

CITY OF SPOKANE FIREFIGHTERS' PENSION BOARD RULES

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RULE 1 - GENERAL

SECTION 1. PURPOSE.

The purpose of these rules is to establish uniform methods of procedure for the conduct of the business of the City of Spokane Firefighters' Pension Board (hereinafter the "Board"). The Board was established pursuant to the authority of RCW 41.16.020, and its powers, duties and responsibilities are as established by state law. In the event of any conflict of these rules with state law, the latter shall govern.

(Adopted December 7, 2006)

SECTION 2. SCOPE.

These rules shall apply to benefits paid by the City for firefighters (hereinafter "Members"):

1. that left service prior to March 1, 1970 receiving benefits under Chapter 41.16 RCW;
2. in service on March 1, 1970 who are entitled to receive the greater of the benefits provided under the prior pension law or the LEOFF I Act (Chapters 41.18 and 41.26 RCW); and
3. hired after March 1, 1970 and before October 1, 1977 receiving benefits only under the LEOFF I Act (Chapter 41.26 RCW) unless specifically provided herein.

(Adopted December 7, 2006; Amended September 3, 2015)

SECTION 3. EFFECT OF RULES.

All Members shall be subject to these rules. In the event any rule as applied to a particular Member is contrary to state law, the state law shall govern, but the Member shall not be relieved of the responsibility to comply with all other rules. A Member's failure to follow these rules may result in a loss of benefits otherwise due the Member. In the event that these rules do not cover a circumstance coming before the Board, the provisions of Chapters 41.16, 41.18 and 41.26 RCW and Chapter 415-105 WAC will be utilized.

(Adopted December 7, 2006; Amended September 3, 2015)

SECTION 4. NEW RULES / RULES AMENDMENT.

New rules may be adopted and current rules may be amended or repealed in whole or part by a majority vote of the Board. To the extent possible, the proposed new rule or the rule to be amended or repealed shall be presented in writing to the Board for review and comment with final action being taken at the next regular meeting of the Board. The rules in effect on the date of provision of medical services or application for disability leave or retirement shall be the rules that govern the Board's action. New or revised rules shall be sent to Members when changes occur. The Board reserves the right to review each case on its own merits and to decide a particular case contrary to these rules when the circumstances warrant it.

(Adopted December 7, 2006; Amended September 3, 2015)

SECTION 5. MEETINGS.

- A. Regular Meeting. The regular meeting of the Firefighters' Pension Board shall be held on the first working Thursday of each month in City Hall at 8:30 a.m. The location of each meeting will be available on the City's website.
- B. Special Meeting. Special meetings of the Board shall be held upon the call of the Chair or upon the request of any two (2) Board Members made to the Secretary of the Board. Notice of the Special Meeting shall be given in accordance with Chapter 42.30 RCW.
- C. Open Meeting. All meetings shall be open to the public except when the Board is in executive session.
- D. Executive Session. 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 or as otherwise provided by Chapter 42.30 RCW.
- E. Meeting Cancellation. At least seven (7) days prior to the meeting date, if the Chair determines that there is a lack of business or quorum, the Chair shall cancel that month's regular meeting unless two (2) Board Members object. In any event, the Board will meet in regular session at least once quarterly in accordance with RCW 41.16.030. The Retirement Department shall give notice to all Board Members that the meeting has been cancelled.

- F. Conference Calling. Board Members may attend a regular or special meeting by conference call if their attendance is necessary to provide a quorum when a decision cannot be delayed and the Board Member can review all evidence prior to a decision.

(Adopted December 7, 2006; Amended November 6, 2008; Amended September 3, 2015; Amended December 7, 2017; Amended May 3, 2018)

SECTION 6. COMPOSITION OF THE BOARD.

- A. The Board shall consist of five (5) members as follows:
1. the Mayor or his / her designated representative who shall be an elected official of the City, who shall be the Chair of the Board;
 2. the City Clerk
 3. the Chairperson of finance of the City Council
 4. two (2) regularly employed or retired firefighters. The two (2) firefighters shall select a third eligible Member who shall serve as an alternative in the event of an absence of one (1) of the regularly elected Board Members.
- B. The Secretary of the Board shall be the City Clerk or his / her designee as approved by the Board.
- C. At the first regular meeting of each calendar year, the Board shall elect a Chair Pro Tem for that year.

