

City of Bremerton

# **FIREFIGHTERS AND POLICE PENSION BOARD**

Rules and Guidelines Handbook

Board Secretary

08/02/17



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# **FIREFIGHTERS AND POLICE** **PENSION BOARD** **POLICIES AND PROCEDURES**

Adopted May 19, 1997 by Firefighters Pension Board  
Adopted May 21, 1997 by Police Pension Board

## **I** **PREAMBLE**

### **1. PURPOSE**

The purpose of these guidelines is to supplement the local disability board procedures adopted by the Director of Retirement Systems (WAC 415-105) contained in Attachment "A."

These procedures and the procedures set forth in WAC 415-105 establish the general operating procedures of the Board. The Board recognizes that conditions may exist or come into existence, which are not encompassed by these guidelines. In such cases, the Board reserves the right to take whatever action is appropriate as long as that action is consistent with applicable RCW's and WAC's.

### **2. SCOPE**

These policies and procedures shall be applicable to all eligible employees and retirees covered by RCW 41.26 Plan 1 members unless otherwise specifically provided herein or by law.

### **3. EFFECT OF POLICIES AND PROCEDURES**

In the event any policy or procedure as applied to a particular member shall be held to be contrary to State law, such member shall not be relieved of any other requirement contained herein and any such finding shall not relieve the member from the responsibility to comply with all other procedures and policies contained herein.

A member's failure to follow these procedures may subject him/her to the loss of payment for individual benefits otherwise due under applicable statutes.

### **4. PROMULGATION OF POLICIES AND PROCEDURES**

Upon adoption of these rules or amendments thereto, each LEOFF 1 member of the respective department shall be provided with a copy of such rules, including Attachment "A" and it shall be the responsibility of the Chief of such departments to document each active LEOFF 1 member's receipt of such rules.

The Board Secretary will mail a copy of the Policies and Procedures to all retirees subject to the authority of the Board.

## **II MEETING PROCEDURES**

### **1. REGULAR MEETINGS**

The Boards shall set their regular meeting date and give notice of the date, time and place as required by the Open Meetings Act RCW 42.30. In the event the day is a holiday, such meeting shall be held on the next regular weekday.

- a) At the direction of the Chairman of the Board, a meeting which the agenda consists only of minutes of regular or special meeting and bills payable may be conducted by telephone conference call.

## **2. SPECIAL MEETINGS**

The chairman, upon request of any member of the Board, shall be authorized to call a special meeting upon twenty-four (24) hours notice, so long as s/he complies with RCW 42.30.080.

## **3. NOTICE OF MEETING TO THE PUBLIC/OPEN MEETING**

It shall be the policy of the Board to allow the public at large access to all meetings of such Board provided, however, that pursuant to RCW 42.30140 (2), the Board reserves the right to close those portions of the meetings in which the Board is deliberating upon quasi-judicial matters relating to specific requests for benefits where the Board finds that such deliberations would be more efficiently concluded in private and/or that such deliberations might be expected to include discussion of sensitive, personal information related to a particular applicant.

Medical evaluation reports relating to specific members shall not be distributed to the public or media and in the event specific requests are made for such reports pursuant to RCW 42.17 (Public Disclosure Law), the City's Legal Department shall determine whether or not such document is exempt from disclosure. At no time shall the media be authorized to videotape or tape record portions of Pension Board meetings unless specifically authorized by the Board.

A Board officer or employee shall keep the official record of the deliberations of the Board meetings and prepare all findings and conclusions and other orders connected therewith for entry or submission to the Department of Retirement Systems. The Board shall, upon written request and payment of costs, provide a written transcript of the proceedings only to a member who appeals a decision of the Board to Superior Court. In the event of such an appeal, the appealing party is responsible for the cost of providing a written transcript to the Superior Court.

#### **4. BOARD MEMBER ELECTIONS**

Board members for the Firefighter Pension Board will be in accordance with RCW 41.16.20 and for the Police Pension Board will be in accordance with RCW 41.20.010. The elected positions of each board will be in accordance with procedures established by each board.

Around May 1<sup>st</sup> of each year, nomination forms will be mailed to all LEOFF 1 active and retired members for each board. Nomination forms will be due in approximately two weeks. LEOFF 2 members may run for office, but may not nominate or vote in the election process. Valid nominations will require two (2) LEOFF 1 signatures on any number of nomination forms. The Board Secretary or designee will verify nominees have agreed to run for election. If a nominee declines, the nominators will be notified and the individual will not be listed on the ballot.

If, after the expiration date for filing nominations, there is only one nominee, balloting will not be required and the nominee will be declared elected. If there is more than one nominee, ballots will be mailed to all LEOFF 1 active and retired members approximately June 1<sup>st</sup>. "Write-in" balloting is not permitted. The ballots will be due in approximately two weeks and will remain unopened in a secure location until the deadline date. After the stated deadline date, ballots will be opened and counted by the Board Secretary or designee. If a ballot is marked with more than one vote, the ballot will be invalid and will not be counted.

Election results will be distributed to all Pension Board members. Results will be announced at a Board meeting following the election.

### **III**

## **PROCEDURES TO RECEIVE BENEFITS**

### **1. DISABILITY LEAVE/RETIREMENT APPLICATIONS**

No member shall receive disability retirement benefits unless an application for disability retirement has been filed or administrative approval has been obtained as set forth below. An application for disability retirement must be made to the Disability Board within one (1) year of discontinuance of service.

Application for disability leave shall be initiated in writing on a form available from the secretary of the Board, unless the nature of the disability prevents the prompt filing of a written application. In cases where the applicant is unable to promptly file due to a disability, the applying member may make emergency telephonic application to the designated member of the Board. The Board designee may grant disability leave, subject to confirmation of the Board at its next regular meeting. Any member whose emergency application is denied by the Board designee may request that his/her application be heard by the Board at a Special meeting. A member whose emergency leave application is approved by the Board shall, within one (1) month of the commencement of disability leave, file a written application as set forth below.

All applications for disability retirement/leave shall be submitted to the secretary of the Board and shall bear

the date the application was executed and date for which disability commenced. The Board secretary shall promptly stamp each application with the date said application was received by the secretary.

No application for disability retirement/leave shall be accepted by the Board unless it is accompanied by a written report from either the treating physician or primary care physician substantiating the nature of the illness and confirming that the applicant is unfit for duty, except in the following instances: if the member has seen or otherwise communicated with the physician and such doctor verbally advised that the member immediately cease duty, but has been unable to provide written documentation, the member's application may be accepted by the Board or Board designee. However, a proper written report shall be submitted to the Board within ten (10) days.

