Fire Pension Board Meeting Agenda

December 17, 2025, 9:30 a.m. via Microsoft Teams

1.) Approval of minutes for October 15, 2025

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$709,000.00	
October 2025	$54,977.65	
Remaining budget	**$118,361.84**	**16.69%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
October 2025	$141,041.14	
October 2025 HMA fees	$13,308.30	
Remaining budget	**$426,517.56**	**21.92%**

3.) Action Item:

Member #158	Request for reimbursement of $25.16 for cream to treat cutaneous T-cell lymphoma

Fire Pension Board Minutes
City Of Everett
October 15, 2025

DRAFT

The regular meeting of the Fire Pension Board was called to order at 9:30 a.m. on October 15, 2025. Board Members Neyens, Vitalich, Schwab, Jorve and alternate Oas were present. Board Member Franklin was excused. Ana Mechler, Human Resources; David Hall, Board Attorney; and Rick Gray, Finance were also present.

APPROVAL OF MINUTES

The minutes of the meeting of August 20, 2025, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$709,000.00	
July 2025	$55,823.93	
Remaining budget	**$284,689.07**	**40.15%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
July 2025	$227,839.08	
July 2025 HMA fees	$11,356.35	
Remaining budget	**$753,651.65**	**38.73%**
PENSION ROLL		
Budgeted Amount	$709,000.00	
August 2025	$55,998.53	
Remaining budget	**$228,690.54**	**32.26%**
MEDICAL CLAIMS		
Budgeted amount	$1,946,000.00	
August 2025	$75,578.36	
August 2025 HMA fees	$12,775.95	
Remaining budget	**$665,297.34**	**34.19%**

Moved by Vitalich, seconded by Neyens, to approve the pension roll claims for July.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

DRAFT

Moved by Neyens, seconded by Vitalich, to approve the medical claims for July.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

Moved by Neyens, seconded by Vitalich, to approve the pension roll claims for August.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

Moved by Vitalich, seconded by Neyens, to approve the medical claims for August.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

ACTION ITEM

Member #85 Request for reimbursement of $439.17 for incontinence supplies.

Moved by Vitalich, seconded by Neyens, to table the above request and request the doctor's prescription to include the specific medical supplies needed for incontinence.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

Member #71 Request for reimbursement of $1162.50 for dental work (remove and repair implant) as dental limit is exceeded and denied by HMA>

Moved by Vitalich, seconded by Neyens, to approve the request for reimbursement for dental work as long as the member additional $1500 for 2025 has not been met.

DRAFT

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

Member #137 Request for preapproval for stem cell injections (not covered by Medicare or HMA) for 1 to 4 times per month for 12 visits in the amount of $3800.

Moved by Neyens, seconded by Jorve, to approve the request for preapproval for stem cell injections (not covered by Medicare or HMA) for 1 to 4 times per month for 12 visits in the amount of $3800.

Roll was called with all members voting yes, except Board Members Franklin who was excused.

Motion carried.

Other:

Board Member Neyens requested to add a follow up regarding allowances and using a COLA for allowances to the next agenda when Chelsi from HR can attend.

The Board meeting adjourned at 9:45 a.m.

_____
Marista Jorve, Board Secretary

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: Cutaneous T-cell Lymphoma

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: _____

4. Cost of treatments/service: $ $25.16

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

Fire member (#158) is requesting reimbursement for a cream that was prescribed.
Non-formulary medication that was not covered.

(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

EVERETT
WASHINGTON

City of Everett
Fire & Police Pension
2930 Wetmore EVERETT,
WA 98201
(425) 257-7024

CLAIM FORM

PENSION BOARD APPROVAL:
I certify that the named patient is authorized to receive the described medical care at the expense of the City of Everett Uniformed Personnel Pension Fund. Payment is approved by board action this date. I am authorized to authenticate and certify said claim.

City Clerk or Secretary of Board _____ Date _____

TO BE COMPLETED BY EMPLOYEE

[redacted]

☐ POLICE
☒ FIRE
☒ MALE
☐ FEMALE

THIS SPACE FOR OFFICE USE ONLY

ACCOUNT NUMBER	VOUCHER NO.	VENDOR NO.	DESCRIPTION	AMOUNT
☐ 6375380000250 ☐ 6385380000250			☐ MED SERV ☒ RX ☐ CHIRO SERV ☐ REIMB ☐ OTHER	$25.16

I certify that the information and charges here shown are true and correct, and that these services and/or medications were received by me and that I am liable for these charges. I hereby authorize all doctors, pharmacists, hospitals or other instiutions rendering care and treatment to furnish the Fire/Police Pension Board with full information regarding treatment rendered (including copies of their records). I also authorize any Union, Trust Fund, Employer or Insurance Carrier to furnish the Fire/Police Pension Board with information regarding benefits to which I may be entitled. A photostatic copy of this authorization shall be considered as effective and valid as the original. I hereby assign benefit to the supplier/vendor below.

DATE 10/23/25 [redacted]

STATEMENT OF ATTENDING PHYSICIAN OR OTHER SUPPLIER/VENDOR CHARGES

DIAGNOSIS AND CONCURRENT CONDITIONS
(IF DIAGNOSIS CODE OTHER THAN ICDA USED, GIVE NAME)

REPORT OF SERVICES (IF PREVIOUS FORM SUBMITTED TO THIS CARRIER, YOU NEED SHOW ONLY DATES AND SERVICES SINCE LAST REPORT)

DATE OF SERVICES	PLACE OF SERVICES	DESCRIPTION OF SURGICAL OR MEDICAL SERVICES RENDERED	PROCEDURE CODE IF USED (IF CODE OTHER THAN CPT ** USED, GIVE NAME	CHARGES

DO NOT WRITE IN THIS SPACE

DATE PATIENT FIRST CONSULTED YOU FOR THIS CONDITION

TOTAL CHARGES $ _____

TOTAL PAYMENTS $ _____

DATE | SUPPLIER/VENDOR NAME (PRINT) | SIGNATURE | TELEPHONE

STREET ADDRESS | CITY OR TOWN | STATE OR PROVIDENCE | ZIP CODE

514-409 (REV. 6/06)

PENSION BOARD

This is a salve perscribed for an outbreak of cutaneous T-cell lymphoma which I was diagnosed with 17 years ago. This is a non-hodgkin lymphoma for which there is no cure.

Thanks

[redacted]

North Olympic Healthcare Network
240 W Front Street
Port Angeles, WA 98362
360-912-6783

Merchant Id #KKXK7MHB

Clerk: LMA CD #: 2 10/23/2025 4:07:22 PM

Item	Qty:	Price	Extended
♥ RX402385500 RX 4023855-00 Qty:60	1	25.16	$25.16

1 Items Scanned

Sub Total	$25.16
Discount	$0.00
Tax	$0.00
Total Due	**$25.16**

Ticket #: 19493
Cust [redacted]
Tendered Visa ...6178 $25.16
AID A0000000031010
App VISA CREDIT
PIN Stmt
Change Due $0.00

We Appreciate Your Business!
Thank You!
Please come again.

Items denoted with a♥ indicates an eligible medical expense under IRS code Section 213(d)
♥ Item Total: $25.16 (RX: $25.16 OTC: $0.00)

[redacted]