



## Benefits Committee Pending Issues

	DATE	TOPIC	ACTION	DATE COMPLETED
O	2/7/08	Define a structure for the Benefits Committee: including processes and plan design		
O	2/7/08	Clarify the committee's response when action is requested from Legal Dept and none obtained.		
O	3/27/08	Review old minutes to find pending issues not resolved	Review 4/24/08	
O	2/7/08	HIPPA rules concerning medical documents – How to handle / store for permanent record.	2/29/08 RLS filed.. Response received 4/24/08.	4/24/08
D	2/7/08	Participation by Law Dept for disability appeal process... Finding of Facts etc.	2/29/08 RLS filed regarding Finding of Facts for Willie Smith	
D	2/7/08	Plan to re-examine on Disabled Retirees on periodic basis, annual checks? Does code define this? Potential for any disability case up to age 60 to be reviewed.		
D	2/7/08	Develop definition for “Disability”	4/24/08 K. Giles to consult with Dr. Hogya.	
D	7/25/07	Disabilities – Review and establish a specific definition of ‘Disability Retirement’ per CMC, with assistance from Law	RLS sent	
D	2/27/08	Develop a Procedure for an Appeal Process Define parameters for filing an appeal...i.e. number of times one can appeal.	2/29/08 RLS filed. CRS staff to review legal recommendations and submit to committee for review. Submit back to Legal after committee input.	
D	2/7/08	Charge fee to apply for disability?	Question raised end of '07 committee. RLS filed regarding legality of \$25 fee to file disability application.	
B	7/5/07	Deferred Retirements with unpaid loans – process to handle administratively	CRS staff to make recommendation to committee.	
B	7/5/07	Assessment of service accrual for less than full time service.	CRS staff to make recommendation to committee	
B	3/27/08	Other Plan Design changes as discussed by the Ad Hoc Committee and 9/11/07 Minutes List.	Review 4/24/08. Table further action until Task Force provides a report in June.	
B	6/07	Consistent definitions for eligibility among all benefit categories such as, survivors, disabilities, and beneficiaries.	Table further action until Task Force provides a report in June.	
B		Proposal for Out-of-State Service Purchase	Guidelines approved by Board 2/7/08. To be forwarded to City Council after Ord by Law.	

 O: Other    D: Disability    H: Health Care    B: Benefits

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HC	27/08	Issue of mandating CRS retiree health care as secondary to any other employer provided health care (per CRS work group)	Table further action until Task Force provides a report in June.	
HC	2/7/08	Issue of mandating CRS retiree health care as secondary	Table further action until Task Force provides a report in June.	
	9/11/07	Evaluate Base Survivor Benefits \$152.50 per person per month, \$650 max per month.		

## LAW DEPARTMENT REQUESTS

	DATE	TOPIC	ACTION	DATE COMPLETED
	2/7/08	Out of State Purchase	RLS filed	
	7/25/07	Disabilities – Review and establish a specific definition of ‘Disability Retirement’ per CMC, with assistance from Law.	RLS filed	
	2/7/08	Participation by Law Dept for disability appeal process... Finding of Facts etc.	2/29/08 RLS filed regarding Finding of Facts for Willie Smith	
	2/27/08	Develop a Procedure for an Appeal Process Define parameters for filing an appeal... i.e. number of times one can appeal.	2/29/08 RLS filed. CRS staff to review legal recommendations and submit to committee for review. Submit back to Legal after committee input.	
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	<b>Governance Manual:</b>		
	1. The Board will review/recommend changes to benefit plan design at least every 2 years to Council- *process needed*		
	2. Report to Board Annually by 12/31: <ul style="list-style-type: none"> <li>a. Appropriateness of Benefit plan design</li> <li>b. Effectiveness of Communications policy. Frequency of issuing Employee Handbook, communicating rights to health plan, etc.</li> </ul>		
	<ul style="list-style-type: none"> <li>c. Administrative errors and corrective actions</li> <li>d. Administration of disability program/annually</li> <li>e. Recovery of benefits or premium subsidies paid to ineligible recipients – overpayments due to deaths.</li> </ul>		
	<ul style="list-style-type: none"> <li>f. Administration of health care program/annually</li> <li>g. Recommendations of cost effective prescription programs</li> </ul>		
	<ul style="list-style-type: none"> <li>h. Recommendations regarding loan program               <ul style="list-style-type: none"> <li>1. loan interest rate</li> <li>2. deferred retirement loans</li> <li>3. insurance on loans- How much is being ‘forgiven’ for deaths etc.</li> <li>4. review loan policies</li> </ul> </li> </ul> <p>*process needed*</p>		
	3. With respect to the health insurance program, the Board will approve design and benefit structure of the program at least every 2 years *process needed*		