

2/13/18 10:00 p.m.

Resolution -2018

RESOLUTION NO. 3 -2018 (as amended 2-13-18)

Offered by All of Council

**A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH VFIS FOR ACCIDENT AND SICKNESS 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 for accident and sickness insurance for Village firefighters effective March 1, 2018 through February 28, 2019, and the same hereby is, accepted in an amount not to exceed \$4,463 per year. 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, 2018; 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.

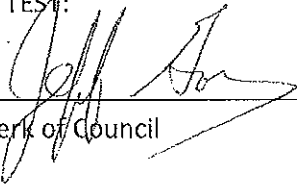
PASSED:

2-20-18

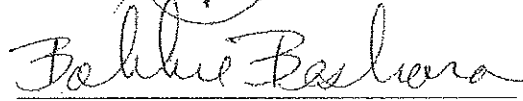


President of Council

ATTEST:



Clerk of Council



Mayor



**AN ACCIDENT & SICKNESS INSURANCE PROPOSAL  
PREPARED FOR:**

VILLAGE OF RICHFIELD  
4410 WEST STREETSBORO ROAD  
RICHFIELD, OH 44286

**PRESENTED BY:** OSFA/VFIS OF OHIO GROUP INS  
PO BOX 279  
MAINEVILLE, OH 45039

**DATE PREPARED:** February 5, 2018

**This proposal is valid for 90 days.**

Prepared For: VILLAGE OF RICHFIELD

<b>Additional Entity Summary</b>
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Included: VILLAGE OF RICHFIELD FIREMEN'S ASSOCIATION
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Prepared For: VILLAGE OF RICHFIELD

VOLUNTEER BASIC BENEFITS	Quote Number:	103462
<b>Loss of Life Benefits</b>		
Accidental Death Benefit Amount .....		\$125,000
Seat Belt Benefit Amount.....		\$31,250
Safety Vest Benefit Amount.....		\$31,250
Military Death Benefit Amount .....		\$15,000
Illness Loss of Life Benefit Amount.....		\$125,000
Dependent Child & Education Benefit Amount .....	Per Dependent Child	\$30,000
Spousal Support & Education Benefit Amount .....		\$15,000
Memorial Benefit Amount .....		\$5,000
Dependent Elder Benefit Amount .....	Per Dependent Elder	\$5,000
Repatriation Benefit Amount.....		\$2,500
<b>Lump Sum Living Benefits</b>		
Accidental Dismemberment & Paralysis Benefit.....	Principal Sum	\$125,000
Vision Impairment Benefit.....	Principal Sum	\$125,000
Injury Permanent Impairment Benefit .....	Principal Sum	\$125,000
Heart Permanent Impairment Benefit.....	Principal Sum	\$125,000
Illness Permanent Impairment Benefit.....	Principal Sum	\$125,000
Cosmetic Disfigurement Resulting from Burns Benefit.....	Principal Sum	\$125,000
HIV Positive Lump Sum Living Benefit.....	Principal Sum	\$125,000
<b>Weekly Income Benefits</b>		
Total Disability Benefit Weekly Amount (first 28 days) .....		\$350
Total Disability Benefit Maximum Weekly Amount (after 28 days) .....		\$350
Total Disability Minimum Weekly Amount.....		\$88
Partial Disability is equal to 50% of Total Disability Benefit Limit		
Occupational Retraining Benefit .....	Maximum Amount	\$20,000
Weekly Injury Permanent Impairment (Lifetime) Benefit .....		Included
<b>Medical Expense Benefits</b>		
<b>Benefits Paid: Excess of Workers' Comp</b>		
Medical Expense Benefit .....	Maximum Amount	\$25,000
Cosmetic Plastic Surgery Benefit.....	Maximum Amount	\$25,000
Post-Traumatic Stress Disorder Benefit.....	Maximum Amount	\$25,000
Critical Incident Stress Management Benefit.....	Maximum Amount	\$25,000
Family Expense Benefit Amount.....	Per Day	\$100
Family Bereavement & Trauma Counseling Benefit .....	Per Person	\$1,000
Transition Benefit.....		Included
Felonious Assault Benefit.....	Amount	Included
Home Alteration & Vehicle Modification Benefit.....	Maximum Amount	\$50,000
Volunteer Basic Premium for 1 Year		\$2,248

**Prepared For: VILLAGE OF RICHFIELD**

VOLUNTEER OPTIONAL BENEFITS	Quote Number:	103462	
(ANNUAL PREMIUM SHOWN)	Limit	Premium	
Weekly Hospital Benefit Amount .....	Not Incl.		
First Week Total Disability Benefit Amount .....	Not Incl.		
Coordinated 28 Day Total Disability Benefit Amount.....	Not Incl.		
Weekly Injury Permanent Impairment COLA.....	Not Incl.		
Extended Total Disability Benefit.....	Not Incl.		
Long-Term Total Disability Benefit .....	Not Incl.		
Long-Term Total Disability COLA.....	Not Incl.		
Extra Expense Benefit		\$94	
Extra Expense Benefit Monthly Amount .....	\$500		
Extra Expense Benefit Maximum Amount.....	\$12,000		
24-Hour Accident Benefit -- Injury Only .....	Not Incl.		
Off-Duty Accident Benefit -- Injury Only .....	Not Incl.		
Organized Team Sports Benefit Rider			
Accidental Death & Dismemberment Benefit Amount*.....	Not Incl.		
Total Disability Benefit Maximum Weekly Amount*.....	Not Incl.		
Medical Expense Benefit Maximum Amount*.....	Not Incl.		
Policy Amendment Rider.....	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 24-Hour / Off-Duty AD&D benefit requires a Roster listing the covered members.

<b>Total Volunteer Basic and Optional:</b>	
Premium for 1 Year	\$2,342

**NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.**

Executive Offices: 175 Water Street, 18<sup>th</sup> Floor, New York, NY 10038

(212) 458-5000

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

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**APPLICATION FOR BLANKET ACCIDENT AND SICKNESS INSURANCE**

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

(Name of Policyholder)

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

Policy Effective Date: \_\_\_\_\_ at 12:01 A.M. in your time zone

Customer Number: C07137

Policy Termination Date: \_\_\_\_\_ at 12:01 A.M. in your time zone

Payment Plans:  1 Year - Annual  
 1 Year - Semi-Annual (\$1,500 policy minimum)

The following changes in limits or coverage from the above mentioned Quote-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 presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

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)