforesaid and paid by the undersigned:

Hospital, Medical and/or Surgical Expense(s)

Date Service Rendered

The total dollar amount sought by this petition is:

By affixing my signature below, I hereby affirm that the expenses for which indemnification is sought by this application were in no way attributable to the use by me of any intoxicating liquor or drug or to my being gainfully employed after retirement or to any other willful act of conduct on my part.

Last 4 SSN:

Signature:

Date: