



AGENDA

Notice of Regular Meeting of the Board of Directors of the Sisters-Camp Sherman Rural Fire Protection District January 20, 2015 – Administration Building – 5:00 p.m.

1. Open the regular meeting
2. 2013-2014 District Audit (skype with Auditor)
3. Association report
4. Consent agenda
 - a. December 16, 2014 Minutes of regular meeting
 - b. Dashboard report
 - c. Bank statement and reconciliations
 - d. Operating fund summaries
 - e. Check register
 - f. Ambulance report
 - g. Safety Committee Minutes
5. Administration
 - a. Steve Reinke- Director Deschutes County 911
 - b. Medical Expense Reimb. for June (HRA Policy)
 - c. Book 2 Policy Changes
 - i. Wage Compensation 2-2-2
 - ii. Ambulance/Emergency Response Billing Policy 2-9-1
 - d. Appoint Budget Officer and approve budget calendar
6. Resolutions
 - a. Resolution 2014-2015-005 to approve expenditure from Employment Reserve
7. Any other business
8. President Report
 - a. Board position filing requirements
9. Correspondence
10. Fire Chief Report:
 - a. Call activity and personnel response
 - b. Human resources support project
 - c. Collaborative Interface Taxation Committee
 - d. Deputy Chief of Operations status
 - e. Cloverdale administrative status
 - f. District Enhancement Committee
 - g. W2 compliance
11. Fire Safety Manager report
 - a. Adoption of Oregon Residential Fire Code - Draft
 - b. Fire Corps policy 2-1-33
12. Other business
13. Meeting adjourned



Sisters-Camp Sherman Rural Fire Protection District
"Protecting Life and Property through Quality Service"

**Minutes of the Regular Meeting of the Board of Directors of the
Sisters-Camp Sherman Rural Fire Protection District
December 16, 2014**

1. President Newport called the meeting to order at 5:05 p.m.
 - a. Directors Attending: Newport, White, Boyd, Johnson, Rainey.
 - b. Staff Attending: Fire Chief Roger Johnson, Kay Johnson, Cody Meredith, Julie Spor, Gary Marshall, Rob Harrison, Bill Hayes
 - c. Public: None.
2. The Board reviewed the Association minutes. Bill Hayes reported later in the meeting that the Swap Meet raised about \$2700 and thanked the Board for their support of the Association. They are busy with the toy drive right now.
3. Consent Agenda. **Unanimously approved consent agenda. Motion by Director Boyd, second by Director White.**
 - a. Minutes of the November 18, 2014 regular meeting were reviewed with no comments.
 - b. Minutes of the December 10, 2014 special meeting were reviewed. Director Rainey asked for confirmation that the HR Consultant's recommendations were included exactly as submitted. This was confirmed with Director Newport, Chief Johnson and Kay.
 - c. Minutes of the December 10, 2014 Civil Service Commission meeting were reviewed with no comments.
 - d. The dashboard report was reviewed. Kay reported that the tax revenue was tracking about 4% higher than last year at this same time.
 - e. The bank statements and reconciliations were reviewed. Director Boyd asked about Chief Johnson's payroll check in the bank adjustment. Kay explained that due to a change that needed made in Chief Johnson's payroll after submission of the direct deposit to the bank, Kay missed a step in the submission and he was not paid until December 1.
 - f. The check register was reviewed. Questions had been directed to Chief Johnson prior to the Board meeting for certain checks. Chief Johnson reported that Check 6154 for hotel reimbursement for Julie Spor to attend the OFSOA conference in Eagle Crest was approved because she and Jamie Vohs from Black Butte were Co-Chairs and were going to be up early and out late supporting this conference. Typically we don't supply lodging for conferences this close, but because they were co-chairs and they split the cost of the room, the Chief approved this. Check 6184 was for pre-employment physicals for the new hires. We will likely use this same company for the volunteer physicals budgeted for this year as well. Check 6196 was for the electrical for the new generator. Set up has not yet been completed for this generator.

- g. The ambulance report was reviewed. Director Newport asked about the note at the bottom of the report regarding receivables. Kay explained that the auditor asked that monthly she makes an adjustment to actual ambulance A/R based on Julie's report. Julie's ambulance billing software does not allow her to change the date of deposits from when she enters them. This amount is the difference between the actual deposits made into the bank and in the accounting software to the ambulance billing software and report.

4. Administration

- a. 2013-2014 Audit Report. Kay presented the audit report to the Board along with the Auditor's letters to management and the Board. Director Rainey and other Board members requested that the Auditor physically present the report and allow them to ask questions regarding their findings. Kay reported on the significant deficiency in internal control. Kay now monthly prints out adjusting journal entry reports and has the Fire Chief review and initial the report. Director Rainey questioned whether there needed to be a report back to the auditor in writing. Other matters for best practice consideration were Board Monitoring and Fidelity Insurance Coverage. Kay asked the auditor for examples which were supplied to the Board for their consideration. A letter from the insurance carrier showed the industry best practice. The Board requested that Kay ask the Auditor to be present at the next board meeting.

5. Resolutions

- a. **Unanimously approved Resolution 2014-2015-004 expenditure from Equipment Reserve Fund for Stryker ambulance cots purchase. Motion by Director Johnson, second by Director White.**

6. Any other business – None.

7. President Report

- a. Cloverdale Fire District has requested that we waive the FireMed fees for their 29 members. Chief Johnson reported this is a potential cost of about \$1450 to our budget in lower FireMed income. **Unanimously approved waiving the FireMed fees for ground ambulance for Cloverdale's qualifying members. Motion by Director Rainey, second by Director Johnson.**
- b. Director Newport asked the Board members to consider further board training. SDAO has a conference coming up Feb 5-8 and encouraged board members to attend. Board training is required for 2% discount on our liability insurance costs.

8. Correspondence – Correspondence from Deschutes County notification to taxing districts to seek designation of a rural renewable energy development zone was reviewed. A thank you letter from Ready, Set, Go! and a certificate from them were reviewed.

9. Fire Chief Report

- a. The call activity and personnel response report was reviewed with no comments.
- b. The Fire Chief report was reviewed.
- c. Chief Johnson reported that we did have one apartment fire that was put out by the sprinkler system, noting that Gary submitted a press release to show the value of sprinkler systems.
- d. Chief Johnson reported that we are looking at purchasing a training software system through "Target Solutions". Much research was done to select the best option. He noted there would be a one-time setup fee of about \$900 and the monthly cost would be \$89 per member. We have about 50 members that would benefit from the training. There are about 3,000 departments using this

software nationwide. Bend and Redmond have gone to this as well as many other departments. The annual cost would be around \$5,000. Target Solutions has agreed to have us run a 6-month trial for half the cost. This cost was included in the budget. FF/Medic Meredith reported that after talking to Hillsboro, they reported a significant cost savings in man hours after moving to this training software.

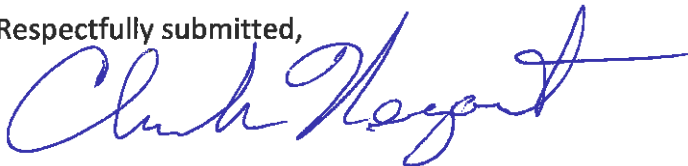
- e. Chief Johnson reported that he has been working with COCC to create an Associates to Bachelor's in Fire Science through Eastern Oregon University. The two colleges are very close to completing this.
- f. Chief Johnson reported on the status of the Deputy Chief Ops hiring process. After completing the interviews and talking to evaluators, it was agreed that three of the four interviewed were not a good fit for the department and they were notified as such. There is one left that has a possibility. Chief Johnson will be meeting with the staff tomorrow to discuss all the options available and get their feedback as to how they would like to proceed.

10. The Fire Safety Manager report was reviewed. Gary Marshall noted to the Board that he intends to bring an Ordinance to the next Board meeting to adopt the Fire Code. Director Boyd asked about the ODF violation. Gary reported he believed it was a warning for burning.

11. Other Business – Director Rainey asked about charging for use of the Community Hall as he was asked by a citizen. Chief Johnson and Julie reported that the Board has an Ordinance for this, but allows the Chief to make exceptions for non-profit groups as he sees fit. The Chief understands there is an argument that the citizens already pay for this through their taxes. However, there is wear and tear on the Community Hall and some citizens may not support all groups taking advantage of this.

12. The meeting was adjourned at 6:05pm.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read "Clark Hays", with a long horizontal flourish extending to the right.

Sisters-Camp Sherman Dashboard				1/1/2015
Legend	Good	Bad	Neutral	
Financial				
	2014/2015 Budget	2014/2015 YTD Actual	% of Budget	50 % goal
Revenue				
Beginning Fund Balance	\$ 1,259,890.00	\$ 1,504,031.52	119.38%	
Property Taxes Recvd.	\$ 2,115,870.00	\$ 1,979,865.31	93.57%	
Ambulance Revenue	\$ 250,000.00	\$ 142,589.20	57.04%	
Fire Med Memberships	\$ 25,000.00	\$ 11,623.76	46.50%	
Other	\$ 19,842.00	\$ 10,479.04	52.81%	
Total YTD Revenue	\$ 3,670,602.00	\$ 3,648,588.83	99.40%	
	2014/2015 Budget	2014/2015 YTD Actual	% of Budget	
Expenditures				50 % goal
Personnel	\$ 1,775,270.00	\$ 904,252.40	50.94%	
Materials and Services	\$ 574,400.00	\$ 221,393.47	38.54%	
Capital Outlay	\$ 58,340.00	\$ 19,616.84	33.63%	
Debt Service	\$ 180,838.00	\$ 45,418.75	25.12%	
Total YTD Expenditures	\$ 2,588,848.00	\$ 1,190,681.46	45.99%	
Cash Balances	11/30/2014	12/31/2014		
U.S. Bank Operating Account	\$ 47,964.87	\$ 28,755.30		
Bank of the Cascades (MMA)	\$ -	\$ -		
Local Govt. Invest. Pool	\$ 1,076,580.63	\$ 2,404,356.12		
Employment Reserve Fund	\$ 60,847.27	\$ 60,847.27		
Building Reserve Fund	\$ 74,195.93	\$ 74,195.93		
Equipment Reserve Fund	\$ 309,054.72	\$ 290,705.72		
Technology Reserve Fund	\$ 18,025.85	\$ 18,025.85		
Debt Service Fund	\$ 179,667.71	\$ 208,711.71		
Total All Funds	\$ 1,766,336.98	\$ 3,085,597.90		
Volunteer Activity	Last Month	Current Month		
Number of Vol. Firefighters	29	27		
Number of EMS Vol.	6	6		
Number of Auxillary Vol.	12	12		
Number of Student Vol.	6	6		
Volunteers In Training Acad.	0	0		
Volunteers in Recruitment	4	5		

Legend	Good	Bad	Neutral	
Emergency Responses	Last Month	Current Month	Year to Date	
Reported Fires	19	11	207	
Confirmed Structure Fire	1	0	3	
Confirmed Wildland Fire	0	0	26	
Ambulance Responses	62	82	753	
Ambulance Transports	31	41	384	
Air Ambulance Transports	1	2	15	
Total calls for month	81	93	960	
Personnel Response	Last Month	Current Month	Year to Date	Goal
Volunteer Responses	196	311	2713	
Average Volunteer Response	2.42	3.34	2.77	
Career Responses	253	282	2927	
Average Career Response	3.12	3.03	3.09	
7 PC's initiated	25	18	280	67%
7 PC's Covered	19	12	185	Goal 75%
Training Hours	Last Month	Current Month	Year to Date	
Volunteer Training Hrs.	228.25	292.5	2796.10	
Career Training Hrs.	105.5	128.25	1344.60	
Instructor Hrs.	32.75	52.5	721.50	
Career Certifications	0		14	
Volunteer Certifications	0	1	27	
Employee Injuries	Last Month	Current Month	Year to date	
Requiring Treatment	0	0	3	
Not Requiring Treatment	0	0	2	

Sisters-Camp Sherman Dashboard			1/1/2014		
Legend	Good	Bad	Neutral		
Financial					
	2013/2014 Budget	2013/2014 YTD. Actual	% of Budget	50% goal	
Revenue					
Beginning Fund Balance	\$ 1,294,308.00	\$ 1,445,049.00	111.65%		
Property Taxes Recvd.	\$ 2,044,077.00	\$ 1,883,235.75	92.13%		
Ambulance Revenue	\$ 225,000.00	\$ 155,047.14	68.91%		
Fire Med Memberships	\$ 25,000.00	\$ 12,862.49	51.45%		
Other	\$ 19,885.00	\$ 23,415.49	117.75%		
Total YTD Revenue	\$ 3,608,270.00	\$ 3,519,609.87	97.54%		
	2013/2014 Budget	2013/2014 YTD. Actual	% of Budget		
Expenditures				50% goal	
Personnel	\$ 1,890,535.00	\$ 950,845.88	50.30%		
Materials and Services	\$ 534,943.00	\$ 185,224.59	34.63%		
Capital Outlay	\$ 33,600.00	\$ 467.72	1.39%		
Debt Service	\$ 142,962.00	\$ 142,962.00	100.00%		
Total YTD Expenditures	\$ 2,602,040.00	\$ 1,279,500.19	49.17%		
Cash Balances	11/31/2013	12/31/2013			
U.S. Bank Operating Account	\$ 112,193.39	\$ 118,684.65			
Bank of the Cascades (pool)	\$ 5,606.26	\$ 5,607.45			
Local Govt. Invest. Pool	\$ 2,362,718.23	\$ 2,195,825.11			
Employment Reserve Fund	\$ 107,591.62	\$ 107,591.62			
Building Reserve Fund	\$ 49,195.93	\$ 49,195.93			
Equipment Reserve Fund	\$ 99,793.35	\$ 99,793.35			
Technology Reserve Fund	\$ 3,025.85	\$ 3,025.85			
Debt Service Fund	\$ 225,265.05	\$ 255,770.00			
Total All Funds	\$ 2,965,389.68	\$ 2,835,493.96			
Volunteer Activity	Last Month	Current Month			
Number of Vol. Firefighters	28	27			
Number of EMS Vol.	6	6			
Number of Auxillary Vol.	12	12			
Number of Student Vol.	7	7			
Volunteers In Training Acad.	0	0			
Volunteers in Recruitment	4	0			