All physician reports shall explain with specificity any and all medical conditions contributing to the member's inability to perform his/her duties with average efficiency. Additionally, said report shall state any and all medical restrictions on the member; including physical limitation, medications and treatment. Each application shall be accompanied by a list identifying any doctor who has been contacted within the last six (6) months for treatment of the condition for which the disability is being claimed.

## 2. **SUPPLEMENTAL INFORMATION**

Prior to the meeting at which an application is to be considered, any Board member may request through the secretary to the Board that the applicant have additional information available for the meeting. When the information has been requested by less than a majority of the Board membership, and the applicant fails or is unable to provide requested information in a timely manner, the Board may continue its deliberations until such time as the information is received.

## 3. **BURDEN OF PROOF**

The burden of proving, by a preponderance of the evidence, the existence of a disabling condition and whether or not the condition was incurred in the line of duty, shall be placed upon the applicant.

In order to qualify to receive a disability benefit (leave or retirement allowance), or to retain the right to receive a disability benefit in the case of re-examination, the member will be required to prove that he/she is unable to perform the duties of the position and rank with average efficiency. The member will not qualify for disability benefits merely because he/she is unable to perform the most strenuous activities of the position within his/her rank, nor will he/she be disqualified because he/she is able to perform the duties of the least strenuous activities of the position within his/her rank. The test will be simply whether he/she can discharge duties of those positions within his/her rank for which

he/she is qualified by education, training or experience with average efficiency.

4. **DATE OF COMMENCEMENT OF DISABILITY**

No disability leave shall be finally granted unless a majority of a quorum of the Board at a regular or special meeting finds that said applicant is physically or mentally unfit for duty. In the event disability leave is granted, the date of commencement of such leave shall be the date approved by the Board.

5. **DENIAL OF APPLICATION**

Disability leave or retirement may be denied if: (1) the Board finds that the applicant has not provided sufficient information to meet his/her burden of proof as stated above; or (2) the applicant's department head advises that there is an available position in the department for which the member is qualified and to which one of such grade or rank is normally assigned and the Board determines that the applicant is capable of discharging with average efficiency the duties of the position; or (3) if a new position, created during the member's absence is or may be normally performed by a uniformed employee in the same rank or position.

6. **RETURN TO SERVICE**

A member may request approval of full or conditional return to service prior to the next regularly scheduled meeting in the following manner:

- a) The Board secretary will prepare the Return to Service Authorization form.

- b) The completed form along with medical evidence supporting the return to service request must be approved by either the Mayor, as Chairman of the Board, or the City Clerk, as Board Secretary before reinstatement is permitted.
- c) Final approval of a member's request to return to service must be obtained at the next regular meeting of the Board.

In all cases, a member's request to return to service must be supported by written medical evidence that the member is able to perform the duties of the position held at the time of discontinuance of service with average efficiency.

A request for full or conditional return to service of a member may be initiated by the member's department head or a Board member. If the member objects, no return to service may be approved except at a regular or special meeting of the Board.

A conditional return to service does not entitle the member to a second six (6) month period of disability leave for the same disability if, based upon this trial period of service, he/she is then found to be still disabled.

## **7. MEMBER COOPERATION AND BOARD EVALUATION**

While on disability leave, the member shall be obligated to comply with all directives of the Board. Such directives may include, but are not limited to,

requests for medical and psychological evaluation, departmental evaluation and testing results or submittal of other relevant reports and orders to appear before the Board. Failure of the member to comply with such instructions may result in the termination of disability benefits.

- a) Any member who is applying for, or who is on disability leave, or disability retirement, or who requests reconsideration of the Boards action shall be present at every Board meeting at which the members issues are scheduled for consideration or status report and be prepared to submit such rehabilitation or medical records required by the Board, unless the member is unable to attend the meeting due to illness. If said meeting is called at the request of someone other than the applicant member, then the Board secretary shall provide the member applicant with a minimum of five (5) day notice in writing.

## **8. ACTIVITY RESTRICTIONS OF MEMBERS WHILE ON DISABILITY LEAVE**

A member on disability leave shall not engage in any activity which is contrary to the directives of the Board doctor or the treating physician or which will prolong the physical or mental condition that caused the disability.

A member on disability leave shall maintain regular communications with his/her department and shall not leave the local area for longer than forty-eight (48)

hours without presenting the secretary to the Board with a letter from the treating physician. This letter shall state the applicant's destination, purpose of the trip, the effect(s) if any, on his/her physical or mental condition and whether or not the treating physician approves of said travel and proposed activities. Prior to leaving, the member must secure the secretary's written approval on behalf of the Board. Denial by the Board shall be based on a quorum majority. If the secretary does not provide written approval, the matter shall be before the Board at the next regularly scheduled meeting. It shall be the responsibility of the member to make application in a timely manner so that the matter may be heard by the full Board at a regularly scheduled meeting prior to the date of the applicant's department. In case of an emergency, such as a funeral, approval may be made by the secretary upon telephonic approval from the treating physician.

Any travel expenses incurred by the member to appear before the Board or its designated doctor shall be borne by the member. Such member shall keep the Board advised of his/her current address.

During the period of disability leave, the Board shall have the authority to inquire of any examining doctor as to what physical, medical or therapeutic treatments might be employed to rehabilitate the member. Based upon such evaluation, the Board may direct the member to participate in rehabilitation.

## 9. **FALSIFICATION**

All applications and other documents filed in connection with disability retirement or disability leave must be accurate and truthful. RCW 41.26.062 provides as follows:

*“Any employee, member of beneficiary who shall knowingly make false statements or shall falsify or permit to be falsified any record or records of the retirement system in an attempt to defraud the retirement system, shall be guilty of a felony.”*

## 10. **RE-EXAMINATION**

All applicants for disability retirement will be re-examined during the fifth (5) or sixth (6) months of disability leave by the Board doctor in order to determine their eligibility for disability retirement, except as provided in WAC 415-105.050 and adopted herein.

## 11. **MEDICAL SERVICES**

a) **Payment Procedures:** Whenever any active member or member retired for service or disability requires medical services, such services shall be paid for by the employer if approved by the disability board to the extent provided for by the employer's health insurance carrier. Exceptions must be pre-approved by the Board. The Board Secretary, the Human Resources Manager or other designee by the Board Secretary has the authority to approve payment of medical claims and premiums subject to

Board ratification. Only those medical services which are deemed medically necessary shall be paid by the Board, provided, however, that medical services necessitated by the members dissipation and abuse shall not be paid.

