

RESOLUTION NO. 13-2012

Offered by All of Council

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH VFIS OF OHIO GROUP INSURANCE FOR ACCIDENT, DEATH AND DISMEMBERMENT INSURANCE COVERAGE FOR VILLAGE FIREFIGHTERS AND DECLARING AN EMERGENCY.

NOW, THEREFORE, BE IT RESOLVED by the Council of the Village of Richfield, Summit County, and State of Ohio:

SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with VFIS of Ohio Group Insurance for accident, death and dismemberment insurance for Village firefighters effective March 1, 2012 through February 29, 2015, and the same hereby is, accepted in an amount not to exceed \$14,553. A copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. This Resolution is hereby declared to be an emergency measure necessary for the immediate preservation of the public health, safety and welfare and for the further reason that it is immediately necessary in order to be effective March 1, 2012; wherefore, provided this Resolution receives the affirmative vote of two-thirds of the members of Council elected or appointed, it shall take effect immediately upon its passage and execution by the Mayor; otherwise, it shall take effect and be in force from and after the earliest period allowed by law.

PASSED: 2/21/12

Michael Wheeler
President of Council

ATTEST:

Carolyn E. Sullivan
Clerk of Council

Salvatore Castano
Mayor

**TO: Village Council
Mayor Bobbie Beshara
William Hanna**

**CC: Carolyn Sullivan
Joe Stopak
Stephanie Landry**

FROM: Sandy Turk, Finance Director

**RE: Amended 13-2012 Resolution for Accident, Death and Dismemberment
insurance for Firefighters for the February 21, 2012 Council Meeting**

Date: February 17, 2012

ACTION BEING REQUESTED	TYPE OF REQUEST
Approval	Resolution

The Finance Department requests Resolution No. 13-2012 be amended to the copy dated 2/17/2012 11:45 p.m. and the third reading be suspended and said resolution be adopted at the February 21, 2012 Council meeting to enter into an agreement with VFIS of Ohio Group Insurance for accident, death and dismemberment insurance.

This is insurance the Village picked up primarily to have coverage for the part-time fire employees; however it is extended to the full-time employees also. The current coverage with Provident, through Wichert Insurance, expires on February 29. The Village has been prepaying in advance for three years to get approximately an 11% discount per year on the premiums. Provident submitted a renewal quote of \$17,267 for a three year period. The renewal rate is a 1.7% increase but it has been at the same rate since 2006. No claims have been submitted since 2006.

VFIS' quote is \$16,026 for three years, or a \$1,241 savings over the three year period. VFIS also submitted an optional proposal that would bring the premium down to \$14,553 if for the full-timers we add a six month elimination period for disability due to the fact that the union agreement has a salary continuation clause for line of duty injury benefit. Since we have salary continuation for the six months, it makes sense to take advantage of this option. Hence, we are recommending that we go with VFIS for the ADD insurance for Fire employees at a cost of \$14,553 for the three year period. This is a savings of \$2,714, or 15.7% less than the Provident quote. We have to amend the resolution for adoption at Tuesday's meeting, if the insurance committee is in agreement. This will allow the policy to be in place by March 1, 2012.

Let me know if you have any questions.