(Adopted December 7, 2006; Amended September 3, 2015; Amended December 7, 2017)

SECTION 7. QUORUM / VOTING.

Three (3) Board Members shall constitute a quorum provided that there shall be present at least one (1) firefighter Member. The affirmative vote of three (3) Board Members shall be required to transact any business. The Chair shall be entitled to vote on all matters.

(Adopted December 7, 2006; Amended April 5, 2007; Amended December 7, 2017)

SECTION 8. ELECTIONS.

The firefighter members of the Board shall be nominated and elected in accordance with RCW 41.16.020 and 41.26.110. The election shall be by secret ballot of all active and retired firefighters, subject to the jurisdiction of the Board, and shall be held during the month of December of each year. The name of the elected firefighter member(s) shall be noted in the

minutes of the next regular meeting of the Board subsequent to the election along with the term for which elected.

(Adopted December 7, 2006)

SECTION 9. AGENDA AND ORDER OF BUSINESS.

- A. The agenda for all meetings shall be prepared by the Retirement Department.
- B. The agenda for each regular meeting shall be distributed by the Retirement Department on the Friday preceding the regularly scheduled meeting.
- C. Items may be placed on a regular meeting agenda by any Board Member or the Retirement Department. The wording for the agenda and any supporting documentation should be furnished by the person submitting the item to the Retirement Department at least eight (8) days before the regular meeting, usually by the last Wednesday of the month preceding the regular meeting. Any agenda items requiring action by the Board, other than routine items (e.g., approval of minutes, pension roll, medical bills, Investment Activity Report and LEOFF Time-Off Disability Report) shall be accompanied by a written statement of the action requested of the Board (e.g., approval, confirmation, acceptance) and the reason(s) therefor.
- D. Items shall be acted upon in the order in which they appear on the agenda, provided items may be taken out of order, combined or separated by majority vote of the Board or by declaration of the Chair.
- E. "Robert's Rules of Order" shall guide the Board where the proceedings are not otherwise governed by these rules or State law.
- F. The agenda may be temporarily suspended for a particular matter by four (4) votes.
- G. Items requiring Board approval before the next regularly scheduled meeting may be approved at a Special Meeting.

(Adopted December 7, 2006; Amended November 6, 2008; Amended September 3, 2015; Amended December 7, 2017)

SECTION 10. MINUTES.

The Retirement Department shall prepare the official minutes of the Firefighters' Pension Board containing the actions of the Board and a substantive account of the proceedings. The minutes shall be signed by the Retirement Department and Secretary and placed on

record. Copies shall be distributed to all Members of the Board and other persons requesting a copy.

(Adopted December 7, 2006; Amended April 5, 2007; Amended November 6, 2008; Amended September 3, 2015)

SECTION 11. ABSENCE.

Each Board Member is expected to notify the Chair or the Retirement Department prior to a scheduled meeting if the Board Member will not be able to attend the meeting.

(Adopted December 7, 2006; Amended November 6, 2008; Amended September 3, 2015; Amended December 7, 2017)

SECTION 12. GUIDELINES FOR DISCUSSION.

- A. The Board is a public body and its deliberations are open to the public. Nonetheless, the Members of the Board must exercise the greatest of discretion in their public debate because of the fine line which exists between the right of privacy of individual firefighters, and the public's right to know.
- B. While referencing a specific Member may be inescapable because the Board may need to discuss the necessity of a particular case, each Board Member when questioning the propriety of a specific issue shall refer only to the situation and not the Member by name except in executive session.
- C. Criticism of any specific provider of medical or other services to LEOFF Members should be reduced to writing and forwarded to the Board prior to a meeting at which discussion will take place. The Board shall investigate the criticism and report in writing its findings. Unless action is requested, no action shall be taken.

(Adopted December 7, 2006; Amended December 7, 2017)

SECTION 13. DELEGATION OF AUTHORITY.

