Fire Pension Board Meeting Agenda

January 15, 2025, 9:30 a.m. via Microsoft Teams

1.) Approval of minutes for December 18, 2024

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$720,000.00	
October 2024	$58,056.33	
Remaining budget	**$101,354.10**	**14.08%**
MEDICAL CLAIMS		
Budgeted amount	$1,792,000.00	
October 2024	$91,593.48	
October 2024 HMA fees	$14,088.48	
Remaining budget	**$560,813.30**	**31.30%**
PENSION ROLL		
Budgeted Amount	$720,000.00	
November 2024	$56,750.77	
Remaining budget	**$44,603.33**	**6.19%**
MEDICAL CLAIMS		
Budgeted amount	$1,792,000.00	
November 2024	$107,794.42	
November 2024 HMA fees	$14,088.48	
Remaining budget	**$438,930.40**	**24.49%**

3.) Action Item:

Member #139	Request for reimbursement of $768.00 for crown replacement. That is the remaining amount for the 2024 dental coverage of up to $4,000.00.

EVERETT
WASHINGTON

City of Everett
Police and Fire Pension Boards

Request to the Board

To be completed by LEOFF 1 member (or family) for submittal to the board.

Member Name [redacted]
(please print)

1. Diagnosis: _____

2. Prognosis: Major Dental Work including crown replacement

3. Type of Treatment(s) or Procedure: Crown tooth #13 and other

4. Cost of treatments/service: $ $1,890.00

5. Request to the board for this specific treatment or procedure:

Fire member #139 is requesting reimbursement of $768.00. That is the remaining amount for 2024 dental coverage of up to $4,000.00

(Examples can be found at everettwa.gov/pensionboards)

Return to:
City of Everett
Police and Fire Pension Boards
2930 Wetmore Ave, Ste 1-A
Everett, WA 98201
Leoff1@everettwa.gov

[redacted] MAKE CHECKS PAYABLE TO: [redacted]

Wright Dental Group
1823 37th Street
Everett WA 98201

IF PAYING BY CREDIT CARD, SELECT THE CARD BELOW AND FILL OUT DETAILS.

☐ MASTERCARD ☐ DISCOVER ☐ VISA ☐ AMERICAN EXPRESS

CARD NUMBER

SIGNATURE | EXP. DATE

STATEMENT DATE	PAY THIS AMOUNT	ACCT. #
11/19/2024	$1,890.00	354

SHOW AMOUNT PAID HERE $

EAGLESOFT_16

[redacted] ADDRESSEE: [redacted]

5780.945568.D1.1

[redacted]

[redacted] SEND PAYMENT TO: [redacted]

Wright Dental Group
1823 37th Street
Everett WA 98201

Paid by phone out of personal MasterCard on 12-3-2024 [redacted]

PLEASE DETACH AND RETURN TOP PORTION WITH YOUR PAYMENT

STATEMENT

BALANCE FORWARD: $0.00

DATE	PATIENT	CODE	DESCRIPTION	AMOUNT
06/06/2024	[redacted]		Insurance Claim from June 6, 2024 was Submitted to Prim. Insuranc	
06/06/2024		00140	Lim Oral Eval-Prob Focus	$70.00
06/06/2024		00220	Periapical single, first	$26.00
06/06/2024		05820	Interim part. dent. upper Tooth 9	$489.00
06/06/2024			Insurance Claim from June 6, 2024 was Submitted to Prim. Insuranc	
07/11/2024			Insurance Claim from July 11, 2024 was Submitted to Prim. Insuran	
07/11/2024		01206	Topical fluoride varnish	$37.00
07/11/2024		04000	Perio Chart	$0.00
07/11/2024		00120	Periodic Oral Evaluation	$58.00
07/11/2024		01110	Prophylaxis - Adult	$112.00
07/24/2024			Insurance Claim from July 24, 2024 was Submitted to Prim. Insuran	
07/24/2024		02740	Crown, porc/ceramic Tooth 13	$1,200.00
08/05/2024		02700	Crown Seat Tooth 13	$0.00
08/19/2024		Ins Paymnt	Credit Card: Last 4 Last4 x0567 for claim from 6/6/2024	-$26.00
09/16/2024		Ins Paymnt	Insurance Check: Number for claim from 7/24/2024	$0.00
09/16/2024		Ins Paymnt	Credit Card: Last 4 Last4 x6780 for claim from 7/11/2024	-$190.00
09/17/2024			Insurance Claim from September 17, 2024 was Submitted to Prim. In	
09/17/2024		05640	Rep. broken teeth p/tooth Tooth 9	$114.00
10/17/2024		Ins Paymnt	Insurance Check: Number for claim from 9/17/2024	$0.00

Account is 90 days Overdue.**You can now make a payment on our website. If you prefer this method please visit www.wrightdentistry.net**

TOTAL CHARGES:	$1,890.00
ESTIMATED INSURANCE PAYMENT:	$0.00
BALANCE DUE:	$1,890.00

CURRENT	30 DAYS	60 DAYS	90 DAYS	EST. INSURANCE	ON CONTRACT	DUE DATE
$489.00	$114.00	$1,217.00	$70.00	$0.00	$0.00	12/19/2024

Wright Dental Group
(425)258-3622

1823 37th Street
Everett, WA 98201