

**CITY OF REDMOND  
LEOFF I DISABILITY BOARD  
POLICIES AND PROCEDURES**

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# **I. Purpose and Scope**

## **1. Preamble**

These guidelines describe general policies and procedures followed by the Disability Board of the City of Redmond, established and empowered under the Revised Code of Washington (RCW 41.26). Conditions may exist or come into existence which are not fully or clearly encompassed by these guidelines. In such cases, the Board will take whatever action is necessary to deal with the situation in keeping with the spirit of statutory authority, legal and administrative precedent.

## **2. Scope**

The policies and procedures in this document apply to all City of Redmond fire fighters and police officers covered by RCW Chapter 41.26, the Law Enforcement Officers and Fire Fighters Retirement System (also known as LEOFF I), except as specifically excluded within this document.

## **3. Effect of Policies and Procedures**

All uniform personnel covered by LEOFF I are required as a condition of employment to follow these procedures. Any member who fails to follow these procedures may be subject to loss of any or all benefits otherwise due under the LEOFF I Act. In the event any portion of these policies and procedures is found to be contrary to law, in general terms or as applied to a particular member, all other policies and procedures will continue to apply to all members.

## **4. Declaration and Notification of Members**

Upon adoption of this document, a copy will be distributed to each covered member. Revised Policies and Procedures will be sent to members when changes occur. (See Amendment policy, section III, part 1.)

## **II. Meetings**

### **1. Regular Meetings**

The Board holds regular meetings on the first Wednesday of each month at Redmond City Hall, Second Floor Conference Room, beginning at 4:00 p.m. In the event the regular meeting day is a holiday, the meeting is moved to the following Wednesday. A majority of the members (quorum) may conduct business.

### **2. Special Meetings**

Special meetings may be called by the Chairperson at the request of any Board member. Additionally, a majority of Board members present at a regular meeting may call a special meeting. Written notice of special meetings is delivered personally or by mail to each Board member. Notice is also given to each local general-circulation newspaper and to each local radio or television station which has requested in writing to be notified of particular special meetings or all special meetings. The notice must be delivered to the members of the Board and the media at least 24 hours before the meeting. Notice of a special meeting must include the date, time and location of the meeting and a description of business to be transacted.

### **3. Open Meetings**

It is Board policy to allow open public access (except as qualified below) to all meetings of the Board. The Board Staff Assistant will keep an official record of deliberations and other order connected therein for entering or submission to the State Retirement Board.

### **4. Closed Meetings**

The Board may close portions of meetings when consideration of a disability leave, retirement or medical claim may include discussion of sensitive medical information, or upon request of the claimant. [Authorized under RCW 42.30.140(2)]

### **III. Amendment of Policies and Procedures**

#### **1. Amendment of Policies and Procedures**

These policies and procedures may be amended using the following procedures:

- a) At the direction of the Disability Board, Staff drafts a proposed amendment and presents it to the Board for review and additional changes.
- b) Copies of the draft amendment are sent to each LEOFF I employee/retiree for review and comment. Changes suggested by LEOFF I employees must be presented in person or in writing to the Disability Board at the next regular meeting.
- c) Changes suggested by members are reviewed by the Board, and may be incorporated into the draft amendment.
- d) The Disability Board approves the draft amendment and directs Staff to incorporate the change into the Policy and Procedures document.
- e) In case of conflict between different sections of the Disability Board Policy and Procedures, the most recently adopted policy/procedure takes precedence.
- f) The Policies in effect on the date of medical or dental service, disability leave or retirement are the policies and procedures governing the Board's review and action as pertains to that particular service, leave or retirement.

## **IV. Medical Services**

### **1. Scope**

Required medical services of covered members will be paid for by the City, if approved by the Board. Covered members include active members, members retired for service and members retired for disability. Only medical services deemed medically **necessary** [RCW 41.26.030(22)] by the Board are eligible for payment. Determinations of the necessity are at the discretion of the Board after considering the evaluation of the Board's medical advisor, together with any other relevant evidence. All ongoing treatment programs longer than 120 days in duration must notify the Disability Board for budgetary purposes.

Amounts will be reduced by any amount received or eligible to be received by Social Security, Medicare, insurance provided by the City or another employer, pension plan, or other similar source.

### **2. Exclusions and Limitations**

Medical services received outside the coverages provided by the employee's City-provided health plan are ineligible for payment except in circumstances where the service is not included in the health plan and the Board finds that the treatment was medically necessary.

