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JUL 28 2011

Chandler



## MEMORANDUM

**DATE:** JULY 18, 2011

**TO:** MAYOR AND CITY COUNCIL

**THROUGH:** RICH DLUGAS, CITY MANAGER *R. D. Dlugas*  
DEBRA STAPLETON, HUMAN RESOURCES DIRECTOR *BS KAH*

**FROM:** VALERIE F. HERNANDEZ, BENEFIT PROGRAMS SUPERVISOR *KAH*

**SUBJECT:** ADOPTION OF RESOLUTION NO. 4529 AUTHORIZING CITY STAFF TO PROVIDE SURVIVOR HEALTH CARE BENEFITS

RECOMMENDATION: Staff recommends that City Council pass and adopt Resolution No. 4529 authorizing City staff to provide survivor health care benefits.

BACKGROUND/DISCUSSION: The City Council has previously taken action to allow spouse and eligible children of public safety employees who are killed in the line of duty to retain their health care benefits through the City at the beneficiaries' full cost.

City Council has expressed interest in allowing a spouse and eligible children of any City employee who is killed in the course and scope of their employment to retain their group medical, dental, vision benefits at the regular employee's cost for the specific benefits elected.

PROPOSED MOTION: Move to pass and adopt Resolution No. 4529 authorizing City staff to provide survivor health care benefits.

RESOLUTION NO. 4529

A RESOLUTION OF THE CITY COUNCIL OF THE CITY OF CHANDLER  
AUTHORIZING MODIFICATION OF THE CITY'S SURVIVOR BENEFITS  
AND HEALTH CARE BENEFITS TO EXTEND ELIGIBILITY FOR GROUP  
HEALTH INSURANCE COVERAGE TO THE SPOUSE AND ELIGIBLE  
CHILDREN OF ANY EMPLOYEE KILLED IN THE LINE OF DUTY OR IN  
THE COURSE AND SCOPE OF CITY EMPLOYMENT

WHEREAS, the City has historically allowed the spouse and eligible children of public safety employees who are killed in the line of duty to retain their group medical, dental, and vision insurance coverage through the City, with the beneficiaries bearing the full premium cost;

WHEREAS, under A.R.S. § 38-1103, as recently amended, the City is required to pay the full medical insurance premiums for the spouse and any eligible children of a law enforcement officer killed in the line of duty for the first 12 months after the officer's death;

WHEREAS, the City Council wishes to extend, as a survivor benefit, the opportunity to retain group medical, dental, and vision insurance coverage through the City, at the regular employee cost for such coverage, to the spouse and eligible children of any employee of the City who is killed in the line of duty or in the course and scope of City employment beginning with benefit year 2012;

NOW, THEREFORE, BE IT RESOLVED by the City Council of the City of Chandler, Arizona, as follows:

1. The City shall make the necessary modifications to the group medical, dental, and vision insurance programs for City employees to extend, as a survivor benefit, eligibility for coverage to the spouse and eligible children of any employee killed in the line of duty or in the course and scope of their City employment.
2. Except as required under A.R.S. § 38-1103, the medical, dental, and vision insurance coverage shall be made available to the surviving spouse and children at the cost that would normally be paid by the employee for the level of coverage elected.
3. Eligibility for participation in the City's group health insurance programs shall terminate upon the surviving spouse's remarriage or attainment of the age of Medicare eligibility or the surviving eligible children's attainment of age 26.
4. This change shall become effective at the beginning of Benefit Year 2012, and shall be included, with necessary Personnel Rule amendments, if any, at the time the benefits package for Benefit Year 2012 is presented to the City Council for approval.

PASSED AND ADOPTED by the City Council of the City of Chandler, Arizona, this  
\_\_\_\_ day of July, 2011.

ATTEST:

\_\_\_\_\_  
CITY CLERK

\_\_\_\_\_  
MAYOR

CERTIFICATION

I HEREBY CERTIFY that the above and foregoing Resolution No. 4529 was duly passed and adopted by the City Council of the City of Chandler, Arizona, at a regular meeting held on the \_\_\_\_ day of July \_\_\_\_, 2011, and that a quorum was present thereat.

\_\_\_\_\_  
CITY CLERK

APPROVED AS TO FORM:

\_\_\_\_\_  
CITY ATTORNEY