**An Accident & Sickness Proposal
Prepared For**

VILLAGE OF RICHFIELD
4410 WEST STRETSBORO ROAD
RICHFIELD, OH 44286

Presented By: OSFA/VFIS OF OHIO GROUP INS
PO BOX 279
MAINEVILLE, OH 45039

Prepared By: OSFA/VFIS OF OHIO GROUP INS
PO BOX 279
MAINEVILLE, OH 45039

Preparation Date: 2/16/2012

This Proposal is Valid for 90 Days

Prepared For: VILLAGE OF RICHFIELD

Additional Entity Summary

Included: VILLAGE OF RICHFIELD FIREMEN'S ASSOCIATION

Prepared For: VILLAGE OF RICHFIELD

VOLUNTEER BASIC BENEFITS		Quote Number:	29174	29178	29179
Loss of Life Benefits					
Accidental Death Indemnity	Principal Sum	\$125,000	\$150,000	\$175,000	
Seat Belt		\$31,250	\$37,500	\$43,750	
Illness Loss of Life	Principal Sum	\$125,000	\$150,000	\$175,000	
Dependent Child	Per Dependent Child	\$10,000	\$10,000	\$10,000	
Spousal Support		\$5,000	\$5,000	\$5,000	
Memorial		\$2,000	\$2,000	\$2,000	
Lump Sum Living Benefits					
Accidental Dismemberment	Principal Sum	\$125,000	\$150,000	\$175,000	
Vision Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Injury Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Heart Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Illness Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Cosmetic Disfigurement Resulting from Burns	Principal Sum	\$125,000	\$150,000	\$175,000	
HIV Positive	Principal Sum	\$125,000	\$150,000	\$175,000	
Weekly Income Benefits					
Total Disability (1 st 28 days)	Maximum Amount	\$350	\$400	\$500	
Total Disability (after 28 days)	Maximum Amount	\$350	\$500	\$500	
Total Disability Minimum		\$88	\$100	\$125	
Partial Disability is equal to 50% of Total Disability Limit					
Occupational Retraining	Maximum Amount	\$20,000	\$20,000	\$20,000	
Weekly Injury Permanent Impairment	Maximum Amount	Included	Included	Included	
Medical Expense Benefits					
Benefits Paid: Excess of Worker's Comp					
Medical Expense	Maximum Amount	\$25,000	\$10,000	\$10,000	
Cosmetic Plastic Surgery	Maximum Amount	\$10,000	\$10,000	\$10,000	
Post Traumatic Stress Disorder	Maximum Amount	\$10,000	\$10,000	\$10,000	
Critical Incident Stress Management	Maximum Amount	\$2,500	\$2,500	\$2,500	
Family Expense	Per Day	\$100	\$100	\$100	
Continuation of Health Insurance Premium	Maximum Amount	\$12,000	\$12,000	\$12,000	
Transition		Included	Included	Included	
Felonious Assault		Included	Included	Included	
Home Alteration and Vehicle Modification	Maximum Amount	\$15,000	\$15,000	\$15,000	
Volunteer Basic Premium for 1 Year					
		\$2,976	\$3,571	\$4,020	
Volunteer Basic Premium for 3 Year Annual Installments					
		\$2,768	\$3,321	\$3,738	

Prepared For: VILLAGE OF RICHFIELD

VOLUNTEER OPTIONAL BENEFITS	Quote Number:		
	29174	29178	29179
	(ANNUAL PREMIUM SHOWN)		
Weekly Injury Permanent Impairment COLA.....	Not Incl.	Not Incl.	Not Incl.
Extended Total Disability	Not Incl.	Not Incl.	Not Incl.
Weekly Hospital Indemnity	Not Incl.	Not Incl.	Not Incl.
Additional Disability Weekly	Not Incl.	Not Incl.	Not Incl.
24-Hour AD&D*	Not Incl.	Not Incl.	Not Incl.
Off-Duty Activity AD&D*	Not Incl.	Not Incl.	Not Incl.
Organized Team Sports Rider			
Accidental Death & Dismemberment*	Not Incl.	Not Incl.	Not Incl.
Accident Medical Expense*	Not Incl.	Not Incl.	Not Incl.
Weekly Accident Indemnity*	Not Incl.	Not Incl.	Not Incl.
Policy Amendment Rider	Not Incl.	Not Incl.	Not Incl.

* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.
Please Note: Coverage provided under the optional Off-Duty / 24-Hour AD&D benefit cannot be issued until a roster listing the covered members is submitted.

Total Volunteer Basic and Optional:			
Premium for 1 Year	\$2,976	\$3,571	\$4,020
Premium for 3 Year Annual Installments	\$2,768	\$3,321	\$3,738