#### **A. Service Charges**

The Board will not approve payment of service charges if the employee fails to submit claims to the insurance carrier or to the Disability Board in a timely manner. Timely manner is defined as within 90 days of the date of service. The 90-day limit may be waived by the Board upon proof from the employee that a delay in processing the claim was beyond the employee's control.

Delinquency service charges imposed by service providers on past-due accounts will not be approved for payment unless the employee can show these charges were a result of delay in submitting a documented claim to the Board due to circumstances beyond the employee's control.

## **B. Missed Appointments**

Claims submitted to the Disability Board for missed doctor's appointments will not be approved by the Board for payment unless the member can show that missing the appointment without giving 24 hours notice of cancellation was due to circumstances beyond the member's control.

## **C. Dental Services**

Dental services, including any service of a cosmetic nature, are precluded from coverage, **except in circumstances where a member sustains an accidental injury** to his/her teeth, and treatment is commenced with a legally licensed dentist within 90 days following the accident. The Board will also consider, on a case by case basis, claims for dental services that have been documented by a physician as medically necessary.

Revised 04/07/04

## **D. Substance Abuse**

Claim determinations of recovery or dissipation of substance abuse are at the discretion of the Board after considering the evaluation of the Board's medical advisor, together with any other relevant evidence.

## **E. Medicare Part D Premiums**

The Board will not approve payment or reimbursement of premium costs for Medicare Part D prescription drug insurance policies.

Revised 02/01/06

## **3. Vision Services**

Benefits for vision correcting lenses are available only when lenses are prescribed by a licensed optometrist or ophthalmologist and are subject to the maximums set below:

**\$400** limit per year for lenses and frames or contact lenses.

One eye exam per year shall be paid in full.

Replacement for breakage or loss caused on the job will be reviewed on a case by case basis.

Amounts will be reduced by any amount received or eligible to be received by Medicare, insurance provided by the City or another employer, pension plan, or other similar source.

revised 10/2017, effective 10/2017

## **4. Hearing Aids**

The Board will approve payment for medically necessary hearing aids within these guidelines. Hearing aid purchases that are covered expenses must be pre-approved by the Board. All requests will be considered on an individual basis. All applications for pre-approval for purchase of hearing aid(s) must meet all of the following conditions and include documentation as listed below:

### **Pre-Approval**

- Medical evaluation from an Otolaryngologist physician to rule out any ear conditions that can be treatable by a means other than hearing aids.

Hearing evaluation by a state certified audiologist to include an audiogram and recommendations regarding the type of hearing aid(s) recommended. A statement by the evaluating audiologist must be included in the application as proof the member's hearing loss is progressive, permanent and/or not likely to improve with treatment (e.g. medication, surgery, etc.)

- A cost estimate must also include any costs related to the hearing aids, such as batteries, repairs, office visits for fitting, adjustments and all other costs related to the hearing aids and must be submitted to the Board. Payment may not exceed \$5,000. per pair or \$2,500 per ear within a four-year period. The Board will approve the least expensive medically necessary option. This cost estimate must also include at least a 2-year warranty on the hearing aids.
- Payment will be approved for costs of regular maintenance beyond the 2-year warranty, and batteries at reasonable cost, on submission of appropriate medical expense claim forms to the Disability Board.
- The Board may ask for additional medical information to determine the medical necessity of charges for hearing aids, batteries, which exceed the Board's pre-approved limits. Also, the Board may request the member obtain additional cost estimates for costs exceeding \$1,800.

### **Replacement**

Replacement of Hearing Aids will not be approved more frequently than once every four years following the original date of approval. The cost of the replacement hearing aids may not exceed \$5,000 per pair or \$2,500 per ear. If the need for replacement is duty-related and the member

provides the Board with documentation of the medical necessity for replacement then the Board will approve the replacement.

On-the-job injuries that result in hearing aid damage are not subject to the limitations above, but will be reviewed on a case-by-case basis.

## **Payment**

Approval of payment for reasonable charges/fees for exam services of an Otolaryngologist or state certified audiologist will be allowed. The medical doctor evaluation is covered under the medical portion of the RedMed plan not under this benefit.

Invoices or billing for payment for hearing aid(s) must first be submitted to the member's health insurance before submitting to the Disability Board.

Amounts will be reduced by any amount received through coordination of benefits or eligible to be received by Social Security, Medicare, insurance provided by the City or another employer, pension plan, or other similar source.