The Board delegates to such persons as designated by the Board the authority to initiate activities, including the gathering, collating and presenting of facts regarding matters within the scope of the Board's authority. These include, but are not limited to, areas of disability leave, pensions, medical expenses and activities collateral to them.

(Adopted December 7, 2006)

SECTION 14. BOARD PHYSICIAN.

- A. A duly licensed physician or firm of physicians shall be appointed by the Board for purposes of disability retirements. No disability retirement shall be approved by the Board without prior examination of the claimant by the Board physician or a specialist selected by the Board physician.
- B. Other physicians may be appointed to render such other medical services as may be requested by the Board. The physician(s) may be appointed on a one-time or continuing basis. The term "physician" includes psychiatrists, psychologists, chiropractors and other appropriate medical specialists.

(Adopted April 5, 2007; Amended September 3, 2015)

RULE 2 – NECESSARY MEDICAL SERVICES

SECTION 1. PURPOSE.

The purpose of this rule is to establish uniform methods for the administration of necessary medical service benefits which are as uniform as practicable, given the need for the consideration of each case on its own merits.

(no date) (Amended November 6, 2008)

SECTION 2. MEDICAL COVERAGE ELIGIBILITY.

- A. Members covered only by Chapter 41.16 RCW (1947 Act) – medical coverage for service connected illness or injury is at the discretion of the Board. The proof of service connection needs to be conclusive and requires the written concurrence of the Board physician that job causation was probable.
- B. Members covered only by Chapter 41.18 RCW (1955 Act) – Members are covered for medical expenses attributable to service connected medical conditions, or service connected medical conditions that surface after retirement. The proof of service connection needs to be conclusive and requires the written concurrence of the Board physician that job causation was probable. In addition, the Board reimburses Medicare Part B payments made by the Members.
- C. Members in service on March 1, 1970 are entitled to receive the greater of the benefits provided under the prior pension law or the LEOFF I Act (Chapters 41.18 and 41.26 RCW). In addition, the Board reimburses Medicare Part B payments made by the Members.
- D. Members hired after March 1, 1970 but before October 1, 1977 shall receive the necessary medical services set forth in RCW 41.26.150 and RCW 41.26.030. In addition, the Board reimburses Medicare Part B payments made by the Members. These services are the minimum services legally required to be furnished or authorized by the Board. Medical services not listed may, in the discretion of the Board, be considered for authorization on a case-by-case basis.

(Adopted November 6, 2008; Amended September 3, 2015)

SECTION 3. SUMMARY PLAN DESCRIPTION.

- A. All active LEOFF I Members and those Members retired under LEOFF I shall receive medical insurance coverage provided by the current third party administrator as outlined in the Summary Plan Description. Eligible Members should obtain necessary medical services from any contracted provider. Members are encouraged to receive prior approval for not-covered expenses or non-contract providers, otherwise the Members shall be responsible for the cost of the expense if the claim is denied by the Board. Bills or invoices for necessary medical services shall be forwarded to the third party administrator by the treating physician or facility providing the service within twenty-four (24) months from the date of service.
- B. Claims for necessary medical services not covered by the Summary Plan Description or from non-contract providers shall be submitted to the Spokane Firefighters' Pension Board, City Hall, Suite 400, 808 West Spokane Falls Boulevard, Spokane WA 99201-3324, along with the invoice and explanation of benefits paid within twenty-four (24) months from the date of service. Claims submitted beyond the time limit may be approved by the Board if late submission was due to circumstances not within the control of the Member.

(Adopted December 4, 2008; Amended February 24, 2016)

SECTION 4. VISION.

Vision benefits and Lasik surgery shall be provided according to the current third party administrator as outlined in the Summary Plan Description. New lenses are allowed within six (6) months after Lasik eye surgery without consideration of the benefit period specified in the Summary Plan Description.

(Adopted November 6, 2008; Amended September 3, 2015)

SECTION 5. HEARING AIDS.

- A. Purchase.
 - 1. Digital aids shall be provided according to the current third party administrator as outlined in the Summary Plan Description.
 - 2. Necessary cleanings and repair of hearing aids will be paid in full.

3. Members purchasing hearing aids from firms not covered by the third party administrator shall submit their request for reimbursement to the Benefits Administrator.