Legend	Good	Bad	Neutral		
Emergency Responses	Last Month	Current Month	Year to Date		
Reported Fires	14	18	185		
Confirmed Structure Fire	0	0	5		
Confirmed Wildland Fire	0	0	26		
Ambulance Responses	52	51	738		
Ambulance Transports	35	33	403		
Air Ambulance Transports	2	2	18		
Total calls for month	66	69	923		
Personnel Response	Last Month	Current Month	Year to Date		
Volunteer Responses	234	195	2901		
Average Volunteer Response	3.54	2.82	3.39		
Career Responses	186	195	2489		
Average Career Response	2.81	2.82	2.91		
7 PC's Initiated	17	17	250		
7 PC's Covered	8	12	159		
Fire Prevention	Last Month	Current Month	Year to Date		
Pre-Fire Plan Surveys	continuing	continuing	3		
Fire and Life Safety Insp.	3	0	19		
Public Ed. Presentations	3	0	20		
Training Hours	Last Month	Current Month	Year to Date		
Volunteer Training Hrs.	204.75	185.25	3024.6		
Career Training Hrs.	54.75	45.25	1123.75		
Instructor Hrs.	56.5	49.25	685.65		
Employee Injuries	Last Month	Current Month	Year to date		
Requiring Treatment	0	0	4		
Not Requiring Treatment	1	0	5		



P.O. Box 1800
Saint Paul, Minnesota 55101-0800

3233 IMG

Y ST01

Business Statement

Account Number:

1 536 9523 7070

Statement Period:

Dec 1, 2014

through

Dec 31, 2014

Page 1 of 17



000000631 2 SP 106481868790604 P
SISTERS-CAMP SHERMAN RURAL
FIRE PROTECTION DISTRICT
OPERATING FUND
PO BOX 1509
SISTERS OR 97759-1509



To Contact U.S. Bank

Commercial Customer

Service:

1-877-295-2509

Telecommunications Device

for the Deaf:

1-800-685-5065

Internet:

usbank.com

NEWS FOR YOU

Price changes for U.S. Bank's Business Checking, Savings, and Treasury Management Services are effective January 1, 2015. You can view revised pricing (only those prices that changed) at <https://www2.usbank.com/tmpricing> beginning December 1, 2014. Please enter the Access Code listed below to view price changes that may apply. If you experience difficulty accessing this information, please contact Customer Service at the number listed in the upper right corner of this statement or by sending an email to Customer Service at commercialsupport@usbank.com.

Access Code: 3D-39EA-3CF9-AB55

GOLD BUSINESS CHECKING

U.S. Bank National Association

Member FDIC

Account Number 1-536-9523-7070

Account Summary

	# Items	\$	
Beginning Balance on Dec 1			143,429.66
Customer Deposits	9		22,543.73
Other Deposits	15		111,006.75
Other Withdrawals	12		128,298.18 -
Checks Paid	97		87,193.37 -
Ending Balance on Dec 31, 2014		\$	61,488.59

Customer Deposits

Number	Date	Ref Number	Amount	Number	Date	Ref Number	Amount
	Dec 2	8354684815	4,651.29		Dec 16	8354925619	2,427.73
	Dec 3	8653995713	1,365.15		Dec 17	8653935594	3,301.63
	Dec 9	8354725121	241.82		Dec 23	8352014911	259.68
	Dec 10	8654027844	4,683.27		Dec 26	9253471438	2,143.00
	Dec 15	8057417058	3,470.16				

Total Customer Deposits \$ 22,543.73

Other Deposits

Date	Description of Transaction	Ref Number	Amount
Dec 2	MERCH 8016294970	SISTERS DEPOSIT	\$ 122.92
Dec 3	Electronic Deposit	From Regence BCBCO	1,170.00
	REF=14335013478564 N	6930238155HCCLAIMPMT485000800980	
Dec 8	MERCH 8016294970	SISTERS DEPOSIT	100.00
Dec 8	Electronic Deposit	From Regence BCBCO	125.18
	REF=14338008796469 N	6930238155HCCLAIMPMT485000800980	
Dec 11	MERCH 8016294970	SISTERS DEPOSIT	228.36
Dec 12	MERCH 8016294970	SISTERS DEPOSIT	15.00
Dec 15	MERCH 8016294970	SISTERS DEPOSIT	75.00
Dec 15	Electronic Deposit	From Regence BCBCO	920.80
	REF=14345007361560 N	6930238155HCCLAIMPMT485000800980	
Dec 16	Electronic Deposit	From NORIDIAN WAORAK	4,809.92
	REF=14349014645133 Y	4450173185HCCLAIMPMT1245231760	
Dec 18	MERCH 8016294970	SISTERS DEPOSIT	921.37
Dec 18	Electronic Deposit	From PacificSource	1,083.14
	REF=14350015435208 N	2930245545CREDIT 3077581	

Report Criteria:

Print Outstanding Checks and Deposits and Bank and Book Adjustments

US Bank Oper Acct (Operating Account) (7)
December 31, 2014

Account: 10001080

Bank Account Number: 153695237070

Bank Statement Balance:	61,488.59	Book Balance Previous Month:	101,333.21
Outstanding Deposits:	.00	Total Receipts:	133,550.48
Outstanding Checks:	32,733.29	Total Disbursements:	206,128.39
Bank Adjustments:	.00	Book Adjustments:	.00
Bank Balance:	28,755.30	Book Balance:	28,755.30

Outstanding Deposits

No outstanding deposits found!

Deposits cleared: 25 items Deposits Outstanding: 0 items

Outstanding Checks

Check Number	Check Amount	Check Number	Check Amount	Check Number	Check Amount	Check Number	Check Amount
6048	200.00	6291	71.54	6305	290.00	6310	131.68
6272	300.00	6295	232.99	6306	197.00	122914	15,089.39
6277	311.05	6296	100.00	6307	116.71		
6281	1,380.00	6302	78.52	6308	771.00	Total:	32,733.29
6283	13,375.39	6303	48.02	6309	40.00		

Checks cleared: 110 items Checks Outstanding: 17 items

Bank Adjustments

No bank adjustments found!

Book Adjustments

No book adjustments found!

Combined Savings Statement

PAGE 1 OF 1

Statement Ending Date 12/31/14
Branch Sisters

For 24-hour telephone banking
1-877-431-1876

SISTERS-CAMP SHERMAN RURAL FIRE PROTECTI
PO BOX 1509
SISTERS, OR 97759-1509

20564 / 8



Please direct all inquiries to (541) 549-8110
PO Box 670, Sisters, OR 97759

Annual Percentage Yield Earned: 00.20%

: 275-900086-8

**Sisters-Camp Sherman Rural Fire
Protection Dist**

Date	Description	Amount	Balance
12/01	Beginning Balance		\$179,667.71
12/02	Deposit	+26,083.08	205,750.79
12/09	Deposit	+2,925.75	208,676.54
12/31	Interest	+35.17	208,711.71
12/31	Ending Balance		\$208,711.71

2014 Interest Credited To This Account: \$316.73

Report Criteria:

Print Outstanding Checks and Deposits and Bank and Book Adjustments

Washington Federal (WashFed Bond Tax Acct) (10)
December 31, 2014

Account: 70001040

Bank Account Number: 831460001

Bank Statement Balance:	208,711.71	Book Balance Previous Month:	179,667.71
Outstanding Deposits:	.00	Total Receipts:	29,044.00
Outstanding Checks:	.00	Total Disbursements:	.00
Bank Adjustments:	.00	Book Adjustments:	.00
Bank Balance:	208,711.71	Book Balance:	208,711.71

Outstanding Deposits

No outstanding deposits found!

Deposits cleared: 3 items Deposits Outstanding: 0 items

Outstanding Checks

No outstanding checks found!

Checks cleared: 0 items Checks Outstanding: 0 items

Bank Adjustments

No bank adjustments found!

Book Adjustments

No book adjustments found!



Monthly Local Government Statement of Account Balance and Transactions

Sisters-Camp Sherman RFPD

Account: 0000004374

December 31, 2014

Page 1 of 1

Kay Johnson
Sisters-Camp Sherman RFPD
PO Box 1509
Sisters, OR 97759

Beginning Balance	Debits		Credits		Interest Amount	Fee Amount	Ending Balance
	Count	Amount	Count	Amount			
\$2,892,695.96	1	100,000.00	2	55,434.93	1,238.21	10.85	\$2,849,358.25

Effective Date	Posting Date	Description / Comments	Document Number	Item Count	Debit Amount	Credit Amount	Balance
OR Treasury							
12/1/2014	12/1/2014	TES Deschutes County TT	AT187336			52,861.47	
		End of day balance					2,945,557.43
OR Treasury							
12/2/2014	12/2/2014	TES Jefferson County Tax Turnovers	AT195415			2,573.46	
		End of day balance					2,948,130.89
OR Treasury-Outgoing ACH							
12/22/2014	12/22/2014	Voice Response Withdrawal	DVA303345		100,000.00		
		End of day balance					2,848,130.89
OR Treasury							
12/31/2014	12/31/2014	Interest Credit	EI123114			1,238.21	
12/31/2014	12/31/2014	ACH Direct Deposit Fee	FEE123114		0.05		
12/31/2014	12/31/2014	Manual Transfer-In Fee	FEE123114		0.80		
12/31/2014	12/31/2014	Monthly Maintenance Fee	FEE123114		10.00		
		End of day balance					2,849,358.25

Fees

Description	Item Count	Amount	Current Rate
ACH Direct Deposit Fee	1	0.05	0.0500
Manual Transfer-In Fee	2	0.80	0.4000
Monthly Maintenance Fee	1	10.00	10.0000

Interest

Effective Date	Rate
12/1/2014	0.5000%
Average Annualized Rate:	0.5000%

Note: The average annualized rate for the month is not the exact rate at which your account earned unless you had the exact same balance every day during the month.

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
LGIP Acct #4374			11/30/2014 (11/14) Balance	1-00-0-1070			2,430,572.19
12/01/2014	CR	4	Deschutes County Taxes		52,861.47		
12/01/2014	CR	8	Jefferson County Taxes		2,573.46		
12/31/2014	CRJE	2	LGIP Interest		1,238.21		
12/31/2014	CRJE	3	LGIP Fees			10.85-	
12/18/2014	CRUS	59	Transfer from LGIP CR1268C			100,000.00-	
12/17/2014	JE	1	Transfer funds from Equipment Reserve for Resoluti		18,349.00		
			12/31/2014 (12/14) Period Totals and Balance		75,022.14 *	100,010.85- *	2,405,583.48

Number of Transactions: 6 Number of Accounts: 1

Total GENERAL FUND:

Number of Transactions: 6 Number of Accounts: 1

Grand Totals:

Debit	Credit	Proof
75,022.14	100,010.85-	24,988.71-
Debit	Credit	Proof
75,022.14	100,010.85-	24,988.71-

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
Empl Fund			11/30/2014 (11/14) Balance	2-00-0-1070			60,847.27
			12/31/2014 (12/14) Period Totals and Balance		.00 *	.00 *	60,847.27
Number of Transactions: 0 Number of Accounts: 1					Debit	Credit	Proof
Total EMPLOYMENT RESERVE FUND:					.00	.00	.00

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
Bldg Fund			11/30/2014 (11/14) Balance	3-00-0-1070			74,195.93
			12/31/2014 (12/14) Period Totals and Balance		.00	.00	74,195.93

Number of Transactions: 0 Number of Accounts: 1

Total BUILDING RESERVE FUND:

Debit	Credit	Proof
.00	.00	.00

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
Equipment Fund			11/30/2014 (11/14) Balance	4-00-0-1070			309,054.72
12/17/2014	JE	2	Transfer funds from Equipment Reserve for Resoluti			18,349.00-	
			12/31/2014 (12/14) Period Totals and Balance		.00 *	18,349.00- *	290,705.72
Number of Transactions: 1 Number of Accounts: 1					Debit	Credit	Proof
Total EQUIPMENT RESERVE FUND:					.00	18,349.00-	18,349.00-

Date	Journal	Reference Number	Payee or Description	Account Number	Debit Amount	Credit Amount	Balance
			Technology Reserve Fund				
			11/30/2014 (11/14) Balance	5-00-0-1075			18,025.85
			12/31/2014 (12/14) Period Totals and Balance		.00 *	.00 *	18,025.85
Number of Transactions: 0 Number of Accounts: 1					Debit	Credit	Proof
Total TECHNOLOGY RESERVE FUND:					.00	.00	.00
Number of Transactions: 5 Number of Accounts: 5					Debit	Credit	Proof
Grand Totals:					73,783.93	118,349.00-	44,565.07-

Report Criteria:

Actual Amounts
All Accounts
Summarize Payroll Detail
Print Periods With No Activity
Print Period Totals
Print Grand Totals
Page and Total by Fund
All Segments Tested for Total Breaks
Account.Account Number = 10001070,20001070,30001070,40001070,50001070,50001075

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

GENERAL FUND

ASSETS

1-00-0-1070	LGIP ACCT #4374	2,405,583.48	
1-00-0-1080	US BANK OPERATING ACCT	28,755.30	
1-00-0-1099	PETTY CASH	345.58	
1-00-0-1120	AMBULANCE RECEIVABLES	127,159.97	
1-00-0-1160	ALLOWANCE FOR UNCOLLECTIBLE AM	(50,518.18)	
1-00-0-1450	PROPERTY TAXES RECEIVABLE	93,112.89	
TOTAL ASSETS			2,604,439.04

LIABILITIES AND EQUITY

LIABILITIES

1-00-0-2000	ACCOUNTS PAYABLE	(45.98)	
1-00-0-2250	DEFERRED REVENUE	70,863.69	
TOTAL LIABILITIES			70,817.71

FUND EQUITY

1-00-0-3120	GENERAL FUND	(2,859,202.82)	
1-00-0-3190	CURRENT YEAR APPROPRIATION	(3,784,860.32)	
UNAPPROPRIATED FUND BALANCE:			
1-00-0-3900	RETAINED EARNINGS	6,673,215.99	
	REVENUE OVER EXPENDITURES - YTD	2,504,468.48	
BALANCE - CURRENT DATE		9,177,684.47	
TOTAL FUND EQUITY			2,533,621.33
TOTAL LIABILITIES AND EQUITY			2,604,439.04

