

Public Safety Memorial Fund Board Minutes July 26, 2012

The Public Safety Memorial Fund Board held a meeting on Thursday, July 26, 2012 at the Oregon Public Safety Academy in Salem, Oregon. Chair Evans called the meeting to order at 10:00 a.m.

Attendees

Board Members:

Richard Evans, Chair

Colette Peters

Jeff Jones

Richard Brown

Lisa Settell

DPSST Staff:

Eriks Gabliks, Director

Marilyn Lorance, Standards and Certification Program Supervisor

Linsay Hale, Compliance Coordinator



1. Minutes from April 26, 2012 Meeting

Approve meeting minutes from April 26, 2012.

Jeff Jones moved to approve the minutes from the April 26, 2012 Public Safety Memorial Fund Board meeting. Richard Brown seconded the motion. The motion carried unanimously.

2. OAR 259-070-0020 – Proposed Rule Update

See Appendix A

Chair Evans asked if everyone had reviewed the information provided by staff. All had. Linsay Hale reviewed the proposed update for the Board.

Action Items:

1 & 2. Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a proposed rule and as a permanent rule if no comments are received.

Jeff Jones moved to approve filing the proposed language as proposed rule with the Secretary of State, and permanent rule if no comments are received. Collette Peters seconded the motion. The motion carried with a unanimous vote.

4. Determine whether there is a significant fiscal impact on small businesses.

Consensus was reached that the proposed rule change does not have a significant impact on small business.

4. Next meeting – October 25, 2012

With no further business to discuss, the meeting was adjourned at 10:20 a.m.

Appendix A

Department of Public Safety Standards and Training Memo

Date: July 26, 2012
To: Public Safety Memorial Fund Board
From: Linsay Hale
Rules & Compliance Coordinator
Subject: OAR 259-070-0020 – Proposed Rule
PSMF – Discretionary Benefits

Issue: ORS 243.956(5) allows for the Board to award comparable health and dental insurance reimbursement “if alternate coverage is not provided.” The statute does not clarify the meaning of “alternate coverage”. Legal research indicates that this clause was added to the statute in 2001 and was intended to avoid “double-dipping” situations in which health and dental benefits were being paid to everyone, whether they needed them or not.

At its April 26, 2012 meeting, the Board directed staff to develop language clarifying the meaning of “alternate coverage” and developing a process which allows for Board discretion in situations where an eligible family member has alternate health and dental coverage available, but loses it or chooses to decline it.

The following revised language for OAR 259-070-0020 contains recommended additions (**bold and underlined**) and deletions (~~strikethrough text~~).

259-070-0020

Discretionary Benefits

(1) The Board will consider financial need, available funds in the Public Safety Memorial Fund and the anticipated demands on the fund in determining payment amounts of discretionary benefits.

(2) Health and Dental Insurance Reimbursement. The Board may award health and dental reimbursement for coverage comparable to that provided by the public safety officer to eligible family members or designees if alternate coverage is not provided.

(a) For the purposes of this rule, “alternate coverage” refers to the health and dental coverage that is available to the applicant and beneficiaries at the time of application.

(A) An application for health and dental insurance reimbursement made by an eligible family member who has declined or lost alternate coverage will be reviewed by the Board to determine eligibility for reimbursement.

(B) The Board will take into consideration the totality of the circumstances surrounding the application, including but not limited to, the reasons for the loss of alternate coverage.

(a **b**) Spouses or designees are eligible for five years after the date of the final order confirming eligibility or until re-marriage, whichever occurs first.

(e **c**) An eligible child between the ages of 18 and 23 years is eligible for reimbursement only if enrolled as a full-time undergraduate student during the entire period of the requested reimbursement.

ATTACHMENT A – Revised Application for Benefits (Form M-1)

ACTION ITEM 1: Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a proposed rule.

ACTION ITEM 2: Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a permanent rule if no comments are received.

ACTION ITEM 3: Determine whether there is a significant fiscal impact on small businesses.

Application for Benefits

M-1

This is a **NEW** application.

This is a **SUPPLEMENTAL** application

1. About the Public Safety Officer:

Public Safety Officer's Name: _____

DPSST #: _____ Social Security Number: _____

Last Employing Agency: _____

Officer's Death - List Date: _____

Officer's Permanent Total Disability - List Date: _____

Public Safety Officer's Children/dependents - Total #: _____ (Must include all children/dependents - use page 2 of this form if more space is needed):

Name: _____ Date of Birth: _____ Social Security No: _____

Name: _____ Date of Birth: _____ Social Security No: _____

Name: _____ Date of Birth: _____ Social Security No: _____

2. About the Applicant:

Applicant's Name: _____ Social Security #: _____ Date of Birth: _____

Address: _____ Phone: _____

Relationship to Public Safety Officer: _____ Date of Marriage to Officer _____
(if applicable)

3. Benefits Requested:

I request the Board make a determination for my eligibility for the following award(s):

Death Benefit. Mortgage Payments - list monthly mortgage amount: _____

Health/Dental Benefit

Is alternate coverage available (through employer, etc.)? If yes, please provide explanation for reimbursement request on page 2.

If initial request for health/dental benefit, list available coverage in effect at the time of the public safety officer's death/disability & who was covered by the insurance - use back of form if more space is needed:

Educational Scholarship - list school and amount requested: _____

Has application been made for compensation, annuity, or other benefits as a result of this death/disability under any compensation law, police death or survivor's benefit fund, or other such fund? Yes No. If yes, list sources, addresses of organization(s), and amounts of all awards you expect to receive and/or have applied for on page 2.

NOTE: See "Application Instructions" and the "Public Safety Memorial Fund Flow Chart" for additional information required to accompany this form.