B. Replacement.

Regular replacement of hearing aids will be made only after five (5) years. A request for early replacement should indicate what is wrong with the current aids, and why replacement is medically necessary. Early replacement will begin a new five (5) year replacement cycle.

C. Batteries.

Reimbursement of hearing aid batteries is covered.

D. Failure to comply with this section may result in denial of payment of all or part of the costs of purchase or repair of the hearing aid or device.

(Adopted November 6, 2008; Amended September 3, 2015; Amended February 24, 2016; Amended December 7, 2017)

SECTION 6. MEDICAL EQUIPMENT.

Claims for medical equipment prescribed by a physician that are denied by the third party administrator may be considered for payment through the Benefits Administrator for all routine equipment (i.e. canes, walkers, blood pressure monitors). All routine equipment shall be approved by the Benefits Administrator. Members shall submit their requests for reimbursement to the Benefits Administrator for approval by the Board for all non-routine items. Members shall be responsible for the cost of the equipment if the claim is denied by the Board.

(Adopted November 6, 2008; Amended September 3, 2015; Amended December 7, 2017)

SECTION 7. NURSING FACILITY / HOME HEALTH CARE.

A. Level of Care.

In home or assisted living is considered to be preferable to nursing home care when appropriate. The treating physician will normally suggest the level of care required by the Member's condition. [The Benefits Administrator is authorized to approve care at the level recommended by the Member's treating physician. All Members receiving a new level of care will be reported to the Board during the next regular meeting. The Board reserves the right to determine the level of care that will be funded

B. Excluded Services.

Services not payable are those of a custodial or housekeeping nature such as house cleaning, laundry services, recreational companionship, other homemaker tasks or personal goods and services such as haircuts, entertainment, items such as clothing, reading material and other goods.

C. Medical Necessity.

Requests for care shall be submitted by the Member's treating physician to the Benefits Administrator. The request shall include a detailed report of diagnosis, medical history, prognosis for recovery, and treatment/care services that are medically necessary.

D. Home Health Care.

1. Home health care shall be per the current third party administrator as outlined in the Summary Plan Description.
2. Services of an informal caregiver, who ordinarily resides in the Member's home or is a Member of the family of either the Member or the Member's spouse, and who provides unpaid assistance to a spouse, relative or other claimant, is not eligible for approval of reimbursement.
3. Payment of provided care shall not exceed 150% of the Genworth Cost of Care Survey in the area in which the Member resides for assisted living care.

E. Assisted Living Care.

1. Requests for assisted living care shall be submitted by the Member's treating physician to the Benefits Administrator. The request shall include a detailed report of diagnosis, medical history, prognosis for recovery, and treatment care services that are medically necessary.
2. Reimbursement shall be for a studio, if available. Additional costs for room upgrades are the responsibility of the Member.
3. Payment of services shall be equal to 150% of the Genworth Cost of Care Survey in the state or city where the pensioner resides.

F. Nursing Home Care.

1. Members shall obtain pre-approval for nursing home care unless an emergency, in which case the Benefits Administrator shall be notified within seventy two (72) hours. Requests for assisted living care shall be submitted by the Member's treating physician to the Benefits Administrator. The request shall

include a detailed report of diagnosis, medical history, prognosis for recovery, and treatment/ care services that are medically necessary.

2. Payment of services shall be equal to 150% of the Genworth Cost of Care Survey in the state, or city where the pensioner resides, and any initial deposits or fees required.

Appendix A must be returned with the appropriate documentation in order to be considered for payment.

G. Hospice Care.

Hospice care at a Hospice Facility shall be handled in the same manner as Assisted Living or Nursing Home care. All other hospice care shall be handled by the current third party administrator as outlined in the Summary Plan Description.

(Adopted November 6, 2008; Amended September 3, 2015; Amended February 24, 2016; Amended December 7, 2017)

SECTION 8. TRAVEL FOR MEDICAL TREATMENT.