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

EQUIPMENT RESERVE FUND

ASSETS

4-00-0-1070 EQUIPMENT FUND

290,705.72

TOTAL ASSETS

290,705.72

LIABILITIES AND EQUITY

FUND EQUITY

4-00-0-3120 EQUIPMENT RESERVE

(459,781.58)

UNAPPROPRIATED FUND BALANCE:

4-00-0-3900 RETAINED EARNINGS

459,781.58

REVENUE OVER EXPENDITURES - YTD

290,705.72

BALANCE - CURRENT DATE

750,487.30

TOTAL FUND EQUITY

290,705.72

TOTAL LIABILITIES AND EQUITY

290,705.72

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

TECHNOLOGY RESERVE FUND

ASSETS

5-00-0-1075	TECHNOLOGY RESERVE FUND	18,025.85	
	TOTAL ASSETS		<u>18,025.85</u>

LIABILITIES AND EQUITY

FUND EQUITY

5-00-0-3120	TECHNOLOGY RESERVE FUND	(70,059.28)	
	UNAPPROPRIATED FUND BALANCE:		
5-00-0-3900	RETAINED EARNINGS	70,059.28	
	REVENUE OVER EXPENDITURES - YTD	<u>18,025.85</u>	
	BALANCE - CURRENT DATE	<u>88,085.13</u>	
	TOTAL FUND EQUITY		<u>18,025.85</u>
	TOTAL LIABILITIES AND EQUITY		<u>18,025.85</u>

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

BUILDING RESERVE FUND

ASSETS

3-00-0-1070	BLDG FUND	74,195.93	
TOTAL ASSETS			74,195.93

LIABILITIES AND EQUITY

FUND EQUITY

3-00-0-3120	BUILDING RESERVE	(131,286.82)	
UNAPPROPRIATED FUND BALANCE:			
3-00-0-3900	RETAINED EARNINGS	131,286.82	
	REVENUE OVER EXPENDITURES - YTD	74,195.93	
BALANCE - CURRENT DATE		205,482.75	
TOTAL FUND EQUITY			74,195.93
TOTAL LIABILITIES AND EQUITY			74,195.93

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

EMPLOYMENT RESERVE FUND

ASSETS

2-00-0-1070	EMPL FUND		60,847.27	
TOTAL ASSETS				60,847.27

LIABILITIES AND EQUITY

FUND EQUITY

2-00-0-3120	EMPLOYMENT RESERVE	(356,427.72)	
UNAPPROPRIATED FUND BALANCE:				
2-00-0-3900	RETAINED EARNINGS		356,427.72	
	REVENUE OVER EXPENDITURES - YTD		60,847.27	
BALANCE - CURRENT DATE			417,274.99	
TOTAL FUND EQUITY				60,847.27
TOTAL LIABILITIES AND EQUITY				60,847.27

SISTERS-CAMP SHERMAN
BALANCE SHEET
DECEMBER 31, 2014

DEBT SERVICE FUND

ASSETS

7-00-0-1040 BOND TAX REVENUE WASH FEDERAL
7-00-0-1450 PROPERTY TAXES RECEIVABLE

208,711.71
8,954.70

TOTAL ASSETS

217,666.41

LIABILITIES AND EQUITY

LIABILITIES

7-00-0-2250 DEFERRED REVENUE

7,362.72

TOTAL LIABILITIES

7,362.72

FUND EQUITY

7-00-0-3120 DEBT SERVICE FUND

(727,207.18)

UNAPPROPRIATED FUND BALANCE:

7-00-0-3900 RETAINED EARNINGS
REVENUE OVER EXPENDITURES - YTD

727,207.18
210,303.69

BALANCE - CURRENT DATE

937,510.87

TOTAL FUND EQUITY

210,303.69

TOTAL LIABILITIES AND EQUITY

217,666.41

Account Number	Account Title	2013-13 Prior year Period Actual	2014-14 Current Period Actual	2014-14 Current year Actual	2014-15 Current year Budget	Balance Remaining +/-	% Collected
GENERAL FUND							
1-01-0-40100	Desch Cnty Current Yr Ta	27,866.67	51,787.40	1,748,521.47	1,884,180.00	113,806.55-	94%
1-01-0-40200	Jeff Cnty Current Yr Taxe	2,393.92	2,440.04	183,573.39	199,460.00	13,390.56-	93%
1-01-0-41100	Desch Cnty Prior Yr Taxe	686.08	947.90	38,947.12	27,600.00	15,614.69	157%
1-01-0-41200	Jeff Cnty Prior Yr Taxes	905.03	131.29	8,823.33	4,630.00	5,179.30	212%
1-01-0-42100	Ambulance Transports	43,448.25	20,544.49	141,135.08	250,000.00	99,673.66-	60%
1-01-0-42120	Ambulance Collection Ac	61.25	145.35	1,454.12	.00	2,188.42	.00
1-01-0-42200	Fire Contracts	2,603.64	2,116.55	2,347.54	3,500.00	633.03-	82%
1-01-0-42300	Fire Apparatus Response	.00	.00	318.00	10.00	308.00	3180%
1-01-0-42400	Fire Med Membership	1,600.00	2,550.00	11,623.76	25,000.00	13,376.24-	46%
1-01-0-42500	Pay from Outside Parties	.00	.00	.00	60.00	60.00-	.00
1-01-0-43300	Grant Revenue	.00	.00	.00	.00	.00	.00
1-01-0-43301	2013 SDAO Arson Grant	.00	.00	.00	.00	.00	.00
1-01-0-44120	Bank Interest	1.19	.00	4.73	12.00	7.27-	39%
1-01-0-44140	Deschutes Cnty Interest	112.62	126.17	171.21	250.00	71.45-	71%
1-01-0-44160	Jefferson Cnty Interest	3.31	2.13	5.62	10.00	2.19	122%
1-01-0-44180	Reserve Bank Interest	1,150.10	1,238.21	4,952.21	9,000.00	4,047.79-	55%
1-01-0-45000	Misc Revenue	213.98	361.02	1,957.94	6,000.00	3,896.56-	35%
1-01-0-45400	Volunteer Assoc Donation	325.91	160.00	160.00	.00	160.00	.00
1-01-0-45500	Community Room Reven	.00	300.00	1,800.00	1,000.00	800.00	180%
1-01-0-49990	Beginning Working Capita	.00	.00	1,504,031.52	1,259,890.00	244,141.52	119%
Total GENERAL FUND REVENUE:		81,371.95	82,850.55	3,649,827.04	3,670,602.00	19,431.01	101%
GENERAL FUND Revenue Total:		81,371.95	82,850.55	3,649,827.04	3,670,602.00	19,431.01	101%
Net Total GENERAL FUND:		81,371.95	82,850.55	3,649,827.04	3,670,602.00	19,431.01	101%

Account Number	Account Title	2013-13 Prior Year To Date Actual	2014-14 Current Period Actual	2014-14 Current year Actual	2014-15 Cur Year Budget	Variance	% of Budget
GENERAL FUND							
	Total BOARD DEPARTMENT:	48,364.44	646.10	38,476.13	52,537.00	14,060.87	73%
	Total FIRE CHIEF DEPARTMENT:	83,842.28	14,068.27	90,457.15	179,244.00	88,786.85	50%
	Total ADMINISTRATION DEPARTMENT:	122,413.49	12,817.88	79,533.92	156,515.00	76,981.08	51%
	Total DEPT TRAINING:	.00	.00	.00	.00	.00	.00
	Total FIRE PREVENTION DEPT:	.00	.00	.00	.00	.00	.00
	Total CAREER DEPARTMENT:	519,048.18	88,913.54	508,159.93	1,133,248.00	625,088.07	45%
	Total FIRE SAFETY MANAGER:	77,482.71	4,877.62	23,234.12	45,796.00	22,561.88	51%
	Total VOLUNTEERS DEPARTMENT:	2,003.22	1,695.00	3,236.61	8,000.00	4,763.39	40%
	Total DEPUTY CHIEF - OPS:	77,506.94	7,413.88	148,239.60	161,974.00	15,544.00	90%
	Total TEMPORARY EMPLOYEES DEPARTMENT:	20,164.62	1,253.10	12,914.94	37,956.00	25,041.06	34%
	GENERAL FUND Expenditure Total:	950,845.88	131,485.39	904,252.40	1,775,270.00	872,827.20	51%
	Net Total GENERAL FUND:	950,845.88-	131,485.39-	904,252.40-	1,775,270.00-	872,827.20-	51%
	Net Grand Totals:	950,845.88-	131,485.39-	904,252.40-	1,775,270.00-	872,827.20-	51%

Account Number	Account Title	2013-13 Prior year YTD Actual	Period Actual	2014-14 Current year Actual	2014-15 Cur Year Budget	Variance	% of Budget
GENERAL FUND							
	Total BOARD DEPARTMENT:	47,869.09	37,539.20	64,084.41	96,540.00	31,982.39	67%
	Total FIRE CHIEF DEPARTMENT:	1,465.73	.00	682.80	6,800.00	5,967.20	12%
	Total ADMINISTRATION DEPARTMENT:	19,900.99	7,177.86	32,111.83	56,775.00	21,513.17	62%
	Total DEPT TRAINING:	6,193.84	329.96	9,748.56	35,650.00	21,218.19	40%
	Total FIRE PREVENTION DEPT:	1,084.31	.00	.00	.00	.00	.00
	Total CAREER DEPARTMENT:	896.92	103.53	717.57	2,340.00	1,569.43	33%
	Total FIRE SAFETY MANAGER:	1,680.37	212.54	4,787.76	10,480.00	5,493.28	48%
	Total VOLUNTEERS DEPARTMENT:	9,160.60	1,113.84	5,375.13	45,850.00	40,394.92	12%
	Total DEPUTY CHIEF - OPS:	627.38	98.00	2,231.41	7,785.00	5,553.59	29%
	Total STUDENTS DEPARTMENT:	22,734.15	1,482.00	23,421.87	59,400.00	35,424.03	40%
	Total EMERGENCY MED SERV DEPARTMENT:	11,797.10	1,532.48	17,724.64	61,370.00	42,746.50	30%
	Total COMMUNICATIONS DEPARTMENT:	1,138.84	82.40	1,413.22	11,100.00	9,686.78	13%
	Total FACILITIES DEPARTMENT:	36,369.10	4,764.21	24,757.14	88,510.00	53,095.06	40%
	Total FIRE EQUIPMENT DEPARTMENT:	8,229.24	640.68	19,920.47	37,350.00	16,947.09	55%
	Total VEHICLE MAINTENANCE DEPARTMENT:	21,521.06	2,063.43	14,427.51	54,450.00	38,666.79	29%
	GENERAL FUND Expenditure Total:	172,347.52	57,140.13	221,404.32	574,400.00	330,258.42	43%
	Net Total GENERAL FUND:	172,347.52-	57,140.13-	221,404.32-	574,400.00-	330,258.42-	43%
	Net Grand Totals:	172,347.52-	57,140.13-	221,404.32-	574,400.00-	330,258.42-	43%

Account Number	Account Title	2013-13 Prior YTD Actual	2014-14 Current Period Actual	2014-14 Current year Actual	2014-15 Cur Year Budget	Variance	% of Budget
GENERAL FUND							
	Total ADMINISTRATION DEPARTMENT:	467.72	.00	7,185.00	5,500.00	1,685.00-	131%
	Total DEPT TRAINING:	.00	.00	.00	1,500.00	1,500.00	.00
	Total EMERGENCY MED SERV DEPARTMENT:	.00	1,200.00-	8,320.85	10,000.00	1,679.15	83%
	Total COMMUNICATIONS DEPARTMENT:	.00	.00	2,534.00	13,500.00	10,966.00	19%
	Total FACILITIES DEPARTMENT:	.00	.00	.00	2,500.00	2,500.00	.00
	Total FIRE EQUIPMENT DEPARTMENT:	.00	.00	1,576.99	25,340.00	23,763.01	6%
	GENERAL FUND Expenditure Total:	467.72	1,200.00-	19,616.84	58,340.00	38,723.16	34%
	Net Total GENERAL FUND:	467.72-	1,200.00	19,616.84-	58,340.00-	38,723.16-	34%
	Net Grand Totals:	467.72-	1,200.00	19,616.84-	58,340.00-	38,723.16-	34%

Report Criteria:

