

**RESOLUTION NO. 4-2022**

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, 2022 through February 28, 2023, and the same hereby is, accepted in an amount not to exceed \$4,346 per year. A copy of which offer is attached hereto as Exhibit "A" and incorporated herein fully as if by reference.

SECTION 2. It is found and determined that all formal actions of this Council concerning and relating to the adoption of this Resolution were adopted in an open meeting of this Council, and that all deliberations of this Council and of any of its committees that resulted in such formal action were in meetings open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

SECTION 3. 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, 2022; 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: 2-15-22

Fabrizio Basler

President of Council

ATTEST: [Signature]

Clerk of Council

Michael Wheeler

Mayor



EXHIBIT A



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

VILLAGE OF RICHFIELD  
4410 WEST STREETSBORO ROAD  
RICHFIELD, OH 44286-0000

**PRESENTED BY:** OSFAMFIS OF OHIO GROUP INS  
P.O. BOX 69  
WESTERVILLE, OH 43086

**DATE PREPARED:** January 10, 2022

**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

CAREER BASIC BENEFITS	Quote Number:	201410
<b>Loss of Life Benefits</b>		
Accidental Death Indemnity 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).....		Not Included
Total Disability Benefit Maximum Weekly Amount (after 28 days).....		\$350
Total Disability Minimum Weekly Benefit Amount.....		\$88
Total Disability Elimination Period..... Number of Days		180
Partial Disability is equal to 50% of Total Disability Benefit Limit		
<b>Occupational Retraining Benefit..... Maximum Amount</b>		
<b>Weekly Injury Permanent Impairment (Lifetime) Benefit.....</b>		\$20,000
<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.....		Not Included
Felonious Assault Benefit..... Amount		Included
Home Alteration & Vehicle Modification Benefit..... Maximum Amount		\$50,000
<b>Career Basic Premium for 1 Year</b>		<b>\$1,772</b>

**Prepared For: VILLAGE OF RICHFIELD**

CAREER OPTIONAL BENEFITS	Quote Number:	201410
	(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.
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 Career Basic and Optional</b>	
<b>Premium for 1 Year</b>	\$1,772

*This proposal is only a brief description of the coverage(s) available under policy series V50000. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this proposal and the policy, the policy shall govern. The policy is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania domiciled insurance company, with its principal place of business at 1271 Ave of the Americas, FL 37, New York, NY 10020-1304. The company is currently authorized to transact business in all states and the District of Columbia and is identified by NAIC No. 19445.*

**COVERAGE EXTENDS TO THOSE WHO ARE COMPENSATED AND WORKING AN AVERAGE OF 28 HOURS OR MORE PER WEEK FOR THE POLICYHOLDER, AND ARE INCLUDED WITHIN A COLLECTIVE BARGAINING OR WAGE CONTINUATION AGREEMENT.**

# NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 1271 Ave of the Americas, FL 37, New York, NY 10020-1304  
(212) 458-5000

(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 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 and with intent to defraud any insurance company or other 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 such person to criminal and civil penalties.

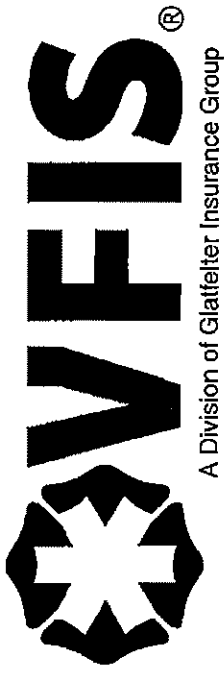
Ohio Fraud Warning: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

\_\_\_\_\_  
(Signed by Authorized Representative)

\_\_\_\_\_  
(Title of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required by law)



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

VILLAGE OF RICHFIELD  
4410 WEST STREETSBORO ROAD  
RICHFIELD, OH 44286-0000

**PRESENTED BY:** OSFAVFIS OF OHIO GROUP INS  
P.O. BOX 69  
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**DATE PREPARED:** January 10, 2022

**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:	201408
<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
Repairation 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
Hear 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		
<b>Occupational Retraining Benefit</b> .....	Maximum Amount	\$20,000
<b>Weekly Injury Permanent Impairment (Lifetime) Benefit</b> .....	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
<b>Volunteer Basic Premium for 1 Year</b>		\$2,074

**Prepared For: VILLAGE OF RICHFIELD**

VOLUNTEER OPTIONAL BENEFITS	Quote Number:	201408
	(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		\$87
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>	<b>\$2,161</b>
<b>Premium for 1 Year</b>	

*This proposal is only a brief description of the coverage(s) available under policy series V50000. The policy contains reductions, limitations, exclusions and termination provisions. Full details of the coverage are contained in the policy. If there are any conflicts between this proposal and the policy, the policy shall govern. The policy is underwritten by National Union Fire Insurance Company of Pittsburgh, Pa., a Pennsylvania domiciled insurance company, with its principal place of business at 1271 Ave of the Americas, FL 37, New York, NY 10020-1304. The company is currently authorized to transact business in all states and the District of Columbia and is identified by NAIC No. 19445.*

Prepared For: VILLAGE OF RICHFIELD

CAREER BASIC BENEFITS	Quote Number:	201408
<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 Benefit Amount .....		\$88
Total Disability Elimination Period .....	Number of Days	0
Partial Disability is equal to 50% of Total Disability Benefit Limit		
<b>Occupational Retraining Benefit</b> .....	Maximum Amount	\$20,000
<b>Weekly Injury Permanent Impairment (Lifetime) Benefit</b> .....		Not 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
<b>Transition Benefit</b> .....		Not Included
<b>Felonious Assault Benefit</b> .....	Amount	Included
<b>Home Alteration &amp; Vehicle Modification Benefit</b> .....	Maximum Amount	\$50,000
<b>Career Basic Premium for 1 Year</b>		\$413

**Prepared For: VILLAGE OF RICHFIELD**

CAREER OPTIONAL BENEFITS	Quote Number:	201408
	(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.
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.

\* 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 Career Basic and Optional</b>	
Premium for 1 Year	\$413
<b>Grand Total Volunteer and Career Premium</b>	\$2,574

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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)

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\_\_\_\_\_  
(Signed by Authorized Representative)

\_\_\_\_\_  
(Title of Authorized Representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Signed by Licensed Resident Agent  
(Where Required by law)