Determination of dissipation and abuse and the necessity of such medical services shall be determined by the Board after considering the medical evaluation of the Board's medical doctor, together with any other relevant evidence.

Medical services payable shall be reduced by any amount received or eligible to be received under Workmen's Compensation, Social Security or Medicare including insurance provided by another employer, or pension plan, or similar source. In the event any such alternative source of payment is available, it shall be the responsibility of the requesting member to arrange for payment by the alternative source, prior to requesting payment of the difference by the Board. Failure to apprise the Board of alternative sources of payment may result in a loss of medical benefits. The member shall use his/her City's medical insurance card for all medical services and be responsible for submission of the bills to the insurance carrier.

It shall be the policy of the Board to pay only the patient responsibility, rather than pay the full amount and seek repayment from any other source, unless the

affected member shows to the satisfaction of the Board that he/she has demanded payment of such other benefits expeditiously and that the Board's failure to authorize such advance repayment would cause unreasonable hardship to the member.

b) **Processing Medical Claims:** Claims for all medical services except prescriptions shall be submitted by the member or service provider to the City's medical insurance as soon as possible after treatment. Upon receipt of the insurance "Explanation of Benefits" by the member, it should be attached to the provider's billing for any "Patient Responsibility" or "Co-Payment" balance owed and submitted to the Board Secretary or designee for payment.

c) **Processing Prescriptions:** Claims shall be in accordance with current, or as may be amended, insurance reimbursement and/or payment plans. All claims for prescription payments and reimbursements shall include the prescribing physician's name, description of the pharmaceutical, prescription dosage, date of filling/refilling, member's name, and receipt with cost of the prescription to the Board Secretary or designee.

## 12. **LONG-TERM CARE**

All Long-Term Care costs will be the maximum benefit of the average cost in the members resident area as reported in the *Genworth Cost of Care Survey*, or

similar survey for the most recent year. All services require pre-approval.

*Nursing Home* –Maximum monthly benefit is based on 24 hour-a-day care in a semi-private room.

*Home Health Care* –Services must be provided and billed by a home health agency that is certified by the Department of Social and Health Services or approved by Medicare. To be covered, the home health care services must be part of a written plan of treatment prescribed and periodically reviewed by a physician (M.D. or D.O.) Maximum daily benefit is based upon the hourly rate allowed not-to-exceed the average cost of a nursing home 24 hour-a-day care in a semi-private room. No payment is allowed for non-medical services including, but not limited to, custodial or housekeeping in nature such as house cleaning, laundry services, cooking, recreational companionship, or other homemaker tasks. Covered services include home care by one or more of the following agency employees: a registered or licensed practical nurse; a licensed physical therapist; a certified respiratory therapist; an American Speech and Hearing Association-certified speech therapist; a certified occupational therapist; or a home health aide who is directly supervised by one of the above providers (performing services prescribed in the plan of treatment to achieve the medically desired results).

*Assisted Living* – Payment for medically necessary costs only not-to-exceed the average monthly cost of a nursing home 24 hour-a-day care in a semi-private room.

13. **HOSPICE CARE**

If a member is terminally ill, the services of an approved hospice will be covered in accordance with the agreement between the City of Bremerton and the City's medical insurance provider. In the event that service need exceeds the time limitations of the insurance plan currently in effect or as may be amended in the future, the provider shall submit a treatment plan and request for extension of services to the insurance. All such submittals shall be accompanied by a statement by the treating physician of the medical necessity for the continuation of hospice care. If the insurance denies the extension, the Board may approve the cost for extended services.

14. **GENERAL GUIDELINES**

The following guidelines apply to all actions:

- a) The Board shall not consider any service of a cosmetic nature or which is beyond that which is considered reasonably necessary to correct the condition complained of to be a necessary medical expense.
- b) Dental expenses will not be considered necessary medical services, except in those circumstance where they are incurred by a member who sustains an accidental injury to his/her teeth and commences treatment within ninety (90) days after the accident, unless such treatment can be

justified by way of curing or correcting an existing health problem.

- c) The Board will authorize payment of expenses of hearing aids in the following manner:

*The member will be examined by a medical doctor who shall submit a written report to the Board documenting, by medical evidence the need for hearing aids. The Board Secretary shall periodically obtain quotations for hearing aids from a minimum of three providers. From those quotations, the Board shall set a standard amount that the Board will reimburse to each member. The member may purchase from any firm, but the Board will only approve and pay up to the amount set. However, in no case will the Board reimburse the member for hearing aids more often than once during any five (5) year period (as of 2012, the reimbursement rate is \$1,800/ear). The Board will not reimburse the member for battery replacements.*

*The Board will reimburse for reasonable hearing aid repair when the warranty has expired and the damage is not caused by neglect or abuse. The Board is authorized to approve up to a cumulative of \$600.00 per member during the life of the hearing aids. For a member to be eligible for hearing aid*

*repair reimbursement, a copy of the warranty upon purchase or repair of the hearing aids must be on file with the Board Secretary.*

- d) The Board will authorize payment of expenses for prescription eyewear (currently \$190/year) in the following manner: The member will be examined by a qualified optometrist or ophthalmologist who shall provide a prescription for lens requirements.

*The Board Secretary shall periodically obtain quotations for eyewear frames and lens' and from those quotes, the Board shall set a standard amount that the Board will reimburse the member. However, in no case will the Board reimburse the member for eyewear more often than one time during each one year period.*

In lieu of eye reimbursement, the member may elect to use up to four (4) years of allowed annual eyewear allotment (currently \$190/year) not to exceed 100% for corrective eye surgery including Radial Keratotomy (RK) surgery or laser eye surgery (LASIK or PRK). This election will be a one time benefit.

- e) The Board will presume that each member who has attained the age of sixty-five (65) is eligible for Medicare and will not authorize payment for necessary medical services where such services are met by Medicare, pursuant to RCW

41.26.150., R.C.W. 41.18.060., and R.C.W. 41.20. Where the necessary medical service exceeds that which is paid by Medicare, the Board will authorize the payment of the excess.