Report type: GL detail

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Check Amount
5541							
12/14	12/09/14	5541	Cascade Credit Consulting,	AMB-Heagy Fees	33114	1-01-0-42120	38.25- V
6154							
12/14	12/15/14	6154	Black Butte Ranch RFPD	Conference Hotel split-Julie	352	1-13-2-52900	154.86- V
6210							
12/14	12/01/14	6210	Central Oregon Police Cha	Donation to Chaplaincy Program	2014-15	1-18-2-53910	800.00
6211							
12/14	12/01/14	6211	Connor Briggs	Mileage Reimb	111914	1-20-2-53540	300.00
6212							
12/14	12/01/14	6212	Deschutes County 911 Ser	Monthly Acess Charges	SIS-VER-007	1-26-2-53500	20.81
6213							
12/14	12/01/14	6213	Doug Myers	Joint Officers drill dinner	112014	1-19-2-52960	80.29
6214							
12/14	12/01/14	6214	Foremost Promotions	Patriotic Fire Hats Black & Pink	281390	1-17-2-51830	455.00
6215							
12/14	12/01/14	6215	Hayden Jones	Mileage Reimbursement	111914	1-20-2-53540	300.00
6216							
12/14	12/01/14	6216	Hughes Fire Equipment, In	721 cable assmy	490379	1-34-2-53100	63.19
12/14	12/01/14	6216	Hughes Fire Equipment, In	721 cable assmy	490380	1-34-2-53100	54.36
6217							
12/14	12/01/14	6217	Jeremy Ast	Cell phone reimbursement	112114	1-16-2-53813	53.00
6218							
12/14	12/01/14	6218	Life Flight Network Membe	Damon Frutos membership	112414	1-16-1-50130	45.00
6219							
12/14	12/01/14	6219	Municipal Emergency Serv.	Hose Rings	00577854-SNV	1-30-2-53100	76.45
6220							
12/14	12/01/14	6220	Pauly, Rogers and Co., PC	2014 Audit final	7092	1-11-2-51550	1,820.00
6221							
12/14	12/01/14	6221	Quill	Laptop Bag Wellington	779321	1-18-2-53820	19.99
6222							
12/14	12/01/14	6222	SeaWestern, Inc.	O ring for SCBA	180503	1-30-2-52020	57.91
6223							
12/14	12/01/14	6223	Sisters Drugstore	FENTANYL	494684	1-24-2-52800	87.60
6224							
12/14	12/01/14	6224	Sisters Landscaping, Co., I	landscaping	13937	1-28-2-53502	464.50
12/14	12/01/14	6224	Sisters Landscaping, Co., I	Snow removal	13982	1-28-2-53504	85.00
6225							
12/14	12/01/14	6225	Sisters Screen Printing & E	Embroidery-Brown, Meredith	10765	1-13-2-53700	51.00
12/14	12/01/14	6225	Sisters Screen Printing & E	Uniforms for Stock Per Estimate #2232	10767	1-13-2-53700	2,925.05
12/14	12/01/14	6225	Sisters Screen Printing & E	New Hires Uniforms	10775	1-13-2-53900	223.00
6226							
12/14	12/01/14	6226	Sisters-Camp Sherman F&	donation from James Sheals	112414	1-01-0-45400	100.00
6227							
12/14	12/01/14	6227	St. Charles Medical Center	Physical-Millar	2000251814-0	1-13-2-53900	788.01
6228							
12/14	12/01/14	6228	State of Oregon - DEQ/Acc	WELL FEES	WQUIC15-009	1-28-2-53500	300.00
6229							
12/14	12/01/14	6229	Tara Johannsen	Hotel for Seaside Conf	112314	1-17-2-52900	418.56
12/14	12/01/14	6229	Tara Johannsen	Hosted COFPC supplies	112514	1-17-2-52960	12.09
6230							
12/14	12/01/14	6230	WCP Solutions	bath supplies	476463	1-28-2-53100	93.16
6231							
12/14	12/09/14	6231	Ace Hardware, Inc.	Supplies	113014	1-24-2-52800	30.60
12/14	12/09/14	6231	Ace Hardware, Inc.	Supplies	113014	1-28-2-53100	98.61
12/14	12/09/14	6231	Ace Hardware, Inc.	Supplies	113014	1-34-2-53100	80.17

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Check Amount
6232							
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	EXi (6)	112514	1-34-2-53100	716.70
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	supplies	112514	1-34-2-53100	47.58
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	supplies	112514	1-24-2-53100	6.66
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	supplies	112514	1-28-2-53100	6.20
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	supplies	112514	1-34-2-53100	4.44
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	Bucket pump	112514	1-28-2-53100	44.99
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	CHAINS FOR AMB #1 (2 SETS)	28483390	1-24-2-53100	183.66
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	CHAIN TIGHTENERS FOR #1 & #3	28483390	1-24-2-53100	46.65
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	CHAINS FOR 791	28483390	1-34-2-53100	180.09
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	WINTER WINDSHIELD FLUID	483218	1-34-2-53100	22.76
12/14	12/09/14	6232	Baxter Auto/S&S/Sisters	DIESEL FUEL TREATMENT	483218	1-34-2-53100	114.01
6233							
12/14	12/09/14	6233	Bend Broadband	acct 170584-1 Buffalo Cable	111914	1-28-2-53820	41.21
12/14	12/09/14	6233	Bend Broadband	acct 170584-1 Buffalo Cable	111914	1-28-2-53870	37.31
12/14	12/09/14	6233	Bend Broadband	acct 170739-2 cable	112514	1-28-2-53820	318.45
12/14	12/09/14	6233	Bend Broadband	acct 170739-2 cable	112514	1-28-2-53870	501.60
6234							
12/14	12/09/14	6234	Bend Oil Company	Fuel	90607	1-24-2-52400	678.78
12/14	12/09/14	6234	Bend Oil Company	Fuel	90607	1-34-2-52400	717.27
6235							
12/14	12/09/14	6235	Blumenthal Uniforms & Eq	Pants	105264	1-13-2-53900	94.50
6236							
12/14	12/09/14	6236	BOUND TREE MEDICAL,	EMS ORDER# 31924041	81620483	1-24-2-52800	191.35
6237							
12/14	12/09/14	6237	Caselle, Inc.	Contract support charges	61870	1-13-2-53500	343.00
6238							
12/14	12/09/14	6238	CEC, INC	electric-Lariat	19629	1-28-2-53830	59.34
12/14	12/09/14	6238	CEC, INC	electric-Camp Sherman	55809	1-28-2-53830	129.88
12/14	12/09/14	6238	CEC, INC	electric-Elm	6929	1-28-2-53830	2,547.61
12/14	12/09/14	6238	CEC, INC	electric-Buffalo	972	1-28-2-53830	439.90
6239							
12/14	12/09/14	6239	CenturyLink	Acct 5415952373171B	111914	1-28-2-53870	48.02
6240							
12/14	12/09/14	6240	City of Sisters	Water-Locust	3300	1-28-2-53860	25.58
12/14	12/09/14	6240	City of Sisters	Water-Elm	888700	1-28-2-53860	128.72
6241							
12/14	12/09/14	6241	DMV	dmv reports	60615-112814	1-20-2-53210	6.00
6242							
12/14	12/09/14	6242	Doug Myers	Pizza officer's meeting	120114	1-19-2-52960	21.00
6243							
12/14	12/09/14	6243	Graham Macdonald	Mileage Reimbursement	111814	1-20-2-53540	150.00
6244							
12/14	12/09/14	6244	Hoyt's Hardware	GFI	405706	1-28-2-53100	21.49
6245							
12/14	12/09/14	6245	InnerTech	TECH SUPPORT	5610	1-13-2-53501	63.80
6246							
12/14	12/09/14	6246	Jeremy Ast	Cell phone reimbursement	120814	1-16-2-53813	53.00
6247							
12/14	12/09/14	6247	McAfee, Inc.	email filter act ABKA-4S&JQD	97920067	1-13-2-53500	58.80
6248							
12/14	12/09/14	6248	Norco Medical Supply, Inc.	SAFETY GLASSES	14812443	1-24-2-52800	55.00
12/14	12/09/14	6248	Norco Medical Supply, Inc.	oxygen	14831597	1-24-2-52800	64.49
6249							
12/14	12/09/14	6249	Occupational Medicine at T	Blann-Hasty Team drug screen	28600	1-18-2-53210	150.00
6250							
12/14	12/09/14	6250	Oregon Chapter 31-IAAI	John Failla membership	JOHN FAILLA	1-19-2-51700	50.00

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Check Amount
6251							
12/14	12/09/14	6251	Pac Office Automation - Le	photocopier contract #25115770	43644955	1-13-2-53500	290.00
6252							
12/14	12/09/14	6252	Pacific Office Automation, I	copies/kit	374469	1-13-2-53500	34.03
12/14	12/09/14	6252	Pacific Office Automation, I	copies/kit	376174	1-13-2-53500	15.91
12/14	12/09/14	6252	Pacific Office Automation, I	copies/kit	377718	1-13-2-53500	23.39
12/14	12/09/14	6252	Pacific Office Automation, I	copies/kit	378572	1-13-2-53500	144.19
12/14	12/09/14	6252	Pacific Office Automation, I	copies/kit	381425	1-13-2-53500	8.02
6253							
12/14	12/09/14	6253	Quill	Flash drive	8042928	1-13-2-53100	39.95
12/14	12/09/14	6253	Quill	Office Supplies	8045905	1-13-2-53100	139.98
6254							
12/14	12/09/14	6254	Secretary of State	filing fee audit divison	2014	1-11-2-52960	250.00
6255							
12/14	12/09/14	6255	Sisters Electronics, Inc.	Christmas Light Display UPS	10100404	1-18-2-53240	89.99
6256							
12/14	12/09/14	6256	Speer Hoyt LLC	Auditor request letter	28804	1-11-2-52750	45.20
6257							
12/14	12/09/14	6257	Squaw Creek Canyon Esta	water 704	174400	1-28-2-53860	33.53
6258							
12/14	12/09/14	6258	Taylor Tire Center, Inc.	chain Tighteners	76300089793	1-34-2-53100	9.30
6259							
12/14	12/09/14	6259	Treasure Valley Coffee	water	522990	1-13-2-52950	5.75
6260							
12/14	12/09/14	6260	TRITECH	amb billing support	20141125	1-13-2-53500	2,912.58
6261							
12/14	12/09/14	6261	US Bank - Visa	TUFF OIIL DRAIN DOLLY & PUMP	107635632735	1-34-2-53100	199.99
12/14	12/09/14	6261	US Bank - Visa	THERMAL IMAGER BATTERY	112524066479	1-30-2-53100	208.48
12/14	12/09/14	6261	US Bank - Visa	Takodas-Pumpkin Carving	1934-NOV14	1-18-2-53240	191.00
12/14	12/09/14	6261	US Bank - Visa	Glow sticks for halloween	1934-NOV14	1-18-2-53240	182.78
12/14	12/09/14	6261	US Bank - Visa	Angelines-s/c process	1934-NOV14	1-13-2-53900	24.50
12/14	12/09/14	6261	US Bank - Visa	Pat Burke hotel	1934-NOV14	1-14-2-52900	209.96
12/14	12/09/14	6261	US Bank - Visa	Liftmaster Remote	1934-NOV14	1-28-2-53100	75.60
12/14	12/09/14	6261	US Bank - Visa	Sisters Coffee gift cards for evaluators	1934-NOV14	1-13-2-52950	56.99
12/14	12/09/14	6261	US Bank - Visa	HopNBean carseat clinic lunch	1934-NOV14	1-17-2-51830	30.00
12/14	12/09/14	6261	US Bank - Visa	Collar brass	1934-NOV14	1-13-2-53700	109.35
12/14	12/09/14	6261	US Bank - Visa	Galls-uniforms	1934-NOV14	1-13-2-53700	78.89
12/14	12/09/14	6261	US Bank - Visa	Pizza for SHS intern practical skills day	1940-NOV14	1-18-2-53820	151.13
12/14	12/09/14	6261	US Bank - Visa	Keyboard for tablet	1940-NOV14	1-13-2-53100	24.99
12/14	12/09/14	6261	US Bank - Visa	Certified Ambulance Coder Industry Upd	21243	1-13-2-51800	299.00
12/14	12/09/14	6261	US Bank - Visa	Lunch for DC app review	4872-NOV14	1-19-2-52960	27.00
12/14	12/09/14	6261	US Bank - Visa	Witmer-Detergent for TO Extractor	5046	1-28-2-53100	134.48
12/14	12/09/14	6261	US Bank - Visa	Sisters Coffee gift cards for evaluators	8949-NOV14	1-13-2-53900	400.00
12/14	12/09/14	6261	US Bank - Visa	Melvin's lunches for evaluators	8949-NOV14	1-13-2-53900	45.00
6262							
12/14	12/09/14	6262	US Postal Service	PO BOX FEE	123114	1-13-2-53500	132.00
6263							
12/14	12/10/14	6263	John Failla	Mileage Reimbursement	DEC 14	1-20-2-53540	300.00
6264							
12/14	12/10/14	6264	Sisters-Camp Sherman F&	Holiday Swap Fundraiser Proceeds	2014 SWAP	1-01-0-45400	2,695.20
12/14	12/10/14	6264	Sisters-Camp Sherman F&	Lions Club donation for Giving Tree	LIONS 2014	1-01-0-45400	1,000.00
12/14	12/10/14	6264	Sisters-Camp Sherman F&	Pratt donation on behlf of Steve McConn	PRATT 2014	1-01-0-45400	25.00
6265							
12/14	12/15/14	6265	Bi-Mart Corporation	Pepsi	852068005	1-13-2-52950	20.40
12/14	12/15/14	6265	Bi-Mart Corporation	Tay Flu Shot	852168009	1-18-2-53210	23.99
6266							
12/14	12/15/14	6266	Black Butte Ranch RFPD	Conference Hotel split-Julie	352	1-13-2-52900	154.86

