Everett Police Pension Board Meeting Agenda

March 18, 2026, 9:00 a.m. via Microsoft Teams

1.) Approval of minutes for January 21, 2026

2.) Bills and Pension Rolls:

PENSION ROLL		
Budgeted Amount	$515,000.00	
December 2025	$39,702.66	
Remaining budget	**$23,672.87**	**4.60%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
December 2025	$103,001.72	
December 2025 HMA fees	$11,001.90	
Remaining budget	**$187,181.33**	**13.28%**
PENSION ROLL		
Budgeted Amount	$450,000.00	
January 2026	$37,355.40	
Remaining budget	**$412,644.60**	**91.70%**
MEDICAL CLAIMS		
Budgeted amount	$1,565,000.00	
January 2026	$164,914.65	
January 2026 HMA fees	$11,896.56	
Remaining budget	**$1,388,188.79**	**88.70%**

3.) Action Item:

Member #152 Request reimbursement of $214.05 for physical therapy exceeding yearly cap.

4.) Other Items

Process for reimbursement reminders

Presented by Ana Mechler, HR

Police Pension Board Minutes
City Of Everett
January 21, 2026

DRAFT

The regular meeting of the Police Pension Board was called to order at 9:00 a.m. on January 21, 2026. Board Members Poon, Sebald, Thiessen, and Jorve were in attendance. Board Members Franklin and Schwab were excused. Board Member Neighbors joined late. Ana Mechler and Chelsi Bardwell, Human Resources; Rick Gray, Finance; and David Hall, Board Attorney were also in attendance.

APPROVAL OF MINUTES

The minutes of the meeting of December 17, 2025, were approved.

BILLS AND PENSION ROLLS

PENSION ROLL		
Budgeted Amount	$515,000.00	
Nov 2025	$39,702.66	
Remaining budget	**$63,375.53**	**12.31%**
MEDICAL CLAIMS		
Budgeted amount	$1,410,000.00	
November 2025	$114,408.15	
November 2025 HMA fees	$11,001.90	
Remaining budget	**$301,184.95**	**21.36%**

Moved by Thiessen, seconded by Sebald, to approve the pension rolls and medical claims as presented.

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

Motion carried.

ACTION ITEMS

Member #152	Request for reimbursement of $312.28 for physical therapy in excess of yearly cap.

DRAFT

Moved by Sebald, seconded by Thiessen, to approve the request for Board Member #152.

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

Motion carried.

Member #111 Request for long term care cost increase from $421 per day (Genworth) to $447 per day (facility increase).

Moved by Thiessen, Seconded by Sebald, to approve the request for Board Member #111.

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

Motion carried.

Board Member Neighbors joined at 9:07 a.m.

OTHER:

Benchmarking for benefit allowances on dental, vision hardware and hearing aids

Presented by Chelsi Bardwell, HR

The Board meeting adjourned at 9:14 a.m.

_____
Marista Jorve, Board Secretary

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: head and neck damage after radiation

2. Prognosis: _____

3. Type of Treatment(s) or Procedure: Physical Therapy

4. Cost of treatments/service: $ 214.05

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

Police member #152 is requesting reimbursement for physical therapy. Member exceeded yearly cap.

(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

EMPLOYEE'S NAME [redacted]

☐ ACTIVE ☒ RETIRED

DATE OF BIRTH [redacted]

[redacted]

☒ POLICE ☐ FIRE

COMPLETE HOME ADDRESS [redacted]

SOCIAL SECURITY NO. [redacted]

☒ 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	

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 assig[redacted]

DATE January 15, 2026 EMP[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)

[redacted] 1/15/26 11152

MAKE CHECKS PAYABLE TO:

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
01/05/26	$197.11	[redacted]

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $

For all billing questions, please call: (406) 375-9034
Office Hours: 8:00 AM to 5:00 PM Mon-Fri

SEND TO: [redacted]

REMIT TO:
Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

☐ Please check box if above address is incorrect or insurance information has changed and indicate change(s) on reverse side.