It is the responsibility of each member to begin enrollment proceedings three (3) months prior to their sixty-fifth (65th) birthday to insure participation upon attaining the age of sixty-five (65) or inform the Board of ineligibility. This subsection shall not apply to police officers with no active service after July 1, 1970.

- f) The Board will not pay for private hospital rooms unless such accommodation has been received upon the recommendation of the treating physician.
- g) The Board will pay for as many chiropractic calls per year as provided under the City's insurance policy at the time. Visits over that amount shall, at the discretion of the Board, be paid only upon receipt of a medical doctor's justification for such visits.
- h) The Board will pay for equipment, prosthetics, or rehabilitative devices on a case by case basis and only if the member obtains the approval of the Board prior to purchase or lease.

- i) Unless approved in advance by the Board, the Board will not pay for member's medical services performed by physicians not participating in the City's medical plan or physicians whose service is not covered by agreement with the City's medical insurance provider for its members.
- j) Members must use their City medical insurance plan card for all medical services.
- k) Visits to doctors or other healthcare providers at the initiative of the member for the sole purpose of establishing a disability claim as opposed to receiving treatment is not generally considered a necessary medical expense. If a member desires such a second opinion, he/she shall seek advance approval of the Board.
- l) The Board requires that all members on the City's prescription plan voluntarily use the City's prescription card and designated pharmacies to receive a prescription discount.
- m) The Board only allows for payment of six (6) erectile dysfunction pills in a one (1) month period for members.

**IV**  
**BOARD DOCTOR**

The Board shall appoint a doctor annually or by special order.

## V RECONSIDERATION

The Board will agree to reconsider a decision at the next regular meeting, unless a special meeting is called at the discretion of the Board Chair, if the following conditions are met by the petitioning member.

1. The member requests reconsideration in writing and within ten (10) days of the Board's decision.
2. The member's request must state a legal or evidentiary basis for which the request may be granted as stated in the following paragraph.
3. The member's request for reconsideration may be granted for one of the following reasons:
  - a) Irregularity in the proceedings of the Board or abuse of discretion by which such applicant was prevented from having a fair hearing;
  - b) Newly discovered evidence which could not, with reasonable diligence, have been discovered and provided at the original hearing;
  - c) That there is no evidence or reasonable inference from the evidence to justify the decision, or that it is contrary to law.

## **IV**

### **APPEAL**

1. Any member aggrieved by a determination or order of the Board that the applicant's disability has not ceased may file an appeal pursuant to WAC 415.105.180 (see Attachment A).
  
2. In the event a final determination is not within the jurisdiction of the State Retirement Systems, the interested member is hereby required to file his/her motion for review with the Superior Court within thirty (30) days of such final determination, otherwise such order shall be final and not subject to judicial review.

WAC Sections

GENERAL PROVISIONS

- 415-105-010 Preamble.
- 415-105-020 Purpose.
- 415-105-030 Board doctor.
- 415-105-040 Disability leave.
- 415-105-050 Examination, review and determination.
- 415-105-060 Granting disability retirement.
- 415-105-070 Decision and order.
- 415-105-072 Burden of proof to cancel disability allowance.
- 415-105-074 Determination to cancel disability allowance.
- 415-105-080 Notice of denial of benefits and right to appeal.
- 415-105-090 Reexamination after retirement.

CESSATION OF DISABILITY

- 415-105-100 Purpose -- Age fifty and older.
- 415-105-110 Application to disability board -- Age fifty and older.

415-105-120 Burden of proof in disability board proceedings.

415-105-130 Standard for determination.

415-105-140 Examination by board physician.

415-105-150 Disability board order.

## CESSATION OF DISABILITY WHILE UNDER AGE FIFTY

415-105-160 Purpose -- Under age fifty.

415-105-170 Application to the disability board -- Under age fifty.

415-105-180 Disability board hearing and order.

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### **415-105-010** **Preamble.**

These rules are not intended to weaken the authority of the local disability board nor to prevent the disability board from adopting additional rules or procedures necessary for performing its duties.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-010, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 81-23-032 (Order 81-03), § 415-105-010, filed 11/16/81.]

## **415-105-020**

### **Purpose.**

These rules are adopted under the authority of section 1, chapter 294, Laws of 1981 (RCW 41.26.115) to provide a basis for uniform administration of disability retirement matters. These rules must be followed by each disability board.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-020, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 81-23-032 (Order 81-03), § 415-105-020, filed 11/16/81.]

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## **415-105-030**

### **Board doctor.**

(1) Each board must appoint a board doctor. The board must not approve a disability retirement without prior examination of the applicant by the board doctor or a specialist selected by the board doctor. The board doctor must be a practicing physician licensed under the provisions of chapter 18.71 RCW; or, if the board doctor practices outside the state of Washington, then he/she must be a physician licensed by the state in which he/she practices.

(2) The board doctor and any selected specialist must be knowledgeable about the normal, routine duties, functions and general demands of the position the applicant held at the time the applicant discontinued service.

(3) The board must furnish the examining physician with the applicant's job and/or position description. The board must inform the physician that the board's decision to grant or deny a disability retirement allowance is to be measured against the actual, normal,

routine duties that the applicant performs.

(4) The board doctor or approved specialist will provide medical services requested by the board including examinations pursuant to RCW 41.26.120(1); 41.26.125(1); 41.26.130(5); and 41.26.150 (1) (a).

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-030, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 81-23-032 (Order 81-03), § 415-105-030, filed 11/16/81.]

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#### **415-105-040**

#### **Disability leave.**

(1) The applicant must prove the existence of:

(a) A disabling condition; and

(b) Whether or not the condition was incurred in the line of duty.

(2) The application must include the name of each physician contacted by the applicant within the last six months for the disabling illness or injury. The applicant must advise each examining physician that:

(a) The board has requested the evaluation;

(b) Any reports of the evaluation will be reviewed by the board;

(c) That the doctor-patient privilege may not be invoked with respect to the evaluation; and

(d) The physician may be requested by the board to testify as to his or her findings.

(3) The disability board is authorized to demand the appearance of the applicant and to request the appearance of any other persons it deems appropriate.

(4) Following receipt of an application for disability benefits, the board must:

(a) Review the application and all relevant information about the applicant's fitness for duty;

(b) Consider the duties of the applicant's position; and

(c) Consider any other pertinent evidence.

The board must either grant or deny disability leave based on the evidence or continue the matter pending receipt of additional information.

