

# Public Safety Memorial Fund Board Minutes October 30, 2012

The Public Safety Memorial Fund Board held a meeting on Tuesday, October 30, 2012 at the Oregon Public Safety Academy in Salem, Oregon. Interim Chair Peters called the meeting to order at 3:40 p.m.

## **Attendees**

Board Members:

Colette Peters

Mike Wells

Richard Brown

Lisa Settell

DPSST Staff:

Eriks Gabliks, Director

Linsay Hale, Compliance Coordinator



## **1. Minutes from July 26, 2012 Meeting**

Approve meeting minutes from July 26, 2012.

*Richard Brown moved to approve the minutes from the July 26, 2012 Public Safety Memorial Fund Board meeting. Mike Wells seconded the motion. The motion carried unanimously.*

## **2. HERRON, Kimberly – M-1 Supplemental Application for Benefits**

Interim Chair Peters asked if everyone had reviewed the supplemental application for benefits provided by Mrs. Kimberly Herron and the information provided by staff. All had. Linsay Hale reviewed the application for the Board.

**Action Item:** Determine whether to award payment of health and dental benefits to Kimberly Herron.

*Lisa Settell moved to approve awarding health and dental benefits to Mrs. Herron. Richard Brown seconded the motion. The motion carried with a unanimous vote.*

## **3. OAR 259-070-0020 – Proposed Rule Update**

*See Appendix A*

Interim Chair Peters asked if everyone had reviewed the information provided by staff. All had. Linsay Hale reviewed the proposed update for the Board.

**Action Items:**

**1 & 2.** Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a proposed rule and as a permanent rule if no comments are received.

*Mike Wells moved to approve filing the proposed language as proposed rule with the Secretary of State, and permanent rule if no comments are received. Richard Brown seconded the motion. The motion carried with a unanimous vote.*

**3.** Determine whether there is a significant fiscal impact on small businesses.

*Consensus was reached that the proposed rule change does not have a significant impact on small business.*

**4. Next meeting – January 24, 2013**

With no further business to discuss, the meeting was adjourned at 3:50 p.m.

## Appendix A

### Department of Public Safety Standards and Training Memo

**Date:** October 25, 2012

**To:** Public Safety Memorial Fund Board

**From:** Linsay Hale  
Rules & Compliance Coordinator

**Subject:** OAR 259-070-0020 – Proposed Rule  
PSMF – Discretionary Benefits

**Issue 1:** ORS 243.954(1) defines a “child” as “a person who is a natural child, adopted child or stepchild of a public safety officer and who is \*\*\* (b) 18 through 22 years of age and enrolled as a full-time undergraduate student \*\*\*.” To provide clarity, a definition for “full-time undergraduate student” was added to the rule using the current IRS definition as a guideline. Also, the word “reimbursement” was removed as the program currently pays the health/dental benefit proactively. Instead, a requirement to notify the Department immediately upon any change to beneficiary eligibility status was added to both the rule and the M-1 Application for Benefits (Att. A.) Finally, “designee” was added to subsection (2)(a)(A) to correct an oversight from a previous rule revision.

The following revised language for OAR 259-070-0020 contains recommended additions (**bold and underlined**) and deletions (~~strikethrough text~~).

#### **259-070-0020**

#### **Discretionary Benefits**

\*\*\*

(2) Health and Dental Insurance ~~Reimbursement~~. The Board may award **benefits to afford** health and dental ~~reimbursement~~ for coverage comparable to that provided by the public safety officer to eligible family members or designees if alternate coverage is not provided.

(a) For the purposes of this rule, “alternate coverage” refers to health and dental coverage that is available to the applicant and beneficiaries at the time of application.

(A) An application for health and dental insurance ~~reimbursement~~ **benefits** made by an eligible family member **or designee** who has declined or lost alternate coverage will be reviewed by the Board to determine eligibility for reimbursement.

(B) The Board will take into consideration the totality of the circumstances surrounding the application, including but not limited to, the reasons for the loss of alternate coverage.

(e **b**) Spouses or designees are eligible for five years after the date of the final order confirming eligibility or until re-marriage, whichever occurs first. **A spouse or designee is required to notify the Department immediately upon change of marital status.**

(b **c**) An eligible child between the ages of 18 and 23 years is eligible for reimbursement **the benefit** only if enrolled as a full-time undergraduate student ~~during the entire period of the requested reimbursement.~~

**(A) For the purposes of this rule, “full-time undergraduate student” means an undergraduate student who is enrolled for the number of course hours determined to be full-time by the school during each of five calendar months during the calendar year.**

**(B) Recipients are required to notify the Department immediately upon change of student enrollment status of an eligible child.**

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ATTACHMENT A – Revised Application for Benefits (Form M-1)

**ACTION ITEM 1:** Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a proposed rule.

**ACTION ITEM 2:** Determine whether to approve filing the proposed language for OAR 259-070-0020 with the Secretary of State as a permanent rule if no comments are received.

**ACTION ITEM 3:** Determine whether there is a significant fiscal impact on small businesses.

Public Safety Memorial Fund Board and  
DEPARTMENT OF PUBLIC SAFETY STANDARDS AND TRAINING

# Application for Benefits

M-1

\_\_\_\_\_ This is a **NEW** application.

\_\_\_\_\_ This is a **SUPPLEMENTAL** application

## 1. About the Public Safety Officer:

Public Safety Officer's Name: \_\_\_\_\_

DPSST #: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Last Employing Agency: \_\_\_\_\_

\_\_\_\_ Officer's Death - List Date: \_\_\_\_\_  
\_\_\_\_ Officer's Permanent Total Disability - List Date: \_\_\_\_\_

Public Safety Officer's Children/dependents - Total #: \_\_\_\_\_ (Must include all children/dependents - use page 2 of this form if more space is needed):

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Social Security No: \_\_\_\_\_

## 2. About the Applicant:

Applicant's Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Public Safety Officer: \_\_\_\_\_ Date of Marriage to Officer \_\_\_\_\_  
(if applicable)

## 3. Benefits Requested:

I request the Board make a determination for my eligibility for the following award(s):

\_\_\_\_ Death Benefit. \_\_\_\_\_ Mortgage Payments - list monthly mortgage amount: \_\_\_\_\_

\_\_\_\_ Health/Dental Benefit

Is alternate coverage available (through employer, etc.)? \_\_\_\_\_ If yes, please provide explanation for reimbursement request on page 2.

If initial request for health/dental benefit, list available coverage in effect at the time of the public safety officer's death/disability & who was covered by the insurance - use back of form if more space is needed:

\_\_\_\_ Educational Scholarship - list school and amount requested: \_\_\_\_\_

Has application been made for compensation, annuity, or other benefits as a result of this death/disability under any compensation law, police death or survivor's benefit fund, or other such fund? \_\_Yes \_\_ No. If yes, list sources, addresses of organization(s), and amounts of all awards you expect to receive and/or have applied for on page 2.

**NOTE: See "Application Instructions" and the "Public Safety Memorial Fund Flow Chart" for additional information required to accompany this form.**