STATEMENT

PLEASE RETURN TOP PORTION OF STATEMENT WITH YOUR PAYMENT TO ENSURE PROPER PAYMENT POSTING.

SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
10/15/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$68.99	$27.13	$0.00	$0.00	$34.94	$6.92	
10/15/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
10/15/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
10/20/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$68.99	$27.13	$0.00	$0.00	$34.94	$6.92	
10/20/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
10/20/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
10/22/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
10/22/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
10/27/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
10/27/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
10/29/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
10/29/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
11/03/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
11/03/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
11/03/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
11/06/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
11/06/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
11/10/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$68.99	$27.13	$0.00	$0.00	$34.94	$6.92	
11/10/25	THER PX 1/> AREAS EACH 15 MIN NEURO	$61.66	$19.01	$0.00	$0.00	$37.80	$4.85	
11/10/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
11/13/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
11/13/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
11/18/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
11/18/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
12/02/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
12/02/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	
12/08/25	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.98	$46.39	$0.00	$0.00	$79.75	$11.84	
12/08/25	MANUAL THERAPY TQS 1/> REGIONS EACH	$51.32	$16.22	$0.00	$0.00	$30.96	$4.14	

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days	NOW DUE
$197.11	$0.00	$0.00	$0.00	$0.00	$197.11

Pay online using code: adYn-hAhF-UfFX-jN7N at https://portal.kareo.com/code

A consistent monthly payment is expected and appreciated.

Patient Number: [redacted]
Billing Questions Phone: (406) 375-9034

Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

$197.11
1/15/26
CK #8028

Hamilton Physical Therapy
Hamilton Neurorehab & Balance Center
Hamilton PT at The Canyons
Darby Physical Therapy
Corvallis Physical Therapy
Stevensville Physical Therapy
PT Specialists of Florence
Frenchtown Physical Therapy

STATEMENT

MAKE CHECKS PAYABLE TO:

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336 Fairgrounds Rd
Hamilton, MT 598403126

IF PAYING BY CREDIT CARD, FILL OUT BELOW:		
CIRCLE ONE: VISA MASTERCARD DISCOVER AMERICAN EXPRESS		
CARD NUMBER	EXP DATE	AMOUNT
SIGNATURE	3 OR 4 DIGIT SECURITY CODE	

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Office Hours: 8:00 AM to 5:00 PM Mon-Fri

STATEMENT DATE	PAY THIS AMOUNT	PATIENT NO.
01/02/25	$16.94	[redacted]

CHARGES AND CREDITS MADE AFTER STATEMENT DATE WILL APPEAR ON NEXT STATEMENT

SHOW AMOUNT PAID HERE $ 16.94

SEND TO:
[redacted]

REMIT TO:
Hamilton Physical Therapy, P.C.
336 Fairgrounds Rd
Hamilton, MT 598403126

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SVC	DESCRIPTION	CHARGES	MDCR RCPTS	INS RCPTS	PAT RCPTS	ADJUST	BALANCE	INS PENDING
11/19/24	THERAPEUT ACTVITY DIRECT PT CONTACT	$137.96	$48.92	$0.00	$0.00	$76.58	$12.48	
11/19/24	THERAPEUTIC PX 1/> AREAS EACH 15 MI	$53.21	$17.48	$0.00	$0.00	$31.27	$4.46	

[redacted]

7803
93-133/929

Jan 5, 2025
Date

CHECK ARMOR

Pay to the Order of Hamilton Physical Therapy | $ 16.94

Sixteen + 94 Dollars

Photo Safe Deposit® Details on back

First Security Bank
1-888-782-3115
406-728-3115

[redacted]

** Payment Due Upon Receipt * Thank You **

Current	30 Days	60 Days	90 Days	120 Days
$16.94	$0.00	$0.00	$0.00	$0.00

NOW DUE
$16.94

Pay online using code: 3539-8888-1429-1514 at https://portal.kareo.com/code
A consistent monthly payment is expected and appreciated.

Patient Number: [redacted]
Billing Questions Phone: (406) 375-9034

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Hamilton, MT 598403126

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