(5) If the information before the board is insufficient to determine whether or not the applicant is disabled, the matter can be continued to the next regular meeting or set for consideration at a special meeting. The board must advise the applicant of:

(a) The additional information needed;

(b) The applicant's obligation to provide the additional information; and

(c) The date by which the information must be provided.

(6) The applicant may waive any or all of the disability leave

granted pursuant to RCW 41.26.120(4) and 41.26.125(4).

(7) The board is not to use the minimum medical and health standards (MMHS) to determine whether or not an applicant is unfit for duty. The MMHS established pursuant to RCW 41.26.046 govern entry or reentry into LEOFF System membership and were provided only to safeguard the fiscal integrity of the pension system.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-040, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 81-23-032 (Order 81-03), § 415-105-040, filed 11/16/81.]

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## **415-105-050**

### **Examination, review and determination.**

(1) The board must have the applicant examined during the fifth or sixth month of disability leave. The examination is to be performed by the board doctor or a specialist selected by the board doctor. The board shall not approve the disability retirement without this examination unless:

(a) The applicant establishes that the disabling condition will exist for at least six months; and

(b) The applicant voluntarily waives disability leave.

(2) Following receipt of the examination report, the board must:

(a) Review the medical evidence and all relevant information about the applicant's fitness for duty;

(b) Consider the duties of the applicant's position; and

(c) Consider any other pertinent evidence.

The board must either grant or deny disability retirement based on the evidence or return the applicant to duty for a reasonable period of trial service.

(3) If the board cannot determine with reasonable certainty whether or not the applicant is disabled, the board may issue a written order that the applicant is to return to duty for a reasonable period of trial service to determine the applicant's fitness for active duty.

(a) The length of the trial service period must be supported by medical evidence.

(b) During the period of trial service the applicant is to return to the same duties in the same position held at the time of discontinuance of service.

(c) If the applicant is found to be disabled, the board is not to grant a second six-month period of disability leave, but is to return the applicant to disability leave status for the remainder, if any, of the initial six-month leave period.

[Statutory Authority: RCW [41.50.050](#). 99-16-075, § 415-105-050, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW [41.26.115](#). 87-07-015 (Order 87-3), § 415-105-050, filed 3/11/87; 81-23-032 (Order 81-03), § 415-105-050, filed 11/16/81.]

## **415-105-060**

### **Granting disability retirement.**

(1) The applicant is required to prove that he or she is disabled and unable to perform with average efficiency the duties of the position held at the time of discontinuance of service.

(2) The board must determine, based on the evidence, that the applicant is disabled from performing his or her duties and the disability has been continuous since the beginning of the disability leave period.

(3) The board may make a finding of six months continuous disability prior to the actual conclusion of the six-month period if:

(a) The regular meeting of the board does not precede the end of the six-month disability leave period by more than forty days; and

(b) Medical evidence shows the disability is expected to continue through the full six-month period.

(4) The applicant is not entitled to a disability retirement allowance if:

(a) The employer advises the board that there is an available position for which the applicant is qualified and to which a person of the same grade or rank is normally assigned; and

(b) The board determines that the applicant is capable of discharging the duties of the position with average efficiency.

[Statutory Authority: RCW [41.50.050](#). 99-16-075, § 415-105-060, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW [41.26.115](#). 87-07-015 (Order 87-3), § 415-105-060, filed 3/11/87; 81-23-032 (Order 81-03), § 415-105-060, filed 11/16/81.]

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**415-105-070****Decision and order.**

(1) After granting or denying a disability retirement allowance, the board must enter a written decision and order that includes:

(a) Appropriate findings of fact supported by credible evidence sufficient to sustain the decision; and

(b) Conclusions of law.

(2) When a disability retirement allowance is granted, the decision and order and all supporting documentation must be sent to the director of the department of retirement systems.

(a) The accompanying findings of fact shall include at least the following:

(i) The applicant's length of service with the employer and the position held at discontinuance of service;

(ii) The names of the examining physicians and the dates of the examinations;

(iii) The nature of the disability;

(iv) Whether or not the disability was incurred in the line of duty;

(v) Whether or not the disability was incurred in other employment;

(vi) Dates encompassing disability leave;

(vii) Dates related to authorized return to duty on a trial basis and the factual basis for the decision; and

(viii) Dates encompassing waiver of disability leave, if applicable, and that applicant established that the disability will be continuous for at least six months.

(b) The supporting documentation shall include a copy of at least the following:

(i) The application for disability benefits showing the applicant's current mailing address;

(ii) The job description accurately reflecting the duties of the position the applicant held at discontinuance of service;

(iii) Employer statement(s), if any, relevant to the applicant's position and/or fitness for duty;

(iv) All medical and other evidence considered by the board; and

(v) The minutes and/or transcript of all meetings at which the applicant's disability status was considered.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-070, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-070, filed 3/11/87; 81-23-032 (Order 81-03), § 415-105-070, filed 11/16/81.]

## **415-105-072**

### **Burden of proof to cancel disability allowance.**

The disability board has the burden of proof in any proceeding to cancel a disability retirement allowance.

[Statutory Authority: RCW [41.50.050](#). 99-16-075, § 415-105-072, filed 8/3/99, effective 9/3/99.]

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## **415-105-074**

### **Determination to cancel disability allowance.**

The board need not rely solely on medical evidence in making its determination. To cancel a disability retirement allowance, the board must demonstrate that:

(1) The retiree is reasonably able to perform the ordinary duties of his or her former position or a position within the retiree's former rank with average efficiency; and

(2) There has been a material change in the circumstances upon which the retirement was based; and

(3) No other physical or mental disability now prevents the retiree from performing the ordinary duties of his or her position or rank.

The board may not cancel a disability retirement allowance based on a determination that the medical condition was incorrectly diagnosed at the time of the initial disability hearing. If the medical condition for which the retiree was granted disability retirement has improved, but the retiree is still not physically or mentally able to

perform his or her duties with average efficiency, the retiree shall continue to receive the disability retirement allowance. The board must send a copy of all determinations and the examination reports and other evidence on which they are based to the department of retirement systems.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-074, filed 8/3/99, effective 9/3/99.]

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## **415-105-080**

### **Notice of denial of benefits and right to appeal.**

(1) The board must immediately notify the applicant if the board:

(a) Denies disability leave or retirement; or

(b) Cancels a previously granted disability leave or retirement.

(2) The board must advise the applicant of his or her right to appeal the board's decision to the director of the department of retirement systems pursuant to RCW 41.26.200.