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Check Amount
6267							
12/14	12/15/14	6267	C & K Market	Shift Commander Test supplies	1601949	1-13-2-53900	46.64
12/14	12/15/14	6267	C & K Market	Soda	1602412	1-13-2-52950	143.50
6268							
12/14	12/15/14	6268	Corporate Security Service	Background Checks	32458	1-13-2-53900	66.50
6269							
12/14	12/15/14	6269	East Cascade Vyanet	monitor feeELM.301.1391459.V10	634997	1-28-2-53503	125.88
6270							
12/14	12/15/14	6270	Ed Staub & Sons Propane	Propane	0324479-IN	1-28-2-53850	200.34
6271							
12/14	12/15/14	6271	Enerspect Medical Solution	AED TRAINER	18661	1-18-2-53930	247.70
6272							
12/14	12/15/14	6272	Kyle Sharek	Mileage Reimbursement	DEC 2014	1-20-2-53540	300.00
6273							
12/14	12/15/14	6273	Mission Linen Supply	mats/rugs	420135106	1-28-2-53100	126.21
12/14	12/15/14	6273	Mission Linen Supply	mats/rugs	420137833	1-28-2-53100	126.21
12/14	12/15/14	6273	Mission Linen Supply	Coverall replacement charge-Bill	S36283	1-24-2-52700	25.00
6274							
12/14	12/15/14	6274	Municipal Emergency Serv.	PIKE POLE - 721	581952_SNV	1-30-2-53590	82.50
6275							
12/14	12/15/14	6275	Pacific Power Group, LLC	Switch	377800-00	1-24-2-53100	16.62
12/14	12/15/14	6275	Pacific Power Group, LLC	Fuel Filters	378109-00	1-24-2-53100	91.98
12/14	12/15/14	6275	Pacific Power Group, LLC	Fuel Filters	378157-00	1-24-2-53100	17.78
6276							
12/14	12/15/14	6276	SDIS	Liability Insurance	30P52824-767	1-11-2-52601	1,015.00
12/14	12/15/14	6276	SDIS	Liability Insurance	30P52824-767	1-11-2-52602	19,288.00
12/14	12/15/14	6276	SDIS	Liability Insurance	30P52824-767	1-11-2-52603	16,671.00
6277							
12/14	12/15/14	6277	TATE & TATE CATERING	Buffet for DC Ops test	07-4190	1-13-2-53900	311.05
6278							
12/14	12/15/14	6278	Thornton Brown	cell phone reimb	121414	1-16-2-53810	50.53
6279							
12/14	12/15/14	6279	Verizon Wireless	cell phones Account 971443696	9736577468	1-26-2-53810	82.40
6280							
12/14	12/15/14	6280	WCP Solutions	bath supplies	478548	1-28-2-53100	117.81
6281							
12/14	12/16/14	6281	Sisters-Camp Sherman F&	Xmas Dinner donation Sisters Ministerial	121614	1-01-0-45400	100.00
12/14	12/16/14	6281	Sisters-Camp Sherman F&	Christmas Gifts donation	BOESCHEN	1-01-0-45400	1,000.00
12/14	12/16/14	6281	Sisters-Camp Sherman F&	Christmas Gifts donation	JOHNSON	1-01-0-45400	50.00
12/14	12/16/14	6281	Sisters-Camp Sherman F&	Christmas Gifts donation	NUGGET	1-01-0-45400	200.00
12/14	12/16/14	6281	Sisters-Camp Sherman F&	Christmas Gifts donation	SICHLER	1-01-0-45400	30.00
6287							
12/14	12/22/14	6287	Alpine Internet Solutions	Monthly hosting	909059	1-13-2-53501	35.00
12/14	12/22/14	6287	Alpine Internet Solutions	Website consulting	909084	1-13-2-53501	200.00
6288							
12/14	12/22/14	6288	Blumenthal Uniforms & Eq	men's polos	105938	1-13-2-53700	415.90
6289							
12/14	12/22/14	6289	Colin Weddle	Mileage Reimbursement	DEC 2014	1-20-2-53540	126.00
6290							
12/14	12/22/14	6290	Connor Briggs	Reimbursements	DEC 2014	1-20-2-53540	300.00
6291							
12/14	12/22/14	6291	Gary Marshall	Cell Phone Reimb	DEC 2014	1-17-2-53810	71.54
6292							
12/14	12/22/14	6292	Hayden Jones	Mileage Reimbursement	DEC 2014	1-20-2-53540	300.00
6293							
12/14	12/22/14	6293	HR Answers, Inc.	Final Report	37377	1-11-2-53500	270.00
6294							
12/14	12/22/14	6294	Sean Dunn	Ambulance Refund	1470691	1-01-0-42100	200.00

GL Period	Check Issue Date	Check Number	Payee	Description	Invoice Number	Invoice GL Account	Check Amount
6295							
12/14	12/22/14	6295	SeaWestern, Inc.	Fire Gloves	179217	1-30-2-52010	232.99
6296							
12/14	12/22/14	6296	Sisters-Camp Sherman F&	Christmas Gifts donation	18842	1-01-0-45400	100.00
6297							
12/14	12/22/14	6297	Deschutes County GIS	Maps	1417	1-17-2-53100	111.00
6298							
12/14	12/22/14	6298	Hayden Jones	Pizza for gift disbursement	122014	1-18-2-53240	77.25
6299							
12/14	12/22/14	6299	Onspot of North America	Solenoid for 771	131108	1-24-2-53100	123.91
6300							
12/14	12/22/14	6300	Sisters Screen Printing & E	Harrison, Millar embroidery	10855	1-13-2-53900	86.00
6301							
12/14	12/22/14	6301	Wilson-Heirgood & Associa	provident life & accident ins	606114	1-19-1-50140	48.00
12/14	12/22/14	6301	Wilson-Heirgood & Associa	provident life & accident ins	606114	1-18-1-50140	1,695.00
12/14	12/22/14	6301	Wilson-Heirgood & Associa	provident life & accident ins	606114	1-16-1-50140	432.00
12/14	12/22/14	6301	Wilson-Heirgood & Associa	provident life & accident ins	606114	1-13-1-50140	48.00
12/14	12/22/14	6301	Wilson-Heirgood & Associa	provident life & accident ins	606114	1-12-1-50140	48.00
6302							
12/14	12/30/14	6302	Bend Broadband	acct 170584-1 Buffalo Cable	121914	1-28-2-53870	37.31
12/14	12/30/14	6302	Bend Broadband	acct 170584-1 Buffalo Cable	121914	1-28-2-53820	41.21
6303							
12/14	12/30/14	6303	CenturyLink	Acct 5415952373171B	121914	1-28-2-53870	48.02
6304							
12/14	12/30/14	6304	John Failla	Meals for Fire Inspector 200 training	010315	1-14-2-53200	80.00
6305							
12/14	12/30/14	6305	Pac Office Automation - Le	photocopier contract #25115770	43922164	1-13-2-53500	290.00
6306							
12/14	12/30/14	6306	Purchase Power	postage acct 8000900005225226	121714	1-13-2-51210	197.00
6307							
12/14	12/30/14	6307	SeaWestern, Inc.	MSA Clear Command Guard Invoice #18	181031	1-30-2-52020	116.71
6308							
12/14	12/30/14	6308	Sisters-Camp Sherman F&	Christmas dinner donations rec'd	2014 XMAS	1-01-0-45400	643.00
12/14	12/30/14	6308	Sisters-Camp Sherman F&	Christmas Gifts donation	BATES	1-01-0-45400	50.00
12/14	12/30/14	6308	Sisters-Camp Sherman F&	Christmas Gifts donation	ERIN BORLA	1-01-0-45400	78.00
6309							
12/14	12/30/14	6309	Stayton Fire District Trainin	Training-Failla	010315	1-14-2-52840	40.00
6310							
12/14	12/30/14	6310	Terry Terhune	Ambulance Refund	1470839	1-01-0-42100	131.68

Summary by General Ledger Account Number

GL Account	Debit	Credit	Proof
10002000	203.75	76,291.13-	76,087.38-
1-01-0-42100	331.68	.00	331.68
1-01-0-42120	.00	38.25-	38.25-
1-01-0-45400	6,071.20	.00	6,071.20
1-11-2-51550	1,820.00	.00	1,820.00
1-11-2-52601	1,015.00	.00	1,015.00
1-11-2-52602	19,288.00	.00	19,288.00
1-11-2-52603	16,671.00	.00	16,671.00
1-11-2-52750	45.20	.00	45.20
1-11-2-52960	250.00	.00	250.00
1-11-2-53500	270.00	.00	270.00
1-12-1-50140	48.00	.00	48.00
1-13-1-50140	48.00	.00	48.00
1-13-2-51210	197.00	.00	197.00

GL Account	Debit	Credit	Proof
1-13-2-51800	299.00	.00	299.00
1-13-2-52900	154.86	154.86-	.00
1-13-2-52950	226.64	.00	226.64
1-13-2-53100	204.92	.00	204.92
1-13-2-53500	4,251.92	.00	4,251.92
1-13-2-53501	298.80	.00	298.80
1-13-2-53700	3,580.19	.00	3,580.19
1-13-2-53900	2,085.20	.00	2,085.20
1-14-2-52840	40.00	.00	40.00
1-14-2-52900	209.96	.00	209.96
1-14-2-53200	80.00	.00	80.00
1-16-1-50130	45.00	.00	45.00
1-16-1-50140	432.00	.00	432.00
1-16-2-53810	50.53	.00	50.53
1-16-2-53813	106.00	.00	106.00
1-17-2-51830	485.00	.00	485.00
1-17-2-52900	418.56	.00	418.56
1-17-2-52960	12.09	.00	12.09
1-17-2-53100	111.00	.00	111.00
1-17-2-53810	71.54	.00	71.54
1-18-1-50140	1,695.00	.00	1,695.00
1-18-2-53210	173.99	.00	173.99
1-18-2-53240	541.02	.00	541.02
1-18-2-53820	171.12	.00	171.12
1-18-2-53910	800.00	.00	800.00
1-18-2-53930	247.70	.00	247.70
1-19-1-50140	48.00	.00	48.00
1-19-2-51700	50.00	.00	50.00
1-19-2-52960	128.29	.00	128.29
1-20-2-53210	6.00	.00	6.00
1-20-2-53540	2,076.00	.00	2,076.00
1-24-2-52400	678.78	.00	678.78
1-24-2-52700	25.00	.00	25.00
1-24-2-52800	429.66	.00	429.66
1-24-2-53100	491.96	.00	491.96
1-26-2-53500	20.81	.00	20.81
1-26-2-53810	82.40	.00	82.40
1-28-2-53100	842.70	6.20-	836.50
1-28-2-53500	300.00	.00	300.00
1-28-2-53502	464.50	.00	464.50
1-28-2-53503	125.88	.00	125.88
1-28-2-53504	85.00	.00	85.00
1-28-2-53820	400.87	.00	400.87
1-28-2-53830	3,176.73	.00	3,176.73
1-28-2-53850	200.34	.00	200.34
1-28-2-53860	187.83	.00	187.83
1-28-2-53870	672.26	.00	672.26
1-30-2-52010	232.99	.00	232.99
1-30-2-52020	174.62	.00	174.62
1-30-2-53100	284.93	.00	284.93
1-30-2-53590	82.50	.00	82.50
1-34-2-52400	717.27	.00	717.27
1-34-2-53100	1,475.85	4.44-	1,471.41
Grand Totals:	76,512.04	76,494.88-	17.16

AMBULANCE REPORT ENDING DECEMBER 2014

MONTHLY CALL SUMMARY

<u>PRIMARY PAYOR</u>	<u># OF TRANSPORTS</u>	<u>AMT CHARGED</u>
AETNA PPP	1	\$ 1,245.00
AUTO HARTFORD UNDERWRITERS	1	\$ 1,608.00
AUTO PROGRESSIVE	1	\$ 1,219.00
AUTO USAA	1	\$ 1,667.50
BCBS Participating	3	\$ 3,709.50
CYPRESS BENEFITS ADMIN	1	\$ 1,047.00
KAISER PERMANENTE NW FCHN/FHN	1	\$ 1,488.00
MODA HEALTH	2	\$ 2,509.50
NORIDIAN ADMINISTRATIVE SVCS	12	\$ 14,703.00
PACIFIC SOURCE COMMUNITY	6	\$ 7,440.50
PACIFIC SOURCE HEALTH PLANS	1	\$ 1,159.50
PACIFIC SOURCE MEDICARE	2	\$ 2,553.00
SELF PAY PAYOR	5	\$ 6,261.50
VA Medical Center	1	\$ 1,059.00
Total Charges	38	\$ 47,670.00

MONTHLY CREDIT SUMMARY

<u>REVENUE SOURCE</u>	<u># OF CREDITS</u>	<u>AMT RECEIVED</u>
PAYMENT MEDICAID	6	\$ 2,899.03
PAYMENT MEDICARE PART B	29	\$ 14,330.52
PAYMENT CHECK	8	\$ 651.95
PAYMENT INSURANCE PRIMARY	9	\$ 9,237.28
PAYMENT INSURANCE SECONDARY	13	\$ 2,915.54
Refund-Patient	1	\$ (131.68)
PAYMENT VISA/MASTERCARD	5	\$ 397.92
Total Payments		\$ 30,300.56

ADJUSTMENTS & WRITE-OFFS

ADJUSTMENT MEDICARE	35	\$ 17,658.23
ADJUSTMENT MEDICAID	7	\$ 4,657.99
ADJUSTMENT COLLECTION	1	\$ (1,284.00)
ADJUSTMENT FIREMED	1	\$ 134.29
Total Adjustments & Write-Offs		\$ 21,166.51
TOTAL REVENUE & ADJUSTMENTS		\$ 51,467.07

OUTSTANDING ACCOUNTS

BY AGE

CURRENT	\$	33,740.30
31 TO 60 DAYS	\$	15,265.02
61 TO 90 DAYS	\$	13,504.41
91 TO 120 DAYS	\$	6,860.77
121 TO 150 DAYS	\$	22,038.31
151 TO 180 DAYS	\$	8,487.70
OVER 180 DAYS	\$	28,680.59
TOTAL OUTSTANDING AS OF 12/31/2014	\$	128,577.10

-1,417.13 = \$127,159.97

*Paid in Dec.
Not in ambulance software*

December Safety Committee Meeting Minutes

December 15, 2014, 0800 hrs.