- A. Except in the case of an emergency, travel reimbursement for medical treatment shall be pre-approved by the Board.
- B. The Board will reimburse travel costs for local treatments when approved in advance.
- C. The Board will reimburse travel costs for out of area medical referrals when a medical problem cannot be diagnosed or corrected by the Board physician or local treating physician. When a medical problem can be corrected locally, those Members wishing to be treated by an out of area physician shall pay their own travel costs to and from the physician or treatment facility.
- D. Travel expense is for the Member only, unless the Member's medical condition requires otherwise, and with the approval of the Board.
- E. Travel reimbursement will be based upon the rates in the current City of Spokane travel policy and procedures.

(Adopted November 6, 2008; Amended December 4, 2008; Amended February 24, 2016)

SECTION 9. CLAIMS.

- A. All claims for necessary medical services to be considered by the Board at its regular monthly meeting must be submitted to the Benefits Administrator no later than the 20th day of the month preceding the meeting.
- B. Claims should be addressed to the Spokane Firefighters' Pension Board, Suite 400, City Hall, 808 West Spokane Falls Boulevard., Spokane Washington 99201-3324. The claims must be accompanied by invoices or bills containing a brief description of the medical service rendered, the date of service and the name of the individual for whom the service was provided. The invoices or bills when accompanying claims for reimbursement must also reflect that they have previously been paid.
- C. In the case of claims or claims where it is unknown if the necessary medical services are payable from some other source, the claimant shall submit a sworn acknowledgment relating to the fact that the medical invoices or bills have not been paid nor are payable from some other source as provided in RCW 41.26.150 (2). Claims for necessary medical services payable under Chapter 41.26 RCW shall be reduced by any amount received or eligible to be received by the claimant from such other sources.

(Adopted November 6, 2008; Amended September 3, 2015)

SECTION 10. PAYMENT OF CLAIMS.

The Board designates the Benefits Administrator to handle all routine claims submitted for reimbursement. All non-routine claims must go before the Board for approval.

(Adopted November 6, 2008; Amended September 3, 2015)

SECTION 11. RELEASE AND SUBROGATION.

Upon making payment for necessary medical services due to injuries, the City of Spokane is subrogated to the rights of Members against any third party who may be held liable. Insurance or general releases shall not be signed by Members when there is possible third party liability until approval has been granted by the Board. Any sums collected by or on behalf of the Member or the Member's personal representative by legal action, settlement, or in any manner, to reimburse the City for payments made for provided benefits, shall be payable to the City. When it is anticipated that collection costs and legal expenses will be incurred in recovering sums which may benefit both the Member and the City, whether to be

incurred in an action for damages or otherwise, the Member shall immediately contact the Benefits Administrator in order to determine if the Member's counsel shall represent the Board, and if so, to arrange for an equitable apportionment of the collection costs and legal expenses.

(Adopted November 6, 2008; Amended September 3, 2015; Amended December 7, 2017)

SECTION 12. DENTAL SUMMARY PLAN DESCRIPTION.

- A. All active LEOFF I members and those members retired under LEOFF I shall receive dental insurance coverage as outlined in the Dental Summary Plan Description. Eligible members should obtain necessary dental services from any contracted provider. Bills or invoices for necessary dental services shall be forwarded to the dental third party administrator by the treating dentist or facility providing the service within twenty-four (24) months from the date of service.
- B. Claims for necessary dental services not covered by the Dental Summary Plan Description shall be submitted to the Spokane Firefighters' Pension Board, City Hall, Suite 400, 808 West Spokane Falls Boulevard, Spokane WA 99201-3324, along with the invoice and explanation of benefits paid within twenty-four (24) months from the date of service. Claims submitted beyond the time limit may be approved by the Board if late submission was due to circumstances not within the control of the member.

(Adopted January 7, 2010; Amended September 3, 2015; Amended December 7, 2017)

RULE 3 – RETIREMENT

SECTION 1. RETIREMENT FOR SERVICE.

Retirement of a firefighter for service shall be as provided by Chapter 41.26 RCW, or such prior Act to which the firefighter was making retirement contributions on March 1, 1970, as he or she shall elect.

(Adopted May 3, 2007; Amended September 3, 2015)

SECTION 2. RETIREMENT FOR DISABILITY.