(3) Notification and advice must be in writing and served by personal service or mail unless the applicant or the applicant's authorized representative attends the meeting and is advised in person of the board's decision and the applicant's right to appeal.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-080, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 81-23-032 (Order 81-03), § 415-105-080, filed 11/16/81.]

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## **415-105-090**

### **Reexamination after retirement.**

(1) Every retiree under 49.5 years of age must be medically reexamined every six months by the board doctor or approved physician, except as provided in subsection (4) of this section.

(2) The retirement allowance of any retiree who fails to submit to a medical examination as required in subsection (1) of this section shall be discontinued until the retiree complies with the reexamination requirement. If the retiree continues for one year to refuse to undergo reexamination, the board shall cancel his or her retirement allowance.

(3) If the retiree resides more than one hundred miles from his or her former employer, the board may authorize the retiree to be examined by a physician in the retiree's local area. The board must approve the local area physician and provide him or her with information about the purpose of the examination and the issues to be addressed in the physician's report to the board.

(4) If the board doctor or approved physician finds that no possibility exists for the retiree's recovery and return to duty, the board may determine that subsequent medical examinations are not required. The determination may be made at the time of retirement or at any time thereafter, but must be based on a current (within ninety days) recommendation of the examining physician. The board must notify the department of retirement systems when it makes a determination of permanent disability. A copy of the physician's report must accompany the notice.

(5) If the examination shows that the retiree is fit to perform the

duties of the rank or position held at retirement, the retiree shall be entitled to a hearing before the board. The notification and hearing shall comply with the requirements of the Administrative Procedure Act, chapter 34.05 RCW. Unless the retiree waives his or her right to the hearing, the board must hold the hearing before it can cancel the disability retirement allowance.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-090, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-090, filed 3/11/87; 81-23-032 (Order 81-03), § 415-105-090, filed 11/16/81.]

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## **415-105-100**

### **Purpose — Age fifty and older.**

These rules are adopted under RCW 41.26.115 to implement the provisions of RCW 41.26.130(3) and 41.26.135 and establish procedures to be followed by the applicant and the disability board. These rules apply only to a disability retiree age fifty and older who seeks a determination that his/her disability has ceased.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-100, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-100, filed 3/11/87.]

## **415-105-110**

### **Application to disability board — Age fifty and older.**

(1) When a disability retiree over age fifty believes that his/her disability has ceased, he/she may make application to cancel the disability retirement allowance. Such application shall be made to the disability board that originally considered the application for disability retirement.

(2) The application must be in writing and contain the following information:

(a) The retiree's name, birthdate, Social Security number, mailing address, telephone number, former LEOFF employer, and the name and mailing address of the retiree's legal representative, if any;

(b) The nature of the disability and the date the disability ceased;

(c) The names, addresses and telephone numbers of all physicians and other health care practitioners who have been contacted by the retiree or his/her representative in the last year for medical care, consultation or evaluation;

(3) The application must be accompanied by the following documents:

(a) Copies of any written documents supporting the retiree's claim that his/her disability has ceased and that no other physical or mental disability now prevents the retiree from performing the ordinary duties of his/her position or rank;

(b) A copy of the local disability board order granting disability retirement if the original disability board order was summarily affirmed by the director or the LEOFF retirement board; or

(c) A copy of the director's order or the LEOFF retirement board's order if the director or the LEOFF retirement board entered the final order granting disability retirement.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-110, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-110, filed 3/11/87.]

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## **415-105-120**

### **Burden of proof in disability board proceedings.**

The retiree has the burden of proof in the proceedings before the disability board.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-120, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-120, filed 3/11/87.]

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## **415-105-130**

### **Standard for determination.**

To obtain a determination that a disability has ceased, the retiree must demonstrate that:

(1) He/she is reasonably able to perform the ordinary duties of his/her former position or position within his/her former rank with average efficiency; and

(2) There has been a material change in the circumstances upon which the original disability determination was based; and

(3) No other physical or mental disability now prevents the retiree from performing the ordinary duties of his/her position or rank.

A retiree may not obtain a determination that his/her disability has ceased by demonstrating that the medical condition was incorrectly diagnosed at the time of the initial disability hearing. The disability board need not rely solely on medical evidence in making its determination. If the medical condition for which the retiree was granted disability retirement has improved, but the retiree is still not physically or mentally able to perform his/her duties with average efficiency, he/she shall continue to receive a disability retirement allowance and shall not be entitled to service retirement.

[Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-130, filed 3/11/87.]

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## **415-105-140**

### **Examination by board physician.**

(1) Before acting on an application, the disability board shall have the retiree examined by the board doctor as provided in WAC 415-105-030. If the board doctor has seen the retiree before in any capacity except evaluation on behalf of the disability board, the board doctor must refer the retiree to another physician who has not seen the retiree in any capacity except evaluation on behalf of the disability board.

(2) Before the retiree is examined, the disability board must furnish the board doctor or other physician with a current job description for the rank or position held by the member at the time he/she was granted disability retirement and a copy of these regulations.

(3) The board doctor or other physician will examine the retiree to determine if he/she is able to perform with average efficiency the duties of the rank or position held by the retiree at the time of discontinuance of service and that he/she meets the requirements of WAC 415-105-130.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-140, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-140, filed 3/11/87.]

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## **415-105-150**

### **Disability board order.**

(1) The board must review the application, the medical evaluation by the board doctor, and any other relevant evidence. The board must determine whether the retiree has met the standards set out in WAC 415-105-130 and is physically and mentally capable of performing his/her duties with average efficiency.

(2) If the board determines that the retiree's disability has ceased, it shall enter its written decision and order including appropriate findings of fact and conclusions of law. The disability board must:

(a) Enter a decision which specifies the date the disability retirement allowance will cease;

(b) Immediately send a copy of the decision and order to the department of retirement systems.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-150, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-150, filed 3/11/87.]

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## **415-105-160**

### **Purpose — Under age fifty.**

These rules are adopted under RCW 41.26.115 to implement the provisions of RCW 41.26.130(3) and establish procedures to be followed by the applicant and the disability board in cases in which the applicant is under age fifty and believes that his/her disability has ceased.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-160, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-160, filed 3/11/87.]

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## **415-105-170**

### **Application to the disability board — Under age fifty.**

A disability retiree under age fifty who believes that his/her disability has ceased may apply for a determination that the

disability has ceased. The application must be:

(a) Made to the disability board which originally found the member to be disabled; and

(b) In writing; and

(c) Contain the information stated in WAC 415-105-110(2).