1. Reviewed minutes of September meeting
2. Reviewed accident backing report
 - a. The safety committee received a report of a backing incident between 741 & 745. The report stated that the driver's foot slipped off the brake pedal of 745 and the vehicle continued backwards and hit the front of 741. There was not a backer in use at the time of the accident. The report was forwarded to the driver's supervisor for further review and supervisor recommendations.
3. Reviewed OSHA punch list
 - a. Items completed since last safety committee meeting
 - i. SDS/GHS training to be completed 12/15/2014
 - ii. Eye wash stations installed at 701 in the three cleaning solution mixing areas.
 - iii. Heater fan blades protected by mesh
 - iv. Compressed air pipes labeled
 - v. Hose clamps removed from air hoses and replaced with type acceptable compression fittings
 - vi. 702 – fire extinguishers checked, expired eye wash removed
 - vii. 704 – electrical box hole plugged, compressed air nozzle replaced
 - b. Items still requiring action
 - i. Consider sound level hearing/conservation – Julie to follow up with SDAO/Audiology.
 - ii. Need policy regarding de-energizing “multiple” energy devices – i.e. air compressors.
 - iii. 701 Watch room counters need to be upgraded to be ergonomically friendly.
 - iv. 701 elevator needs to be repaired.
 - v. Doors from 2nd floor out to patios need to be labeled as “Not An Exit”
 - vi. CO detectors need to be installed into monitored alarm system.
 - vii. Oxyacetylene torch needs back flow device.
 - viii. Upstairs prevention storage room continues to need housekeeping to allow un-obstructed access to electrical panels.
 - ix. Fire extinguishers need to be placed in appropriate cabinets at approved locations.
 - x. 703 – Need address sign, call box either needs to be labeled “not a 911 call box” or something similar to 704's 911 call box to replace it.
 - xi. 724's drop cord needs to be replaced or the receptacle needs to be replaced to allow the tension relief to be effective.
 - xii. 704 – Exit signs need to be removed over rear exit doors as they are not a required exit based on the type of occupancy. If they are signed as an exit they must have appropriate panic style hardware. If they are not signed as an exit and everyone knows that the front door is the only approved exit and the exit diagram indicates that, we can remove the signs and not replace the hardware. Gary Lovegren to remove the exit signs.
4. Other business
 - a. Request for gutters on 701 be fixed/replaced to prevent leaking at seams. The leaky seams are over walk-ways and it is creating an icy slip/fall hazard.
 - b. Safety committee requests a cement sidewalk be placed between south side parking and coded access door on south side of building. This will shorten the travel distance for

December Safety Committee Meeting Minutes

admin accessing station from that side and will allow for de-icing of their walk into the building.

- c. Request for smaller vehicles to use harder to access parking stalls in the rear parking area. This request was made due to larger vehicles having a hard time navigating between two rows of parked vehicles.

No further business, meeting adjourned 08:45.

Staff Report

Issue: Health Reimbursement Arrangement for June, 2014

Date: January 20, 2015

Initiator: Chief Johnson

Contact Person: Kay Johnson

Background: The District changed insurance carriers June 1, 2014 preferring to move to a higher deductible plan and provide the employees with a health savings account (VEBA). The previous insurance plan was ending on May 30. The new insurance plan was going to start on July 1. This left a gap month. The District decided to move to the new plan one month early, but the VEBA plan did not start until July 1. On the old plan, the employees were allowed a \$1,500 health expense reimbursement through June 30 so we did not think there would be any need to double up on health expense reimbursements.

We did budget in unanticipated reserves in the Employment Reserve Fund a one-time set aside for reimbursement of catastrophic health emergency equal to 50% of employee's out-of-pocket expense after exhausting their VEBA contribution. Because the VEBA did not kick in until July 1, employees are not able to use these amounts for expenses incurred in June, 2014.

One thing we did not consider was that although we did have the \$1,500 health expense reimbursement through June, the higher deductible amount was not considered. We had one employee that had two emergency room visits for their family in the month of June. No one else seemed to be affected by this change in plans.

We conferred with our current insurance carrier and they created an HRA agreement in order to be able to reimburse the employee for expenses they incurred between what the old insurance company would have paid versus the new plan just for the month of June, 2014.

Recommendation from staff: Staff recommends creating this HRA plan for the month of June, 2014 and reimbursing the employee for health expenses incurred due to the change in health plans. The calculation would be made by the insurance carrier.

Possible Motion: The board authorizes the creation of a Health Reimbursement Arrangement for the month of June, 2014 only in order to reimburse employee out-of-pocket health care expenses directly related to the changing of health insurance plans.

BUDGET IMPACT: Reserved for Future Expenditure (2-12-1-56109) Employment Reserve up to \$3,000.

ESTIMATED EXPENDITURE: \$1,205	AMOUNT BUDGETED: \$101,113	APPROPRIATION REQUIRED: Employment Reserve Fund
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Sisters-Camp Sherman Fire District

Health Reimbursement Arrangement

Plan Document

June 1, 2014

**IRC Section 105 requires that your Plan Document be kept on file.
This document explains in detail the operation and rules that govern your Plan.**

Table of Contents

ARTICLE I - Purpose of Plan and Legal Status	4
1.01 Purpose	4
1.02 Limitations on Provisions	4
1.03 Source of Funds	4
1.04 Tax Compliance	4
ARTICLE II – Definitions	5
ARTICLE III - Eligibility and Participation	7
3.01 General	7
3.02 Participation	7
3.03 FMLA and USERRA Leaves of Absence	8
ARTICLE IV – Benefits and Method of Funding	8
4.01 Establishment of Account	8
ARTICLE V – Health Reimbursement Arrangement.....	10
5.01 Benefits	10
5.02 Coordination of Benefits	10
5.03 Reimbursement Procedure	10
5.04 Treatment upon Ceasing to be a Participant	11
5.05 Compliance with Group Sponsored Insurance Plan Laws	11
ARTICLE VI – Administration	11
6.01 Plan Administrator (The Employer)	11
6.02 Delegation	11
6.03 Powers and Duties	12
6.04 Reliance on Participant	12
6.05 Exclusive Benefit and Uniformity	12
6.06 Third Party Administrator Reliance on Others	12
6.07 Required Information to be Furnished	12
6.08 Indemnification of the Third Party Administrator and Plan Administrator	13
6.09 Expenses of Administration	13
6.10 Named Fiduciary	13
6.11 Insurance Contracts	13
6.12 Inability to Locate Payee	13
6.13 Effect of Mistake	13
ARTICLE VII - General Provisions	14
7.01 Amendment or Termination of the Plan	14
7.02 Governing Law	14
7.03 Code and ERISA Compliance	14
7.04 Indemnification of The Plan Administrator	14
7.05 No Guarantee of Tax Consequences	14
7.06 No Contract of Employment	14
7.07 Limitation of Rights	15
7.08 Non-Assignability of Rights	15
7.09 Titles for Convenience Only	15
7.10 Severability	15
7.11 Substantiation	15
ARTICLE VIII – HIPAA Provisions	16

8.01	Adequate Separation Between Plan and Employer	16
8.02	Permitted Disclosure of Enrollment/Disenrollment Information	16
8.03	Permitted Uses and Disclosure of Summary Health Information	17
8.04	Permitted and Required Uses and Disclosures of PHI for Plan Administration Purposes	17
8.05	Conditions of Disclosure for Plan Administration Purposes	17
8.06	Certification of Plan Sponsor	18
ARTICLE IX – Appeals Procedure		18
9.01	Procedure if Benefits are Denied under this Plan	18
9.02	Appeals	18
9.03	Decision on Review	18

ARTICLE I - Purpose of Plan and Legal Status

Sisters-Camp Sherman Fire District (the "Employer") hereby adopts this Health Reimbursement Arrangement (the "Plan"), effective as of the date specified in Section III of the Summary Plan Description, either as an initial establishment or as the restatement of a previously implemented plan. Capitalized terms used in this document, and not otherwise defined, shall have the meanings set forth in Article II.

1.01 Purpose

The purpose of this plan is to provide eligible employees with a benefit plan that reimburses the employee for additional out-of-pocket medical expenses incurred in the month of June 2014 as a result of changing health insurance plans on June 1, 2014. The additional out-of-pocket cost incurred in June 2014 will be reimbursed to employees if the cost is more than what they employee would have paid when compared to the PacificSource Health Plan (SDAO Gold Plan III) in force prior to June 1, 2014.

This Plan is intended to permit an eligible Employee to obtain reimbursement of expenses on a nontaxable basis from the account.

1.02 Limitations on Provisions The provisions of the Plan and any benefits provided by the Plan shall be limited as described herein. Any benefit payable under any other Employee benefit plan maintained by the Employer shall be paid solely in accordance with the terms and provisions of such benefit plan, and nothing in this Plan shall operate or be construed in any way to modify, amend, or affect the terms and provisions of such other plan.

1.03 Source of Funds Benefits under the Plan shall be paid for solely by the Employer and not by any Employee through salary reduction contributions or otherwise.

1.04 Tax Compliance The Plan is intended to result in favorable tax treatment to Participants, Beneficiaries or the Employer, as the case may be. The Plan is therefore intended to comply with any requirements of the Code and regulations thereunder which impose conditions to such favorable tax treatment.

To the extent the Plan is required to satisfy a standard or other prerequisite to favorable tax treatment, the Plan is intended to facilitate and ensure compliance therewith. Notwithstanding any other terms of the Plan, the Plan is hereby intended to be legally enforceable, and shall be maintained for the exclusive benefit of Participants.

The Plan will be operated in accordance with the nondiscrimination requirements of Section 105(h) of the Code and any regulations thereunder. The Employer reserves the right to take whatever steps are necessary to maintain this Plan as nondiscriminatory, including the right to adjust the amount of nontaxable benefits available to Employees. Any such reduction of nontaxable benefits will be accomplished by reducing proportionately the nontaxable benefits available to Highly Compensated Individuals, as defined in Section 105(h) of the Code.

This Plan is not part of any cafeteria plan under Code Section 125.

ARTICLE II - Definitions

2.01 "Account" means the Health Reimbursement Arrangement ("HRA") account.

2.02 "Active Participant" mean a Participant who continues to be an eligible Employee and is or remains eligible to receive additional credits to the Participant's HRA.

2.03 "Benefits" means the reimbursement benefits for healthcare expenses described under Article 5.01.

2.04 "COBRA" means the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

2.05 "Code" means the Internal Revenue Code of 1986, as amended.

2.06 "Compensation" means all the earned income, salary, wages and other earnings except bonuses and overtime paid by the Employer to an Employee during a plan year, including any amounts contributed by the Employer pursuant to a salary reduction agreement which are not includable in gross income under Sections 125, 132(f)(4), 401(k), 403(b), 408(k) or 457(b) of the Code.

2.07 "Covered Person" means a Participant and the Participant's Spouse and/or Dependents to the extent provided in the Summary Plan Description.

2.08 "Dependent" means: for purposes of accident or health coverage and for purposes of the Plan, (1) a dependent as defined as in Code Section 152, determined without regard to subsections (b)(1), (b)(2), and (d)(1)(B) thereof, (2) any child (as defined in Code Section 152(f)(1)) of the Participant who as of the end of the taxable year has not attained age 26, and (3) any child of the Participant to whom IRS Rev. Proc. 2008-48 applies (regarding certain children of divorced or separated parents who receive more than half of their support for the calendar year from one or both parents and are in the custody of one or both parents for more than half of the calendar year).

For purposes of the new income exclusions under Code Sections 105(b) and 106, the term "child" includes adult children under the age of 27 that is the Employee's son, daughter, stepson, stepdaughter, legally adopted individual (or an individual placed with the Employee for adoption), and eligible foster child. Under Notice 2010-38, such a child does not have to satisfy the age limits, residency, support and other tests described in Section 152 of the Code in order to be considered an Employee's child for purposes of these new income exclusions.

2.09 "Effective Date" of this Plan is the date specified in Section III of the Summary Plan Description.

2.10 "Eligible Employee" means an Employee who satisfies all conditions of eligibility elected in Section III of the Summary Plan Description. An eligible Employee remains an eligible Employee only so long as the individual continues to satisfy all such conditions of eligibility.

2.11 "Eligibility Period" means the time period that a Participant can incur eligible expenses for reimbursement.

2.12 "Employee" means a person who is currently or hereafter employed by the Employer and any Affiliate Employers that have adopted the Plan.

- 2.13 "Entry Date"** means the date(s) on which eligible Employees can commence participation.
- 2.14 "ERISA"** means the Employee Retirement Income Security Act of 1974, as amended.
- 2.15 "FMLA"** means the Family and Medical Leave Act of 1993, as amended.
- 2.16 "Fund"** means the account or fund, if any, established by the Employer to receive and hold contributions made pursuant to Article 4.02.
- 2.17 "GINA"** means the Genetic Information Nondiscrimination Act of 2008.
- 2.18 "Group Sponsored Insurance Plan"** means the plan(s) that the Employer maintains for its Employees (and for their Spouses and Dependents that may be eligible under the terms of such plan), providing major medical type benefits through a group insurance policy or policies, dental care, vision care, etc. The Employer may substitute, add, subtract, or revise at any time the menu of such plans and/or the benefits, terms, and conditions of any such plans. Any such substitution, addition, subtraction, or revision will be communicated to Participants and will automatically be incorporated by reference under this Plan.
- 2.19 "Highly Compensated Individual"** means an individual defined under Code Section 105(h), as amended, as a "Highly Compensated Individual" or "Highly Compensated Employee."
- 2.20 "HIPAA"** means the Health Insurance Portability and Accountability Act of 1996, as amended.
- 2.21 "HITECH"** means the Health Information Technology for Economic and Clinical Health Act, which was enacted as part of the American Recovery and Reinvestment Act of 2009.
- 2.22 "HRA"** means a Health Reimbursement Arrangement as defined in IRS Notice 2002-45.
- 2.23 "Inactive Participant"** means a Participant, who is no longer an eligible Employee for any reason, but continues to participate by being able to submit claims for reimbursement as provided in Article III.
- 2.24 "MHPA"** means the Federal Mental Health Parity Act.
- 2.25 "MHPAEA"** means the Federal Mental Health Parity Addiction Equity Act.
- 2.26 "Michelle's Law"** means the Federal law that requires group health plans to allow seriously ill or injured college students who are covered dependents to continue coverage for up to one year while on medically necessary leaves of absence.
- 2.27 "NMHPA"** means the Newborns' and Mothers' Health Protection Act of 1996, as amended.
- 2.28 "Participant"** means any Employee who is eligible to participate, has entered the Plan and begun participating as provided in Article III, and has not for any reason become ineligible to participate further in the Plan. A Participant may be either an active Participant or an inactive Participant. Former Employees are also considered "Employees" of the Employer strictly for the limited purpose of allowing continued eligibility for benefits under the Plan for the remainder of the plan year in which an Employee ceases to be employed by the Employer, but only to the extent specifically provided elsewhere under this Plan.

2.29 "Period of Coverage" means the plan year, with the following exceptions: (a) for Employees who first become eligible to participate, it shall mean the portion of the plan year following the date on which participation commences, as described in Article 3.02; and (b) for Employees who terminate participation, it shall mean the portion of the plan year prior to the date on which participation terminates, as described in Article III.

2.30 "Plan" means this HRA Plan, together with any and all amendments and supplements required by the Code.