The maximum amounts allowable will be the cost of a hearing aid, maintenance beyond the 2-year warranty and batteries at a reasonable cost. Any difference between the amount allowed by the Board and the cost of the hearing aid purchased by the member shall be the responsibility of the member.

Revised 2002

## **5. Subrogation Rights**

Upon making payment for medical services, the City shall be subrogated to all rights of the member against any third party. If a member institutes any lawsuit against a third party for the member's injuries or costs of medical services, the member must immediately notify the City in writing of the lawsuit. [Authorized by RCW 41.26]

## **6. Nursing Home and Home Health Care**

Expenses incurred in a nursing home or incurred due to home health care for reasonable and necessary charges will be approved by the Board within the following guidelines:

- The daily costs meet the up-to-date rate set by Genworth for median level care for Home Health Aide Home Health Care, and median level Private Room Nursing Home Care; by state of member domicile. The Board reserves the right to review on a case by case basis rates outside the state of member domicile.
- Payment amounts shall be reduced at time of reimbursement by any amount received or eligible to be received by Social Security, Medicare, insurance provided by the City or another employer, pension plan, or other similar source.
- The facility must be a state licensed nursing home center or a center as approved by the Board.
- Items for entertainment purposes such as; but not limited to: internet broadband services, televisions, cable hook-ups, and telephone charges are not reimbursable expenses.

The Board may require a written treatment plan from the provider or request any additional information as needed.

RCW 41.26.030 covers “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.”

Three criteria must be met to be eligible to provide home care:

1. Home care services by a Registered Nurse (RN), or otherwise defined by Genworth.
2. Not reside in the member’s home.
3. Not be a member of the family of either the member or the member’s spouse.

The Board may require a Registered Nurse Certification to Provide Home Care form to be completed.

The above policy is reviewed by the Disability Board, and updated as Genworth rates are updated.

**Revised March 2018**

**CITY OF REDMOND DISABILITY BOARD**

**REGISTERED NURSE CERTIFICATION**

**TO PROVIDE HOME CARE**

I, \_\_\_\_\_, hereby certify and declare that I meet all three required criteria listed below to provide home care to City of Redmond LEOFF I Member \_\_\_\_\_:

1. I am currently a Registered Nurse  
(must attach copy of license for verification)
2. I do not reside in the member's home.
3. I am not a member of the family of either the member or the member's spouse.

I hereby certify that I meet the three requirements listed above.

I declare under penalty of perjury under the laws of the state of Washington and the United States of America that the foregoing is true and correct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

o:\disabbrd\policies\rn certification

## **7. Processing of Medical Claims**

Claims must be submitted to the insurance carrier as soon as possible after treatment. Claims may be submitted either by the covered member or by the service provider.

As soon as the insurance carrier's "Explanation of Benefits" is received, the member should attach it and the billing statement from the service provider to two (2) other City forms. The completed packet should then be sent to the Board's Staff Assistant to be included on the agenda for the next Board meeting.

The items to be forwarded to the Board are:

- a) City of Redmond "Claim for Expense" form, completed by the member.
- b) Billing statement from the service provider. (If the provider bills the insurance carrier directly, it is the member's responsibility to obtain an itemized statement from the provider).
- c) Insurance carrier's "Explanation of Benefits."
- d) Disability Board Claim form, completed by the member.

These forms must be submitted to the Disability Board before medical claims will be considered. Incomplete documentation will delay processing of claims.

All claims **MUST** be submitted at least ten days prior to the monthly Board meeting if they are to be included on the agenda.

## **8. Timely Submission of Claims**

Only claims submitted within six months of the service date will be considered for payment by the Board unless the employee can show the delay was beyond his/her control. Claims shall be submitted to the Board as soon as possible after an Explanation of Benefits is received from the insurance carrier to avoid any administrative issues which could arise from withholding and then submitting large groups of claims together. Exceptions to this policy are extremely small claims, such as those under \$20, that can be held and consolidated with another claim.

Medicare Part B premiums withheld from member Social Security benefit deductions of the previous calendar year are excluded from the above-mentioned submission time of six (6) months provided the claim is submitted within ninety (90) days of receipt.

**Revised July 2015**

## **9. Appeals Procedure**

A member may appeal a medical claim that has been denied by the Board. If a claim is denied, a written notice of that claim denial and the member's subsequent right of appeal shall be sent to the member within seven working days from the date of the Board meeting. The member then has 20 working days from the date of the notification to file for appeal. The member may either submit an appeal in writing or request an appearance at the next regularly scheduled meeting.