Thereafter, the rules and procedures stated in WAC 415-105-120 through 415-105-140 shall be in effect.

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-170, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-170, filed 3/11/87.]

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## **415-105-180**

### **Disability board hearing and order.**

(1) The board must review the application, the medical evaluation of the board doctor, and any other relevant evidence. The board must then determine whether the retiree has met the standards set out in WAC 415-105-130 and is physically and mentally capable of performing his/her duties with average efficiency. If the board determines that the retiree's disability has ceased, both the retiree and the former employer shall be entitled to a notice and a hearing. Both the notice and the hearing shall comply with the requirements of chapter 34.05 RCW.

(2) After the hearing, the board must enter its written decision and order, including appropriate findings of fact and conclusions of

law. The board order must either deny the retiree's application or cancel his/her disability retirement allowance and restore him/her to duty pursuant to RCW 41.26.140(2).

(3) Any person aggrieved by a determination or order of a disability board that the applicant's disability has not ceased may file an appeal with the director pursuant to RCW 41.26.140(6).

[Statutory Authority: RCW 41.50.050. 99-16-075, § 415-105-180, filed 8/3/99, effective 9/3/99. Statutory Authority: RCW 41.26.115. 87-07-015 (Order 87-3), § 415-105-180, filed 3/11/87.]

## Definitions.

As used in this chapter, unless a different meaning is plainly required by the context:

(19) "Medical services" for plan 1 members, shall include the following as minimum services to be provided. Reasonable charges for these services shall be paid in accordance with RCW 41.26.150.

(a) Hospital expenses: These are the charges made by a hospital, in its own behalf, for

(i) Board and room not to exceed semiprivate room rate unless private room is required by the attending physician due to the condition of the patient.

(ii) Necessary hospital services, other than board and room, furnished by the hospital.

(b) Other medical expenses: The following charges are considered "other medical expenses", provided that they have not been considered as "hospital expenses".

(i) The fees of the following:

(A) A physician or surgeon licensed under the provisions of chapter 18.71 RCW;

(B) An osteopathic physician and surgeon licensed under the provisions of chapter 18.57 RCW;

(C) A chiropractor licensed under the provisions of chapter 18.25 RCW.

(ii) The charges of a registered graduate nurse other than a nurse who ordinarily resides in the member's home, or is a member of the family of either the member or the member's spouse.

(iii) The charges for the following medical services and supplies:

(A) Drugs and medicines upon a physician's prescription;

- (B) Diagnostic X-ray and laboratory examinations;
- (C) X-ray, radium, and radioactive isotopes therapy;
- (D) Anesthesia and oxygen;
- (E) Rental of iron lung and other durable medical and surgical equipment;
- (F) Artificial limbs and eyes, and casts, splints, and trusses;
- (G) Professional ambulance service when used to transport the member to or from a hospital when injured by an accident or stricken by a disease;
- (H) Dental charges incurred by a member who sustains an accidental injury to his or her teeth and who commences treatment by a legally licensed dentist within ninety days after the accident;
- (I) Nursing home confinement or hospital extended care facility;
- (J) Physical therapy by a registered physical therapist;
- (K) Blood transfusions, including the cost of blood and blood plasma not replaced by voluntary donors;
- (L) An optometrist licensed under the provisions of chapter [18.53 RCW](#).

## Sickness or disability benefits — Medical services.

(1) Whenever any active member, or any member hereafter retired, on account of service, sickness, or disability, not caused or brought on by dissipation or abuse, of which the disability board shall be judge, is confined in any hospital or in home, and whether or not so confined, requires medical services, the employer shall pay for the active or retired member the necessary medical services not payable from some other source as provided for in subsection (2) of this section. In the case of active or retired firefighters the employer may make the payments provided for in this section from the firefighters' pension fund established pursuant to RCW 41.16.050 where the fund had been established prior to March 1, 1970. If this pension fund is depleted, the employer shall have the obligation to pay all benefits payable under chapters 41.16 and 41.18 RCW.

(a) The disability board in all cases may have the active or retired member suffering from such sickness or disability examined at any time by a licensed physician or physicians, to be appointed by the disability board, for the purpose of ascertaining the nature and extent of the sickness or disability, the physician or physicians to report to the disability board the result of the examination within three days thereafter. Any active or retired member who refuses to submit to such examination or examinations shall forfeit all rights to benefits under this section for the period of the refusal.

(b) The disability board shall designate the medical services available to any sick or disabled member.

(2) The medical services payable under this section will be reduced by any amount received or eligible to be received by the member under workers' compensation, social security including the changes incorporated under Public Law 89-97, insurance provided by another employer, other pension plan, or any other similar source. Failure to apply for coverage if otherwise eligible under the provisions of Public Law 89-97 shall not be deemed a refusal of payment of benefits thereby enabling collection of charges under the provisions of this chapter.

(3) Upon making the payments provided for in subsection (1) of this section, the employer shall be subrogated to all rights of the member against any third party who may be held liable for the member's injuries or for payment of the cost of medical services in connection with a member's sickness or disability to the extent necessary to recover the amount of payments made by the employer.

(4) Any employer under this chapter, either singly, or jointly with any other such employer or employers through an association thereof as provided for in chapter 48.21 RCW, may provide for all or part of one or more plans of group hospitalization and medical aid insurance to cover any of its employees who are members of the Washington law enforcement officers' and firefighters' retirement system, and/or retired former employees who were, before retirement, members of the retirement system, through contracts with regularly constituted insurance carriers, with health maintenance organizations as defined in chapter 48.46 RCW, or with health care service contractors as defined in chapter 48.44 RCW. Benefits payable under the plan or plans shall be deemed to be amounts received or eligible to be received by the active or retired member under subsection (2) of this section.

(5) Any employer under this chapter may, at its discretion, elect to reimburse a retired former employee under this chapter for premiums the retired former employee has paid for medical insurance that supplements medicare, including premiums the retired former employee has paid for medicare part B coverage.

# **BASIC GUIDELINES FOR SUBMITTING LEOFF 1 PENSION BILLS**

## **City provided insurance covers all medical services**

**required by law.** The City will pay any co-pay or co-insurance amounts on a direct claim or reimbursement basis. For those services and prescriptions not covered by insurance, Board pre-approval is required **before** the services are performed or the prescription is obtained. Failure to get Board pre-approval may result in the Board denying the claim or loss of benefits.

