



Administered By: Benefit Programs Administration  
Telephone (800) 828-0223 • Facsimile (562) 463-5894

**TO:** Eligible Retirees of Santa Monica City Employees Coalition Benefit Trust  
**FROM:** Trust Office  
**DATE:** December 5, 2025  
**RE:** 2026 Annual Verification of Premiums

Dear Participant:

You are eligible for monthly reimbursement of insurance premiums (up to the Plan's current monthly Benefit Amount of \$450 from the Santa Monica City Employees Coalition Benefit Trust. In order to receive monthly reimbursement of your insurance premiums, **you must now provide the necessary documentation for the current year and for the previous year 2025.**

To ensure uninterrupted benefits, please submit the following documentation to the Administrative Office by **no later than January 25, 2026**. If the required documentation is not received by the deadline, benefits will be suspended on February 7, 2026. Benefits will be reinstated retroactively once all required documentation has been submitted and verified.

Enclosed is the "Benefit Claim Form" for reimbursement of premiums. Please complete and sign the enclosed Claim Form and return it to our office accompanied by documentation showing the following:

- **Type of health care insurance for the period of February 2025 through January 2026.** (e.g., medical, dental, vision, Medicare (Parts A, B and D), Medicare supplemental, or long-term care) if you are not sure if an insurance premium is reimbursable, please call the Trust Office (phone number above).
- **Proof of the Beneficiary's premium payments for the coverage period of February 2025 through January 2026.** (e.g., canceled checks drawn to the name of the insurance provider, receipt for payment from the insurance provider, pension statement showing deduction of premiums, bank statement or credit card statement showing payment)
- Date of insurance coverage (date of coverage in 2026)

You can submit the documents via FAX at (562) 463-5894 or email at [santamonicacity@bpabenefits.com](mailto:santamonicacity@bpabenefits.com), or mail to Santa Monica City Employees Coalition Benefit Trust, 1200 Wilshire Blvd., Fifth Floor, Los Angeles, CA 90017-1906.

**Please note:** If you do not submit sufficient documentation by the above due date, your recurring benefit payments will be suspended until the required documentation is received. If you need help completing the Claim Form or collecting your documentation, please contact our office.

If you have already sent in your 2026 insurance premium documentation and Claim Form, thank you, and please disregard this notice.

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Dr. 9/7/22