

RESOLUTION NO. 4-2015

Offered by All of Council

A RESOLUTION AUTHORIZING THE MAYOR AND THE FINANCE DIRECTOR TO ENTER INTO AN AGREEMENT WITH VFIS 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:

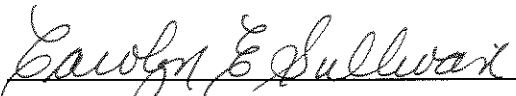
SECTION 1. That the Mayor and the Finance Director be, and they hereby are, authorized and directed to enter into an agreement with VFIS for accident, death and dismemberment insurance for Village firefighters effective March 1, 2015 through February 28, 2018, and the same hereby is, accepted in an amount not to exceed \$4,709 per year, or \$14,127 for the three year period. 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, 2015; 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.

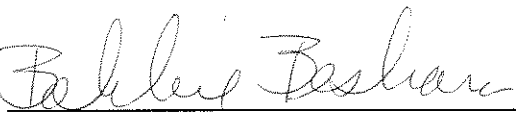
PASSED: 2-19-15



President of Council

ATTEST:


Clerk of Council



Mayor

EXHIBIT A



**An Accident & Sickness 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

Prepared By: VFIS
PO BOX 2726
183 LEADER HEIGHTS ROAD
YORK, PA 17402

Preparation Date: 1/6/2015

This Proposal is Valid for 90 Days

Prepared For: VILLAGE OF RICHFIELD

VOLUNTEER BASIC BENEFITS	Quote Number:	52298
Loss of Life Benefits		
Accidental Death Indemnity.....	Principal Sum	\$125,000
Seat Belt.....		\$31,250
Illness Loss of Life.....	Principal Sum	\$125,000
Dependent Child.....	Per Dependent Child	\$10,000
Spousal Support.....		\$5,000
Memorial.....		\$2,000
Lump Sum Living Benefits		
Accidental Dismemberment.....	Principal Sum	\$125,000
Vision Impairment.....	Principal Sum	\$125,000
Injury Permanent Impairment.....	Principal Sum	\$125,000
Heart Permanent Impairment.....	Principal Sum	\$125,000
Illness Permanent Impairment.....	Principal Sum	\$125,000
Cosmetic Disfigurement Resulting from Burns.....	Principal Sum	\$125,000
HIV Positive.....	Principal Sum	\$125,000
Weekly Income Benefits		
Total Disability (1 st 28 days).....		\$350
Total Disability (after 28 days).....	Maximum Amount	\$350
Total Disability Minimum.....		\$88
Partial Disability is equal to 50% of Total Disability Limit		
Occupational Retraining.....	Maximum Amount	\$20,000
Weekly Injury Permanent Impairment.....	Maximum Amount	Included
Medical Expense Benefits		
Benefits Paid: Excess of Workers' Comp		
Medical Expense.....	Maximum Amount	\$25,000
Cosmetic Plastic Surgery.....	Maximum Amount	\$10,000
Post Traumatic Stress Disorder.....	Maximum Amount	\$10,000
Critical Incident Stress Management.....	Maximum Amount	\$2,500
Family Expense.....	Per Day	\$100
Continuation of Health Insurance Premium.....	Maximum Amount	\$12,000
Transition.....		Included
Felonious Assault		
Home Alteration and Vehicle Modification.....	Maximum Amount	Included
Volunteer Basic Premium for 3 Year Annual Installments		\$15,000
		\$2,629

NATIONAL UNION FIRE INSURANCE COMPANY OF PITTSBURGH, PA.

Executive Offices: 175 Water Street, 18th Floor, New York, NY 10038
(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 Form V40001NUFIC as described in Quote Number _____ a copy of which is attached to and made a part of this application.

Policy Effective Date: _____

Customer Number: C07137

Payment Plans:

- 1 Year - Annual
 1 Year - Semi-Annual (\$1,500 policy minimum)
 3 Year - Annual Installments
 3 Year - Prepaid

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 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)



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YORK, PA 17402

Preparation Date: 1/6/2015

This Proposal is Valid for 90 Days

Prepared For: VILLAGE OF RICHFIELD

CAREER BASIC BENEFITS	Quote Number:	52299
Loss of Life Benefits		
Accidental Death Indemnity	Principal Sum	\$125,000
Seat Belt		\$31,250
Illness Loss of Life	Principal Sum	\$125,000
Dependent Child	Per Dependent Child	\$10,000
Spousal Support		\$5,000
Memorial		\$2,000
Lump Sum Living Benefits		
Accidental Dismemberment	Principal Sum	\$125,000
Vision Impairment	Principal Sum	\$125,000
Injury Permanent Impairment	Principal Sum	\$125,000
Heart Permanent Impairment	Principal Sum	\$125,000
Illness Permanent Impairment	Principal Sum	\$125,000
Cosmetic Disfigurement Resulting from Burns	Principal Sum	\$125,000
HIV Positive	Principal Sum	\$125,000
Weekly Income Benefits		
Total Disability (1 st 28 days)		Not Included
Total Disability (after 28 days)	Maximum Amount	\$350
Total Disability Minimum		\$88
Partial Disability is equal to 50% of Total Disability Limit		
Occupational Retraining	Maximum Amount	\$20,000
Medical Expense Benefits		
Benefits Paid: Excess of Workers' Comp		
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Cosmetic Plastic Surgery	Maximum Amount	\$10,000
Post Traumatic Stress Disorder	Maximum Amount	\$10,000
Critical Incident Stress Management	Maximum Amount	\$2,500
Family Expense	Per Day	\$100
Felonious Assault	Included	
Home Alteration and Vehicle Modification	Maximum Amount	\$15,000
Career Basic Premium for 3 Year Annual Installments		\$2,080

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(Signed by Authorized Representative)

(Title of Authorized Representative)

Signed by Licensed Resident Agent
(Where Required by law)

(Date)

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

**CC: Carolyn Sullivan
Jason Mihalek
Stephanie Landry**

FROM: Sandy Turk, Finance Director

**RE: Resolution for Accident, Death, and Dismemberment insurance for
Firefighters for the January 20, 2015 Council Meeting**

Date: January 13, 2015

ACTION BEING REQUESTED	TYPE OF REQUEST
Approval	Resolution

The Finance Department requests Resolution No. 4-2015 have the first reading at the January 20, 2015 Council meeting. This resolution is to enter into an agreement with VFIS of Ohio for accident, death, and dismemberment insurance.

This is insurance the Village picked up primarily to have coverage for the part-time fire employees; and it is extended to the full-time employees also. The current coverage with VFIS expires on February 28. No claims have been submitted since 2006.

VFIS' renewal quote is \$4,709 per year or \$14,127 for three years. Hence, we are recommending that we go with VFIS for the insurance for Fire employees at a cost of \$14,127 for the three year period. Over the three year period, this is a savings of \$426, or 2.9% less than the current premium. Second and third reading will take place on February 3rd and 17th, respectively with adoption considered on February 17th to allow the policy to be in place by March 1, 2015.

Let me know if you have any questions.