## **Processing Prescriptions (Article III Section 11c)**

Required documentation shall include the following for prescription reimbursement:

- ✓ Physician's name
- ✓ Pharmaceutical
- ✓ Dosage
- ✓ Date of filling or refilling
- ✓ Member's name
- ✓ Cost on the receipt
- ✓ Proof of Payment

**Erectile Dysfunction Pills:** 6 pills/month

## **Processing Medical Claims (Article III Section 11b)**

Claims for all medical services shall be submitted by the member or service provider to the City provided insurance. *See page 54 for City provided insurance.*

Required documentation for medical service reimbursement:

- ✓ Medical service billing
- ✓ Explanation of Benefits
- ✓ Proof of Payment

*NOTE: If a provider submits a billing for a member, the EOB must accompany the bill.*

## **Equipment, Prosthetics or Rehabilitative Devices:**

- Board Pre-Approval Required
- Case by Case Basis

**Eyewear:** \$190/year

## **Hearing Aids:**

- \$1,800/ear (or \$3,600 for both ears) every 5 years (beginning on purchase date)
- \$600 for cumulative hearing aid repair every 5 years when a copy of the warranty for the hearing aids or the repair is filed with the Board Secretary
- Battery replacement and accessories are not reimbursable

## **General Information:**

- Requests for payment or reimbursement should be submitted as soon as all of the documentation is available.
- Requests for payment or reimbursement of charges older than one (1) year will not be honored.
- Requests for payment or reimbursement must be submitted with the proper documentation attached.
- The City does not pay a provider or reimburse a member for billing fees or interest on account.
- The City cannot pay on invoices or statements billed directly to the member. Please work with your provider to bill the City directly or submit proof of payment for reimbursement.
- A *Board Approval Form* is required for all Board approvals and pre-approvals.

**It is the responsibility of the member to provide the required documentation.**

**Submit all MEDICAL CLAIMS for payment to:**

**City of Bremerton  
Pension Board Medical Claims  
345 6<sup>th</sup> Street, Suite 600  
Bremerton WA 98337-1873**

**Checklist**

- ✓ Billing Statement *(Billed to the City if paying directly to provider)*
- ✓ EOB
- ✓ Proof of Payment *(if applicable)*

**Submit requests for BOARD APPROVAL to:**

**City of Bremerton  
Pension Board Secretary  
345 6<sup>th</sup> Street, Suite 600  
Bremerton WA 98337-1873**

The Firefighter and Police Pension Boards meet once a quarter in January, April, July and October.

**Checklist**

- ✓ Approval Form
- ✓ Letter from Physician
- ✓ Billing Statement or Estimated Cost
- ✓ EOB *(if applicable)*
- ✓ Proof of Payment *(if applicable)*

# **POLICE PENSION BOARD**

Meets first Monday of the first month of the calendar quarter at 11:00am (January, April, July & October) in the Council Conference Room on the 6<sup>th</sup> Floor of the Norm Dicks Government Building.

## 2017 Members:

Patty Lent, Board Chair

Shannon Corin, Board Secretary

Eric Younger, Council President

Mike Riley, City Treasurer

Greg Brown, Elected Member 2015-2018

James Johnson, Elected Member 2016-2019

Del McNeal, Elected Member 2017-2020

# **FIREFIGHTERS PENSION BOARD**

Meets second Tuesday of the first month of the calendar quarter at 9:00am (January, April, July & October) in the Council Conference Room on the 6<sup>th</sup> Floor of the Norm Dicks Government Building.

## 2017 Board Members:

Patty Lent, Board Chair

Shannon Corin, Board Secretary

Richard Huddy, Council Finance Committee Chair

Dave Moen, Elected Member 2016-2018

Paul Golnik, Elected Member 2017-2019

Larry Rankin, Appointed Alternate 2017-2018

# **CITY MEDICAL PROVIDER CONTACT INFO**

## **Retirees Over 65**

Regence MedAdvantage+Rx Enhanced Opt 3 (PPO)

Customer Service 1-888-319-8904

[www.regence.com/medicare](http://www.regence.com/medicare)

VSP (Vision) 1-800-877-7195

Tru Hearing 1-844-290-3426

## **Retirees Under 65**

LEOFF Health and Welfare Trust

Program Manager: Jennifer Wisniewski

Assistant: Janell Pule

P (509) 484-2388

F (509) 487-2570

# WHO TO CONTACT IN THE EVENT OF DEATH

## **Department of Retirement Systems (DRS)**

Have the deceased retiree's or beneficiary's full name and social security number when contacting DRS.

[www.drs.wa.gov](http://www.drs.wa.gov)

6835 Capitol Boulevard, Tumwater, WA 98501

(360) 664-7000 or toll free (800) 547.6657

TYY users Dial 711 for Washington Relay service

### **Mailing Address:**

Department of Retirement Systems

PO Box 48380

Olympia WA 98504-8380

## **City of Bremerton**

Have the deceased retiree's or beneficiary's full name, social security number, and the estate executor's name and contact information.

- Firefighter Funeral Expense \$500.00 RCW 41.18.140
- Police Lump Sum Death Benefit \$1,000.00 RCW 41.20.090

Karla King, Payroll Administrator

City of Bremerton

345 6<sup>th</sup> Street, Suite 600

Bremerton WA 98311

(360) 473-5312

[Karla.king@ci.bremerton.wa.us](mailto:Karla.king@ci.bremerton.wa.us)

# CONTACT INFORMATION

## Board Approval/General Questions

Shannon Corin, Board Secretary

[City.Clerk@ci.bremerton.wa.us](mailto:City.Clerk@ci.bremerton.wa.us)

P (360) 473-5323

F (360) 473-5200

## Medical Benefits/Claims

Lisa Garland, Human Resources Assistant

[Lisa.Garland@ci.bremerton.wa.us](mailto:Lisa.Garland@ci.bremerton.wa.us)

P (360) 473-5347

F (360) 473-2333

## Pension Payments

Karla King, Payroll Administrator

[Karla.King@ci.bremerton.wa.us](mailto:Karla.King@ci.bremerton.wa.us)

P (360) 473-5312

F (360) 473-5200

[www.bremertonwa.gov/980/LEOFF-1-Pension-Boards](http://www.bremertonwa.gov/980/LEOFF-1-Pension-Boards)



## **Pension Board Handbook**

provided by City of Bremerton

Shannon Corin, City Clerk