Retirement of a firefighter for disability shall be as provided by Chapter 41.26 RCW, or such prior Act to which the firefighter was making retirement contributions on March 1, 1970, as he or she shall elect.

(Adopted May 3, 2007; Amended September 3, 2015)

SECTION 3. DISABILITY LEAVE.

Disability leave shall be granted by the Board as provided by Chapter 41.26 RCW. An application for disability leave shall be considered “filed” upon completion of the employee’s payroll record properly coded for disability leave. All applications and payments for disability leave shall be confirmed at the next regular Board meeting. In the event any application or payment for disability is disapproved by the Board, retroactive adjustments shall be made to comply with the Board’s decision.

(Adopted May 3, 2007; Amended September 3, 2015)

SECTION 4. DISABILITY LEAVE- EXAMINATION AFTER ONE MONTH.

- A. After a firefighter has been off duty one (1) calendar month and each month thereafter, the firefighter shall submit a letter Board explaining the nature of the condition and the prognosis, along with the name of his or her treating physician.
- B. Any examination by the treating physician(s) or Board designated physician(s) shall be reported to the Board concerning continuing treatment and/or examinations needed for rehabilitation, conditional or unconditional return to work or findings of disability.

(Adopted May 3, 2007)

SECTION 5. JULY COLA.

The Retirement Department shall automatically process the July COLA as provided for in RCW 41.18.104 and report to the Board the amount of the COLA adjustment.

(Adopted September 6, 2018)

SECTION 6. FIRE PENSION ROLL.

A. The Retirement Department or designee shall maintain the Fire Pension Roll and report to the Board for approval the total monthly dollar amounts paid.

B. Monthly pensions of less than ten dollars (\$10.00) might not be processed in the same manner as regular monthly pensions.

(Adopted May 3, 2007; Amended November 6, 2008; Amended September 3, 2015)

RULE 4 – HEARINGS

SECTION 1. GENERAL.

When the Board is conducting a hearing or considering any matters related to a hearing, it is acting in a quasi-judicial capacity; as such it is exempt from the provisions of the Open Public Meetings Act, and the hearing is not open to the public. RCW 42.30.140 (2).

(Adopted May 3, 2007)

SECTION 2. NOTICE.

Notice of a hearing, at which evidence or discussion will take place regarding a Member's condition, will be given to the Member, and to his or her attorney if there is an appearance, and to the Fire Department at least five (5) working days in advance of the hearing.

(Adopted May 3, 2007)

SECTION 3. VOTING. REFER TO RULE 1, SECTION 7

(Adopted May 3, 2007)

SECTION 4. EVIDENCE.

- A. Written evidence will be presented at least eight (8) working days in advance of the hearing unless this requirement is waived by the Board. Evidence may be presented by the Member or Board's attorney. The Member may examine any person whose written statement is provided to the Board on a matter pending after notice to the Board's attorney. The Member may present such additional written evidence of the person or additional person(s) as rebutted. Any written evidence solicited or presented by a Member shall be done so at his or her own expense. The Board may request an oral or written opinion from the Board-appointed physician or other physician directed by the Board for consideration. The Member shall have an opportunity to cross-examine the Board physician. Additional oral evidence by the Member or Department may be heard at the hearing.
- B. All written evidence shall be addressed to the Board, dated, and signed. The signature shall be a representation to the Board that the evidence given is true and accurate, and is based on first-hand information known to the person or is formulated

from expert opinion which the person is competent to consider and rely upon in the course of his or her business. The signature shall also be a representation that the statement is not made to delay or defraud the Board Members or the Spokane Firefighters' Pension Fund. The Fire Department is encouraged to provide written evidence which is pertinent to any matter pending before the Board. The Fire Department shall present such evidence at least eight (8) working days before any scheduled hearing.

(Adopted May 3, 2007; Amended November 6, 2008)

SECTION 5. SUBPOENAS.

The Chair may on its own motion, or at the request of a party, issue Subpoenas or Subpoenas Duces Tecum. Any fees or expenses of any kind for the appearance of a witness called by a party shall be assumed by the party requesting the issuance of the Subpoena.