Prepared For: VILLAGE OF RICHFIELD

CAREER BASIC BENEFITS		Quote Number:	29174	29178	29179
Loss of Life Benefits					
Accidental Death Indemnity	Principal Sum	\$125,000	\$150,000	\$175,000	
Seat Belt		\$31,250	\$37,500	\$43,750	
Illness Loss of Life	Principal Sum	\$125,000	\$150,000	\$175,000	
Dependent Child	Per Dependent Child	\$10,000	\$10,000	\$10,000	
Spousal Support		\$5,000	\$5,000	\$5,000	
Memorial		\$2,000	\$2,000	\$2,000	
Lump Sum Living Benefits					
Accidental Dismemberment	Principal Sum	\$125,000	\$150,000	\$175,000	
Vision Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Injury Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Heart Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Illness Permanent Impairment	Principal Sum	\$125,000	\$150,000	\$175,000	
Cosmetic Disfigurement Resulting from Burns	Principal Sum	\$125,000	\$150,000	\$175,000	
HIV Positive	Principal Sum	\$125,000	\$150,000	\$175,000	
Weekly Income Benefits					
Total Disability (1 st 28 days)	Maximum Amount	\$350	\$400	\$500	
Total Disability (after 28 days)	Maximum Amount	\$350	\$500	\$500	
Total Disability Minimum		\$88	\$100	\$125	
Partial Disability is equal to 50% of Total Disability Limit					
Occupational Retraining	Maximum Amount	\$20,000	\$20,000	\$20,000	
Medical Expense Benefits					
Benefits Paid: Excess of Worker's Comp					
Medical Expense	Maximum Amount	\$25,000	\$10,000	\$10,000	
Cosmetic Plastic Surgery	Maximum Amount	\$10,000	\$10,000	\$10,000	
Post Traumatic Stress Disorder	Maximum Amount	\$10,000	\$10,000	\$10,000	
Critical Incident Stress Management	Maximum Amount	\$2,500	\$2,500	\$2,500	
Family Expense	Per Day	\$100	\$100	\$100	
Felonious Assault	Included	Included	Included	Included	
Home Alteration and Vehicle Modification	Maximum Amount	\$15,000	\$15,000	\$15,000	
Career Basic Premium for 1 Year					
		\$2,768	\$3,481	\$3,844	
Career Basic Premium for 3 Year Annual Installments					
		\$2,574	\$3,237	\$3,575	

Prepared For: VILLAGE OF RICHFIELD

CAREER OPTIONAL BENEFITS	Quote Number:	29174	29178	29179
	(ANNUAL PREMIUM SHOWN)			
Weekly Hospital Indemnity	Not Incl.	Not Incl.	Not Incl.	Not Incl.
Additional Disability Weekly	Not Incl.	Not Incl.	Not Incl.	Not Incl.
24-Hour AD&D*	Not Incl.	Not Incl.	Not Incl.	Not Incl.
Off-Duty Activity AD&D*	Not Incl.	Not Incl.	Not Incl.	Not Incl.

* Since these benefits are based on exposures (e.g. number of persons, type of activity, type of league) premium may vary annually based on differences in exposure.
Please Note: Coverage provided under the optional Off-Duty / 24-Hour AD&D benefit cannot be issued until a roster listing the covered members is submitted.

Total Career Basic and Optional				
Premium for 1 Year	\$2,768	\$3,481		\$3,844
Premium for 3 Year Annual Installments	\$2,574	\$3,237		\$3,575
Grand Total Volunteer and Career Premium	\$5,744	\$7,052		\$7,864
Grand Total Vol. and Career Prem. for 3 Yr Annual Installments	\$5,342	\$6,558		\$7,313

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038

(212) 770-7000

(a capital stock company, herein referred to as the Company)

APPLICATION FOR BLANKET ACCIDENT AND SICKNESS INSURANCE

Application for a plan of accident and sickness is hereby made by: VILLAGE OF RICHFIELD

(Name of Participating Organization)

to National Union Fire Insurance Company of Pittsburgh, Pa. for coverage under Blanket Accident and Sickness Master Policy Form V40001NUFIC as described in Proposal Number _____ a copy of which is attached to and made a part of this application.

Policy Effective Date: _____

Policy Term: _____

The following changes in limits or coverage from the above mentioned Proposal Number are hereby requested:

The above named entity hereby acknowledges that the changes shown above may result in a change of premium from that which was previously quoted.

The above named entity hereby understands that this application for accident and sickness coverage is subject to approval of the Company.

General Fraud Warning: Any person who knowingly and with intent to defraud any insurance company or another person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent act, which is a crime and may subject the person to criminal and civil penalties.

Ohio Fraud Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

(Signed by Authorized Representative)

(Title of Authorized Representative)

Signed by Licensed Resident Agent
(Where Required by Law)

(Date)