## **10. Maximum Dollar Limit Claims**

When a member has reached a dollar limit which the insurance plan will pay per calendar year for certain kinds of care such as chiropractic and mental health, the member does not have to continue to submit bills to the insurance carrier for denial of those benefits for the remainder of that year for each maximum met. The employee needs to attach a copy of the Explanation of Benefits which verifies that the maximum limit has been attained and a copy of the itemized statement or invoice from the service provider. From that point on, the employee need only submit a copy of the invoice or bill as a request for payment for the remainder of that year in addition to a Claim for Expense form and Disability Board Claim form. The Disability Board Staff Assistant will track amounts approved by the Board per employee per calendar year.

As a new year begins, the employee must once again submit claims to the Disability Board as per section 7 a-d until a new annual maximum is reached.

## **V. Disability Leave**

### **1. Board Review Required**

Requests for disability benefits must be acted upon and approved or disapproved by the Board. The Board's authority under the statute is limited to determining, after actively reviewing the application, whether a member is unfit for duty and, therefore, entitled to disability leave benefits. [RCW 41.26.110 - 41.26.120]

### **2. Sick Leave Bank**

All sick leave banks must be exhausted before an employee applies for disability leave. Sick leave is credited on December 1st of each year (for accrual rates refer to Police and Fire contracts for union employees and Personnel Manual for non-union employees).

If a member is on disability leave on November 30th of the year, and the leave continues, even though a sick leave bank is administratively restored on December 1st of that year, the disability leave is NOT interrupted. Disability leave and sick leave are mutually exclusive and cannot be used together. No other leaves (such as vacation) that had been previously approved can suspend the leave.

### **3. Requesting Leave**

A Disability Leave Request form approved by the supervisor must be submitted to the Disability Board Staff Assistant prior to processing of the payroll cycle in which the leave is sought. Pay can be processed prior to Disability Board review based on the supervisor's approval. All members and their supervisors should be aware of how much sick leave is available to the employee in order to immediately request disability leave when sick leave is exhausted.

LEOFF I members are responsible for getting a completed disability leave request form, signed by their supervisor to the Staff Assistant on a timely basis. A completed form will include exact dates of duty time off and a total number of duty hours off, among other items.

Revised October 2000

A time card, indicating disability leave use will be submitted to payroll either by the applicant or their supervisor for each appropriate payroll period. Time cards and disability leave form dates must coincide with each other.

If a disability leave request form, approved by the supervisor, is not received in Payroll before finalization of payroll, available vacation hours or comp time will be used to compensate for any shortage. These hours will be restored upon receipt of the completed supervisor-approved form on the next payroll cycle.

In the event the employee has no available vacation or comp hours, pay will be docked for any shortage. Pay will be restored after receipt of a completed supervisor-approved form on the next payroll cycle.

The Disability Board approves continuing leaves for a period not to exceed six months in duration. The requested initial application for disability leave indicates the requested start date of the leave and the leave continues until the Board determines that the member's disability has ceased or until six months have passed from the start date, whichever is sooner. Members are required to provide the Disability Board with monthly status reports. A Disability Leave/Retirement Attending Physician Statement may be requested by the Board. At the end of the six-month period, the member must return to duty, if able, or must file for permanent disability retirement.

#### **4. Release to Return to Work**

The member must provide a written medical release to return to duty in any instance in which the member has been absent for a period of one continuous month or more. A release to return to duty may be required following shorter absences when the Board, the department head or a ranking officer requests a release. For the Police Department, ranking officer is defined as an officer at the level of Lieutenant or above; and for the Fire Department, Battalion Chief or above. No member may return to duty under the above circumstances without this release. The release must be signed by a Disability Board-appointed physician or the member's attending physician.

If an applicant receives a release from his doctor and the department disagrees with the decision of the doctor, the matter will be forwarded to the Disability Board for determination.

## **5. Obligation to Return When Possible**

It is the responsibility of each employee granted disability leave to seek return to active service at the earliest possible time he/she is fit to return to duty. In the event the Board finds a member has not immediately sought to return to active service upon cessation of disability, the Board has authority to retroactively set the date of return to service and cancel the member's disability pay for the period in question. [Authorized by RCW 41.26]

## **6. Conditional Return to Work**

In the event medical evidence of disability is inconclusive, the Board-appointed physician (or his/her designee) may specify in writing a reasonable trial period on active duty to determine the member's fitness. Such a conditional return to duty does not entitle the member to a second six-month period of disability leave for the same disability if, based upon this trial period of service, he/she is found to be still disabled.