(Adopted May 3, 2007; Amended September 3, 2015)

SECTION 6. OFFICIAL RECORD.

The Board shall keep a recording of any hearing regarding a Member. This shall constitute the official record of the hearing. The testimony shall be recorded manually or by mechanical device. All other evidence, including, but not limited to, pleadings, documents, exhibits and other records and documents offered and made a part of the record by the Board shall also constitute the official record. Documentary evidence may be received in the form of copies or excerpts, or by incorporation by reference. No factual information or evidence, other than the official record, shall be considered by the Board in the determination of the case.

(Adopted May 3, 2007)

SECTION 7. HEARINGS INFORMAL.

All hearings shall be informal, and the Board may admit and give probative effect to evidence which, in its sole discretion is relevant and pertinent to the matter pending. The Board shall give effect to the rules of privilege recognized by law, and it may exclude incompetent, irrelevant, immaterial, and unduly repetitious evidence.

(Adopted May 3, 2007)

SECTION 8. STANDING.

Generally, only the Member and/or his or her attorney and the Fire Department have standing to participate as a party to the hearing. Any other person who requests party status must do so by written motion, which motion shall contain the facts and argument in support thereof.

(Adopted May 3, 2007; Amended November 6, 2008)

SECTION 9. JUDICIAL NOTICE.

The Board may take notice of judicially cognizable facts, and, in addition, may take notice of general, technical, or scientific facts within its specialized knowledge. Parties shall be notified of the material so noticed and shall be afforded an opportunity to contest the facts so noticed.

(Adopted May 3, 2007)

SECTION 10. DECISIONS.

Decisions of the Board on hearings shall be final and binding, unless otherwise provided by the pension legislation, pursuant to which the hearing is being conducted. Board Members who are to participate in the making of a decision, but who were not present at the reception of evidence, shall review, consider, and familiarize themselves with the record of the hearing. Decisions and orders arising from hearings shall be in writing and shall be accompanied by Findings of Fact and Conclusions of Law, which shall also be in writing.

(Adopted May 3, 2007)

SECTION 11. APPEAL PROCEDURE.

- A. Any Member aggrieved by an order of the Board, which is within the jurisdiction of the Department of Retirement Systems shall comply with the provisions of RCW 41.26.200 in perfecting an appeal to the Director of the Department of Retirement Systems.
- B. In the event the final determination of the Board is not within the jurisdiction of the Director of the Department of Retirement Systems, then the interested Member is hereby required to file his/her motion for review with the Spokane County Superior Court within the appropriate time frame.
- C. In accordance with RCW 41.26.125 (3), the Director of the Department of Retirement Systems does not review a Board finding that a disability retirement was not incurred in the line of duty.

D. Any Member aggrieved by an order of the Board may file a “request for reconsideration” within twenty one (21) days of notification of the Board order. The request must be supported by newly discovered evidence.

(Adopted May 3, 2007) (Amended November 6, 2008)

Appendix A

**YEARLY VERIFICATION OF CATEGORY OF CARE
FOR REIMBURSEMENT PURPOSES**

**CITY OF SPOKANE – LEOFF I PENSION SYSTEM
FOR 20XX**

To:

RE:

Please categorize the type of care that the above-named pensioner is receiving at your facility:

_____ Independent – Pensioner does not receive any nursing assistance from this facility.

_____ Assisted Living – Pensioner is receiving assisted living services on a daily basis. Please provide a copy of services rendered with the monthly invoice.

_____ Nursing Home – This facility is considered a skilled-nursing home and pensioner receives significant care on a daily basis.

The City of Spokane does not cover residence costs of an Independent Facility, except for the residence costs of a nursing home. Also, the City of Spokane **will not cover** miscellaneous costs such as parking fees, laundry services, haircuts, etc.

I have indicated above the type of service this City of Spokane pensioner is receiving. I also acknowledge that if I have intentionally submitted inaccurate information, the City of Spokane may cancel payments and ask for full reimbursement from this facility.

Signature and Title

Print Name

Date

Please attach latest copy of W-9 / copy of assisted living points.

**Return to: Benefits Administrator, Human Resources, 808 W. Spokane Falls Blvd,
Spokane, WA 99201**