2.31 "Plan Administrator" means the Sisters-Camp Sherman Fire District. The contact person is the Human Resources Manager for Sisters-Camp Sherman Fire District, who has the full authority to act on behalf of the Administrator, except with respect to appeals, for which the Committee or other designated person(s) have the authority to act on behalf of the Administrator, as described in Article 6.01.

2.32 "Plan Year" means the period specified in Section III of the Summary Plan Description.

2.33 "PPACA" means the Patient Protection and Affordable Care Act.

2.34 "Privacy Official" has the meaning described in 45 CFR § 164.530(a).

2.35 "Protected Health Information" (PHI) shall have the meaning described in 45 C.F.R. Section 160.103 and generally includes individually identifiable health information held by, or on behalf of, the Plan.

2.36 "Required Health Insurance Plan" means a Health Insurance Plan designated in Section III of the Summary Plan Description in which the Employer requires an individual to be enrolled in order for the individual to be a Participant in this Plan.

2.37 "Run-Out Period" means a period after the close of a plan year or other period during which Participants may request reimbursement for expenses incurred during the period of coverage.

2.38 "Spouse" means an individual who is legally married to a Participant as determined under applicable state law (and who is treated as a spouse under the Code).

2.39 "Third Party Administrator" means WHA Insurance Agency, Inc. ("WHA").

2.40 "USERRA" means the Uniformed Services Employment and Reemployment Rights Act of 1994, as amended.

2.41 "WHCRA" means the Federal Women's Health and Cancer Rights Act.

ARTICLE III - Eligibility and Participation

3.01 General Once an Employee has met the Plan's eligibility requirements, the Employee may commence participation in the Plan as of the Entry date specified by the Employer and no Enrollment Form is required.

3.02 Participation Employees who are regularly scheduled to work at or above the level specified in Section III of the Summary Plan Description shall be eligible to participate in the Plan

as of the Effective Date. To the extent in Section III of the Summary Plan Description excludes one or more category of Employees, those identified shall not be eligible to participate in the Plan.

A Participant shall cease to be an active Participant in the Plan as of the earliest of:

- The date the Participant ceases to satisfy the eligibility requirements as specified in Section III of the Summary Plan Description (provided that active participation may continue beyond such date if COBRA coverage is available, elected and the COBRA premiums are timely paid); or
- The date on which the Plan is terminated.

A Participant shall cease to be an inactive Participant in the Plan as of the earliest date the Participant has no right to any benefit under the Plan.

3.03 FMLA and USERRA Leaves of Absence Notwithstanding any provision to the contrary in this Plan, if Participant goes on a qualifying leave under the FMLA or USERRA, then to the extent required by the FMLA or USERRA, or similar applicable State medical or military leave laws, as applicable, the Employer will continue to maintain the Participant's Benefits on the same terms and conditions as if the Participant were still an active eligible Employee.

ARTICLE IV - Benefits and Method of Funding

4.01 Establishment of Account When an eligible Employee becomes a Participant, the Employer will establish and maintain an account for each Participant to receive Benefits in the form of reimbursements for eligible expenses, as described in Section III of the Summary Plan Description.

The Plan is fully funded by the Employer.

Except for administrative expenses charged to an account, distributions from a HRA may only occur in connection with a reimbursement for eligible expenses, as described more specifically in Article 5.05. Under no other circumstances may a Participant (or his or her Spouse or Dependents) receive payment from this Plan, except for the reimbursement of eligible expenses that have not been paid or reimbursed by a health insurance plan or any other plan, program or source that pays or reimburses eligible expenses. Reimbursement amounts may be paid directly to the healthcare provider in lieu of reimbursing the Participant directly.

ARTICLE V - Health Reimbursement Arrangement

5.01 Each employee that is eligible for and enrolls in the medical insurance coverage provided through Moda Health starting June 1, 2014 shall be eligible for reimbursement for additional expenses incurred in the month of June 2014 as a result of The District changing to the Moda Health plan on June 1, 2014 from the SDAO PacificSource Gold Plan III.

	SDAO PacificSource (\$500 Deductible) prior to June 1, 2014	Moda Health Plan – Option 2 (\$1000 Deductible) Effective June 1, 2014	Amount Eligible for Reimbursement through HRA
Individual Out-of-Pocket Max	\$1500	\$4,000	Up to: \$2500
Family Out-of-Pocket Max (1 or more dependents)	2 people - \$3,000 3 people - \$4,500 4 people - \$5,500	\$8,000	Up to: 2 people - \$5,000 3 people - \$3,500 4 people - \$2,500

	SDAO PacificSource (\$500 Deductible) prior to June 1, 2014	Moda Health Plan – Option 3 (\$2000 Deductible) Effective June 1, 2014	Amount Eligible for Reimbursement through HRA
Individual Out-of-Pocket Max	\$1500	\$6,000	Up to: \$4,500
Family Out-of-Pocket Max (1 or more dependents)	2 people - \$3,000 3 people - \$4,500 4 people - \$5,500	\$12,000	Up to: 2 people - \$9,000 3 people - \$7,500 4 people - \$6,500

5.02 Coordination of Benefits Benefits under this Plan are solely intended to reimburse expenses not previously reimbursed or reimbursable elsewhere. In the event that an expense is eligible for reimbursement under both the HRA and a Health FSA see Section III of the Summary Plan Description.

5.03 Reimbursement Procedure

- (a) **Timing** Within 30 days after receipt of a reimbursement claim from a Participant, Sister-Camp Sherman Fire District will reimburse the Participant for healthcare expenses (if the claim is approved), or WHA will notify the Participant that his or her claim has been denied. The 30-day period may be extended for an additional 15 days for matters beyond WHA's control, such as situations where a claim is incomplete. WHA will provide written notice of any extension, describing the reasons for the extension and the date by which he or she can expect a decision. Where a claim is incomplete, the extension notice will describe the information still needed by WHA and allow 45 days from receipt of the notice to provide the additional information. If this happens, it will have the effect of suspending any decision on the claim until the specified information is provided.

(b) **Claim Substantiation** In order to obtain reimbursement for healthcare expenses, a Participant shall submit the following documentation to WHA:

- Request for Reimbursement Form
- Explanation of Benefits from Moda Health for the claims incurred in June 2014.
- Such other information as WHA may from time to time require.

The Participant must provide a written statement from an independent third party verifying the expenses incurred and the amount of such expenses, and must verify in writing that the expenses have not been reimbursed and are not reimbursable under any other health plan.

This Plan shall reimburse the Participant for which the Participant submits documentation in accordance with this Article V. Expenses will be treated as having been incurred when the care is provided, and not when the Participant is formally billed, charged for, or pays for the expenses. Expenses that were incurred before the Effective Date or before the date the Participant commenced participation in this Plan will not be reimbursed.

(c) **Denied Claims** For reimbursement claims that are denied, see the appeals procedure in Article IX.

5.04 Treatment upon Ceasing to be a Participant Subject to any right mandated by COBRA to elect continuation coverage under the Plan, the following shall apply to Participants who terminate employment or otherwise loses their ability to participate for any reason:

(a) **Runout Period for Expenses Incurred Prior to Termination of Participation** Such Participant may receive reimbursement for any expenses incurred during the coverage period prior to termination of participation, provided that the Participant files a claim by the end of the runout period following the termination of participation as elected in Section III of the Summary Plan Description.

5.05 Compliance with Group Sponsored Insurance Plan Laws Benefits under this Plan shall be provided in compliance with ERISA, COBRA, HIPAA, FMLA, USERRA, and other laws applicable to group health plans to the extent required by such laws.

ARTICLE VI - Administration

6.01 Plan Administrator (The Employer) The administration of the Plan shall be under the supervision of the Employer. It shall be a principal duty of the Employer to see that the Plan is carried out in accordance with its terms, and for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them.

6.02 Delegation The Plan Administrator shall have the right to delegate a Third Party Administrator ("TPA") to carry out any and/or all of its responsibilities for control and management of the operation and administration of the Plan. The Employer has designated WHA Insurance Agency, Inc. ("WHA") to act as the Third Party Administrator. WHA may resign at any time or may be removed or replaced by the Employer at any time.

6.03 Powers and Duties The Plan Administrator will have full power to administer the Plan in all of its details, subject to applicable requirements of law. It shall have the exclusive right to interpret the Plan and to decide all matters and all determinations of the Employer with respect to any matter hereunder shall be conclusive and binding on all persons. Without limiting the

generality of the foregoing, the Employer shall have the following discretionary authority:

- (a) To construe and interpret the provisions of the Plan;
- (b) To decide all questions of eligibility and participation, and question of benefits under this Plan;
- (c) To prescribe procedures to be followed and the forms to be used by Employees and Participants to make elections pursuant to this Plan;
- (d) To prepare and distribute information explaining this Plan and the benefits under this Plan in such manner as the Employer determines to be appropriate;
- (e) To request and receive from all Employees and Participants such information as the Employer shall from time to time determine to be necessary for the proper administration of this Plan;
- (f) To receive, review, and keep on file such reports and information regarding the benefits covered by this Plan as the Employer deems necessary or appropriate to comply with governmental laws and regulations to the maintenance of records, notifications to Participants, filing with the Internal Revenue Service and U.S. Department of Labor, and all other such requirements applicable to the Plan;
- (g) To employ any agents, attorneys, accountants or other parties (who may also be employed by the Employer) and to allocate or delegate to them such powers or duties as is necessary to assist in the proper and efficient administration of the Plan, provided that such allocation or delegation and the acceptance thereof is in writing;
- (h) To appoint and employ such individuals or entities to assist in the administration of this Plan as it determines to be necessary or advisable, including legal counsel and benefit consultants;
- (i) To secure independent medical or other advice and require such evidence as it deems necessary to decide any claim or appeal; and
- (j) To maintain the books of accounts, records, and other data in the manner necessary for proper administration of this Plan and to meet any applicable disclosure and reporting requirements.

6.04 Reliance on Participant The Plan Administrator may rely upon the direction, information, or election of a Participant as being proper under the Plan and shall not be responsible for any act or failure to act because of a direction or lack of direction by a Participant.

6.05 Exclusive Benefit and Uniformity It shall be a principal duty of the Plan Administrator to see that the Plan is carried out, in accordance with its terms, for the exclusive benefit of persons entitled to participate in the Plan without discrimination among them. In operating and administering the Plan, the Employer shall apply all rules of procedure and decisions uniformly and consistently, in a nondiscriminatory manner, so that all persons similarly situated will receive substantially the same treatment.

6.06 Third Party Administrator Reliance on Others WHA may rely upon any direction, information or action of a Participant and the Plan Administrator under the Plan and is not

required under the Plan to inquire into the propriety of any such direction, information or action. WHA shall be responsible only for the proper exercise of the powers, duties, responsibilities and obligations granted it under the Plan and shall not be responsible for any act or failure to act of the Plan Administrator, Employer or any Employee of the Employer. When adjudicating a claim, WHA shall be entitled to rely upon information furnished by a Participant, the Employer, or the legal counsel of the Employer.

6.07 Required Information to be Furnished Each Participant will furnish to the Plan Administrator such information as the Employer considers necessary or desirable for purposes of administering the Plan, and the provisions of the Plan respecting any payments hereunder are conditional upon the prompt submission by the Participant of such true, full and complete information as the Employer may request. Any communication, statement or notice to a Participant addressed to the last post office address filed with the Employer, or if no such address was filed with the Employer, then to the last post office address of the Participant as shown on the Employer's records, will be binding on the Participant for all purposes of this Plan and neither the Employer or WHA shall be obliged to search for or ascertain the whereabouts of any Participant.

6.08 Indemnification of the Third Party Administrator and Plan Administrator WHA shall be indemnified by the Plan Administrator against any and all liabilities arising by reason of any act or failure to act made in good faith pursuant to the provisions of the Plan, including expenses reasonably incurred in the defense of any claim relating thereto.

6.09 Expenses of Administration The usual and reasonable expenses of WHA shall be paid by the Employer or the Participant, and any expenses not paid by the Employer or the Participant shall not be the responsibility of WHA.

6.10 Named Fiduciary The Employer is the named fiduciary for the Plan for purposes of ERISA Section 402(a). The fiduciary shall be bonded to the extent required by ERISA.

6.11 Insurance Contracts The Employer shall have the right to: (a) enter into a contract with one or more insurance companies for the purpose of providing any benefits under the Plan, on any terms and conditions it may choose in its sole discretion; and (b) replace any of such insurance companies or contracts. Any dividends, retroactive rate adjustments, or other refunds of any type that may become payable under any such insurance contract shall not be assets of the Plan but shall be the property of and be retained by the Employer, to the extent that such amounts are less than aggregate Employer contributions toward such insurance.

6.12 Inability to Locate Payee If WHA is unable to make payment to any Participant or other person to whom a payment is due under the Plan because it cannot ascertain the identity or whereabouts of such Participant or other person after reasonable efforts have been made to identify or locate such person, then such payment and all subsequent payments otherwise due to such Participant or other person shall be forfeited following a reasonable time after the date any such payment first became due.

6.13 Effect of Mistake In the event of a mistake as to the eligibility or participation of an Employee, the Employer or WHA shall to the extent that it deems administratively possible affect such amounts as it will in its judgment accord to such Participant or other person the credits to the account or distributions to which he or she is properly entitled under the Plan. Such action may include withholding of any amounts due to the Plan or the Employer from compensation paid by the Employer.

ARTICLE VII - General Provisions

7.01 Amendment or Termination of the Plan The Employer has established the Plan with the intention and expectation that it will be continued, but the Employer will have no obligation to maintain the Plan, and the Employer may terminate all or any part of this Plan at any time hereafter without liability. Upon termination of the Plan, all elections and reductions in compensation relating to the Plan shall terminate, and reimbursements shall be made as if all Employees had terminated employment. The Employer reserves the right to amend at any time any or all of the provisions of the Plan. All amendments shall be in writing and shall be approved by the Employer in accordance with its normal procedures for transacting business.

7.02 Governing Law The Plan shall be construed, administered and enforced in accordance with law of the State where the Employer is headquartered, to the extent not superseded by the Code, ERISA, or any other federal law.