## **7. Member Cooperation**

While on disability leave, members are required to comply with all directives of the Board. Such directives may include, but are not limited to, requests for medical and/or psychological evaluations, submittal of other relevant reports, and orders to appear before the Board. In the event a member fails to comply, the Board will evaluate whether compliance was within the member's control. If the Board finds a member to have willfully failed to comply, the Board will presume the member to have recovered.

## **8. Activities on Disability Leave**

Individuals on disability leave are prohibited from engaging in any activity or employment contrary to the instructions of the attending physician, and/or the Disability Board physician. Failure to comply may result in termination of disability benefits.

## **9. Participation in Rehabilitation**

During the period of disability leave, the Board has authority to inquire of any examining physician as to what physical, medical or therapeutic treatments might rehabilitate the applicant and, based upon such evaluation, may direct the applicant to participate in certain treatments. If the applicant fails or refuses to comply, the Board may terminate the applicant's disability benefits.

## **10. Disability Leave Date**

Regardless of the date of application for disability leave, the Board may determine when the applicant actually became disabled. The disability leave period begins from that date and continues as provided by law. The Board also has the authority to set the date a disability has ceased, if necessary.

## **VI. Disability Retirement**

### **1. Claimant's Responsibilities**

It is the claimant's responsibility to prove the existence of a disabling condition and whether that condition was incurred in the line of duty or not. In order to receive or continue receipt of a disability retirement allowance, the claimant is required to prove that he/she is unable to perform the duties of his/her position or rank with average efficiency.

### **2. Examination**

Applicants for disability retirement will be examined by a Board appointed physician during disability leave in order to determine potential eligibility for disability retirement.

### **3. Findings of Disability**

The Board reviews all relevant information pertaining to a claimant's fitness for duty. If in the opinion of a majority of Board members present, the evidence supports the proposition that the member is unfit for duty, the claimant will be granted disability leave and separation from active service.

The Board may require appearance of the claimant, his/her supervisors or other superiors, and such medical experts as the Board may deem appropriate. When obtaining medical services or evaluations in connection with any condition cited in application for disability leave, it is the claimant's responsibility to advise each and every examining physician that evaluation is being conducted for the Board. Any attending physician may be called to testify before the Board, and the "physician-patient" privilege may not be invoked to excuse attendance or testimony.

#### **4. Granting Disability Retirement**

If the evidence shows to the satisfaction of the Board that the member is physically or mentally disabled from further performance of duty and that disability has been continuous for a period of six months from the beginning date of disability leave, the Board enters a written decision and order, accompanied by appropriate "Findings of Fact and Conclusions of Law." [RCW 41.26.120]

If disability retirement is granted, the written Decision and Order with supporting documentation is forwarded to the State Retirement Board for review.

#### **5. Periodic Re-Examinations**

In the event a member is placed on retirement, the Board determines whether the member is irretrievably and permanently disabled with no possibility of rehabilitation restoring the member to fitness for duty.

If the Board does not find irretrievable and permanent disability, it will order periodic re-examination of the member to determine whether the disabling condition has waned and the member could return to active service with reasonable expectation of average efficiency in service.

In the event the retired member resides outside the greater Redmond area, the member may be authorized to have re-examinations conducted by a physician in his/her immediate area, provided however, selection of the examining physician has first been approved by the Board's medical advisor and the examining physician has been informed of the nature of the examination and the issues to be addressed in an evaluation report to the Board.

If the evaluation discloses fitness to perform duties of the rank held by the member at the time of disability retirement, the member is required to appear before the Board for hearing and further consideration of the matter. The retirement allowance of any member who fails to submit to medical examination as required will be discontinued, and in the event such refusal continues for one year, his/her retirement allowance may be canceled. Failure of the member to comply with a request for re-examination will be deemed a continued refusal.

## **6. Retiree Address Verification**

Retirees are required to complete and return to the Board an address verification form which is sent to each retiree at the retiree's last-known address on an annual basis. Retirees should notify the Board promptly in case of relocation.

**City of Redmond**  
**LEOFF I Disability Leave/Retirement**  
**Attending Provider Statement**

Patient Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

When did the injury/illness begin? \_\_\_\_\_

When did you first examine the patient for the above injury/illness? \_\_\_\_\_

Are you prescribing any medication or treatment for this condition? Yes \_\_\_ No \_\_\_

If yes, please describe: \_\_\_\_\_

Is the patient following your instructions in caring for himself? Yes \_\_\_ No \_\_\_

If no, please describe: \_\_\_\_\_

In your opinion, what is the prognosis? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Will this condition last longer than six months? Yes \_\_\_ No \_\_\_

If no, when is a return to work possible? \_\_\_\_\_

In your opinion, is \_\_\_\_\_ able to perform the duties of \_\_\_\_\_  
with average efficiency (*job description attached*)? Yes \_\_\_ No \_\_\_

Provider Signature \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone Number \_\_\_\_\_

**Please return this form to:** **City of Redmond**  
**Human Resources Department, 3NHR**  
**P.O. Box 97010**  
**Redmond, WA 98073-9710**

## **VII. LEOFF Board Member Job Description**

### **1. General Functions**

Reviews and makes decisions on the approval of medical claims and requests for disability leave and retirement. Determines medical and health coverage for the membership of the LEOFF I retirement system under RCW 41.56.

### **2. Scope of Responsibility**

Participates as an active member of a decision-making Board. May serve as Chairperson or in his/her absence, Acting Chairperson. Is accountable for the efficient and effective administration of RCW 41.56, LEOFF Act as granted by Title 415 WAC. Works in conformance with established Board policies and procedures. Operates with considerable latitude in evaluating comprehensive medical reports for the purpose of independent decision making. Functions as a member of the LEOFF I Board in deciding payment or non-payment of claims. The term of office is for a two-year period.

### **3. Election of Chair**

A chairperson is elected each year by a majority vote of the Board. The Chair shall be the presiding officer of all meetings of the Board. In his/her absence or inability to act, another Board member shall be appointed as Acting Chair by the Board.

### **4. Examples of Job Duties**

- A. This is an administrative decision-making position with considerable authority governing benefits to LEOFF I members as described under RCW 41.56.
- B. Evaluates and makes decisions on comprehensive medical claims and legal documents presented by members or staff. Evaluates the information presented to support a legal basis for payment or non-payment of claims.
- C. Evaluates and designs new policies and procedures or modifies existing policies and procedures for approval by the LEOFF I Board.

- D. May attend training seminars to gain knowledge, exchange information, and acquire precedents regarding the application of benefit and retirement laws.
- E. Receives no direct supervision other than recommendations by legal counsel.

## **5. Citizen-at-Large Selection**

Reviews and analyzes Citizen-at-Large board member applicant qualifications and participates in selection process.

## **6. Desired Knowledge and Abilities**

- A. Working knowledge of current RCW, WAC, and Attorney General opinions governing LEOFF I benefits and responsibilities of the Board.
- B. Knowledge of the current job descriptions of LEOFF I members.
- C. Working knowledge of medical terminology and treatments relating to conditions and injuries commonly experienced by LEOFF I members.
- D. Ability to orally express ideas clearly and concisely.
- E. Ability to maintain an effective working relationship with the public, staff members and the LEOFF I membership.

## **VIII. Disability Board Membership and Election Procedures**

### **1. Membership**

Members include two (2) City Council Members to be selected by the Mayor; one Representative of Law Enforcement Officers and one Representative of Fire Fighters (both elected by fellow department members and retirees); and one Citizen from the public at large residing within the city to be appointed by the four other members appointed and elected. Each will serve a two-year term. Alternate Police and Fire Representatives will be elected during the same LEOFF election process to serve on the Board during the absence of the regular representatives.

Substitute Senate Bill No. 6212 - effective June 9, 1988, allows an active or retired LEOFF I Police Officer or Fire Fighter to serve on the City of Redmond Disability Board for a two-year term.

According to Attorney General's Opinion AGO 1981 No. 12, LEOFF II employees may also serve on the LEOFF I Disability Board. This does not mean that LEOFF II members are covered under LEOFF I guidelines regarding disability leave or retirement.

### **2. Election Procedures, Police and Fire**

- A. Disability Board staff will send out a request for nominations for the vacant Police or Fire Representative position. The election process will be conducted by mail. The nominee who comes in second place will become the alternate representative.
- B. Once a roster of nominees has been established (self-nominations are accepted), a ballot will be distributed to all Active and Retired LEOFF I members to vote. Members will vote for nominees within their own department.
- C. Candidates will be able to send a representative to witness the ballot count or they may appear in person in the Human Resources Department.
- D. The results of the election will be announced to the Police or Fire employees.

Amended 04/02/08