7.03 Code and ERISA Compliance It is intended that this Plan meet all applicable requirements of the Code and ERISA and of all regulations issued thereunder. This Plan shall be construed, operated, and administered accordingly, and in the event of any conflict between any part, clause, or provision of this Plan and the Code and/or ERISA, the provisions of the Code and ERISA shall be deemed controlling, and any conflicting part, clause, or provision of this Plan shall be deemed superseded to the extent of the conflict.

To the extent applicable, the Plan will provide coverage and benefits in accordance with the requirements of all applicable laws, including USERRA, COBRA, HIPAA, NMHPA, WHCRA, FMLA, MHPA, MHPAEA, HITECH, Michelle's Law, GINA, and PPACA.

7.04 Indemnification of the Plan Administrator If any Participant receives one or more payments or reimbursements under this Plan on a tax-free basis and if such payments do not qualify for such treatment under the Code, then such Participant shall indemnify and reimburse the Employer for any liability that it may incur for failure to withhold federal income taxes, Social Security taxes, or other taxes from such payments or reimbursements.

7.05 No Guarantee of Tax Consequences The Employer makes no commitment or guarantee that any amounts paid to or for the benefit of a Participant under this Plan will be excludable from the Participant's gross income for federal, state, or local income tax purposes. It shall be the obligation of each Participant to determine whether each payment under this Plan is excludable from the Participant's gross income for federal, state, and local income tax purposes and to notify the Employer if the Participant has any reason to believe that such payment is not so excludable.

If a Participant receives a reimbursement and it is later determined that the payment was made in error (e.g., reimbursement for an expense that is later paid by an insurance plan), the Participant will be required to refund the improper payment to the Plan. If the refund is not received for the improper payment, the Plan reserves the right to offset future reimbursement equal to the improper payment or, if that is not feasible, to withhold such funds from his or her pay. If all other attempts to recoup the improper payment are unsuccessful, the Employer may treat the overpayment as a bad debt, which may have income tax consequences to the Participant.

7.06 No Contract of Employment Nothing herein contained is intended to be or shall be construed as constituting a contract or other arrangement between any Employee and the Employer to the effect that such Employee will be employed for any specific period of time. All Employees are considered to be employed at the will of the Employer.

7.07 Limitation of Rights Neither the establishment of the Plan nor any amendment thereof will be construed as giving to any Employee or other person any legal or equitable right against WHA or the Employer, except as expressly provided herein, and in no event will the terms of employment or service of any Employee be modified or in any way be affected hereby.

7.08 Non-Assignability of Rights The right of any Participant to receive any reimbursement under this Plan shall not be alienable by the Participant by assignment or any other method and shall not be subject to claims by the Participant's creditors by any process whatsoever. Any attempt to cause such right to be so subjected will not be recognized, except to the extent required by law.

7.09 Titles for Convenience Only The headings of the Articles of this Plan are inserted for convenience only and shall not be deemed to constitute a part of this Plan nor used in the interpretation or construction thereof.

7.10 Severability If any provision of the Plan is declared invalid or unenforceable, such provision will not affect the remainder of the Plan which shall be construed as if such provision had not been inserted.

7.11 Substantiation Every expense incurred by an Employee under a qualified benefit during the plan year is subject to the substantiation rules in accordance with Section 105.

ARTICLE VIII - HIPAA Provisions

8.01 Adequate Separation Between Plan and Employer The Employer shall allow the following persons access to Protected Health Information (PHI):

- (a) Privacy Official;
- (b) Employees in the Employer's Human Resources Department;
- (c) Employees in the Employer's Office of General Counsel; and
- (d) Any other Employee who needs access to PHI in order to perform Plan administration functions that the Employer performs for the Plan (such as quality assurance, claims processing, auditing, monitoring, payroll, and appeals).

No other persons shall have access to PHI. These specified Employees (or classes of Employees) shall only have access to and use PHI to the extent necessary to perform the Plan administration functions that the Employer performs for the Plan. In the event that any of these specified Employees does not comply with the provisions of this section, that Employee shall be subject to disciplinary action by the Employer for non-compliance pursuant to the Employer's Employee discipline and termination procedures. The Employer will ensure that the provisions of this section are supported by reasonable and appropriate security measures to the extent that the designees have access to electronic PHI.

When this health information is provided from the Health HRA to the Employer, it is PHI. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) and its implementing regulations restrict the Employer's ability to use and disclose PHI. The following HIPAA definition of PHI applies for purposes of this Article.

PHI means information that is created or received by the Plan and relates to the past, present, or future physical or mental health or condition of a Participant; the provision of health care to a Participant; or the past, present, or future payment for the provision of health care to a Participant; and that identifies the Participant or for which there is a reasonable basis to believe the information can be used to identify the Participant. PHI includes information of persons living

or deceased. The Employer shall have access to PHI from the HRA only as permitted under this Article or as otherwise required or permitted by HIPAA.

The Health Information Technology for Economic and Clinical Health Act passed as part of the American Recovery and Reinvestment Act of 2009 to strengthen the privacy and security protection of health information, and to improve the workability and effectiveness of HIPAA Rules. HITECH defines an EHR as "electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff."

8.02 Permitted Disclosure of Enrollment/Disenrollment Information The Plan may disclose to the Employer information on whether the individual is participating in the Plan.

8.03 Permitted Uses and Disclosure of Summary Health Information The Plan may disclose Summary Health Information to the Employer, provided that the Employer requests the Summary Health Information for the purpose of modifying, amending, or terminating the Plan.

"Summary Health Information" means information (a) that summarizes the claims history, claims expenses, or type of claims experienced by individuals for whom a plan sponsor had provided health benefits under a health plan; and (b) from which the information described at 42 CFR Section 164.514(b)(2)(i) has been deleted, except that the geographic information described in 42 CFR Section 164.514(b)(2)(i)(B) need only be aggregated to the level of a five-digit ZIP code.

8.04 Permitted and Required Uses and Disclosure of PHI for Plan Administration Purposes Unless otherwise permitted by law, the Plan may disclose PHI to the Employer, provided that the Employer uses or discloses such PHI only for Plan administration purposes. "plan administration purposes" means administration functions performed by the Employer on behalf of the Plan, such as quality assurance, claims processing, auditing, and monitoring. Plan administration functions do not include functions performed by the Employer in connection with any other benefit or benefit plan of the Employer, and they do not include any employment-related functions. Any disclosure to and use by Employer of a Covered Individual's PHI will be subject to and consistent with the provisions of this Article (including, but not limited to, the restrictions on the Employer's use and disclosure described in Section 7.5) and the specifications and requirements of the administrative simplification provisions of HIPAA and its implementing regulations at 45 CFR Parts 160-64.

8.05 Conditions of Disclosure for Plan Administration Purposes The Employer agrees that with respect to any PHI (other than enrollment/disenrollment information and Summary Health Information, which are not subject to these restrictions) disclosed to it by the Health FSA, the Employer shall:

- Not use or further disclose the PHI other than as permitted or required by the Plan or as required by law;
- Ensure that any agent, including a subcontractor, to whom it provides PHI received from the Plan agrees to the same restrictions and conditions that apply to the Employer with respect to PHI;
- Not use or disclose the PHI for employment-related actions and decisions or in connection with any other benefit or Employee benefit plan of the Employer;
- Report to the Plan any use or disclosure of the information that is inconsistent with the uses or disclosures provided for of which it becomes aware;
- Make available PHI to comply with HIPAA's right to access in accordance with 45 CFR Section 164.524;
- Make available PHI for amendment and incorporate any amendments to PHI in

- accordance with 45 CFR Section 164.526;
- Make available the information required to provide an accounting of disclosures in accordance with 45 CFR Section 164.528;
- Make its internal practices, books, and records relating to the use and disclosure of PHI received from the Plan available to the Secretary of Health and Human Services for purposes of determining compliance by the Plan with HIPAA's privacy requirements;
- If feasible, return or destroy all PHI received from the Plan that the Employer still maintains in any form and retain no copies of such information when no longer needed for the purpose for which disclosure was made, except that, if such return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction of the information infeasible; and
- Ensure that the adequate separation between the Plan and the Employer (i.e., the "firewall"), required in 45 CFR Section 504(f)(2)(iii), is satisfied.

The Employer further agrees that if it creates, receives, maintains, or transmits any electronic PHI (other than enrollment/disenrollment information and Summary Health Information, which are not subject to these restrictions) on behalf of the Plan, it will implement administrative, physical, and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of the electronic PHI, and it will ensure that any agents (including subcontractors) to whom it provides such electronic PHI agrees to implement reasonable and appropriate security measures to protect the information. The Employer will report to the Plan any security incident of which it becomes aware.

8.06 Certification of Plan Sponsor The Plan shall disclose PHI to the Employer only upon the receipt of a certification by the Employer that the Plan has been amended to incorporate the provisions of 45 CFR Section 164.504(f)(2)(ii), and that the Employer agrees to the conditions of disclosure set forth in Article 8.05.

ARTICLE IX - Appeals Procedure

9.01 Procedure if Benefits are Denied under this Plan If a claim for reimbursement or benefit under this Plan is wholly or partially denied, such claim shall be administered in accordance with the procedure set forth below and in the Summary Plan Description of this Plan. The Appeals Committee, separate and distinct from the individual(s) that adjudicate the claims, shall act on behalf of the Employer with respect to appeals. An external review process shall be provided as legally required and as further set forth below.

If WHA denies a claim, in whole or in part, the Employee will be notified in writing within 30 days of the date WHA receives the claim. The 30-day period may be extended for an additional 15 days for matters beyond WHA's control, such as situations where a claim is incomplete. WHA will provide written notice of any extension, describing the reasons for the extension and the date by which he or she can expect a decision. Where a claim is incomplete, the extension notice will describe the information still needed by WHA and allow 45 days from receipt of the notice to provide the additional information. If this happens, it will have the effect of suspending any decision on the claim until the specified information is provided.

If WHA denies a claim, the Employee will receive a notice that includes the following elements:

- The specific reason or reasons for the denial;
- The specific Plan provision or provisions that support the denial;
- A description of any items or information the Employee would need to validate the claim and an explanation of why the added material is necessary; and
- A description of the steps to appeal the denial, including the Employee's right to submit written comments, his or her right to review (upon request and at no charge) relevant

documents and other information, and the Employee's right to file suit under ERISA (where applicable) with respect to any adverse determination after appeal of the claim.

9.02 Appeals The Employee may appeal a claim denial by submitting a Request for Review (or other written appeal request) to WHA within 180 days of the date of notice of the claim denial. If the Employee does not appeal on time, he or she will lose the right to appeal the denial and the right to file suit in court. The written appeal should state the reasons that he or she feels the claim should not have been denied, and should include any additional items or information that he or she feels supports the claim. The appeal process will provide the Employee with the opportunity to ask additional questions and make written comments, and he or she may review (upon request and at no charge) documents and other information relevant to the appeal.

To the extent a dispute arises under the terms of one of the insurance plans, such as a group medical or dental insurance plan offered by the Employer, the ability to appeal decisions under the insurance plan will be outlined in the Summary Plan Description or similar explanatory booklet available from the insurer.

9.03 Decision on Review WHA will review the Employee's appeal within 60 days after receiving the request. WHA may, in its discretion, hold a hearing on the denied claim. If WHA consults with a medical expert to help analyze the appeal, the expert will be different from, and not subordinate to, any expert that was consulted in connection with the initial claim denial. If upon review a decision is reached to affirm the original denial of the claim, the Employee will receive a notice of that determination, which will include the following elements:

- (a) The specific reason or reasons for the decision on review;
- (b) The specific Plan provision or provisions that motivated the decision;
- (c) A statement of the Employee's right to review (upon request and at no charge) relevant documents and other information;
- (d) If "internal rules, guidelines, protocols, or other similar criteria" (collectively referred to as "internal guidelines") are relied on in making the decision on review, a description of the specific internal guidelines, or a statement that such internal guidelines were relied on, and a copy of the internal guidelines will be provided free of charge to the Employee upon request; and
- (e) A statement of the Employee's right to bring suit under ERISA Section 502(a) (where applicable).

Sisters-Camp Sherman Fire District has caused this Plan to be executed in its name and on its behalf on this:

_____ Day of _____, 20_____.

Sisters-Camp Sherman Fire District

WHA Insurance Agency, Inc.

By: _____

By: _____

Title: _____

Title: _____

Sisters-Camp Sherman Fire District

Health Reimbursement Arrangement

Summary Plan Description

All participants must receive a copy of this Summary Plan Description.

Sisters-Camp Sherman Fire District
Health Reimbursement Arrangement (HRA) Plan
Summary Plan Description

Table of Contents

I.	Introduction	3
II.	Administrative Information	3
III.	General Information about the Plan	4
	A. What is the Purpose of the HRA Plan?	4
	B. When did the HRA Plan take effect?	4
	C. Who can participate in the HRA Plan?	4
	D. What Benefits are offered through the HRA Plan?	4
	E. How will the HRA Plan work?	4
	F. Are there any limitations on Benefits available from the HRA Plan?	5
	G. What if I terminate my employment or lose eligibility during the Plan Year?	5
	H. What is COBRA continuation coverage? If I or my Spouse or Dependent has a COBRA Qualifying Event, can I continue to participate in the HRA Plan? (if applicable)	5
	I. Will I have any administrative costs under the HRA Plan?	6
	J. How long will the HRA Plan remain in effect?	6
	K. Can the HRA Plan be changed?	6
	L. Are my Benefits taxable?	6
	M. What happens if my claim for Benefits is denied?	6
V.	ERISA Rights	10
VI.	HIPAA Privacy Rights	12
	A. Use and Disclosure of Protected Health Information	12
	B. Permitted Uses and Disclosures	12
	C. Disclosures to the Employer	12
VII.	Definitions	14
VIII.	Miscellaneous	16
	A. Effect of the HRA Plan on Your Employment Rights	16
	B. Prohibition Against Assignment of Benefits	16
	C. Overpayments or Errors	16
	D. Family and Medical Leave Act and USERRA (if applicable)	16
IX.	Other Notices Which May be Required by Law	16

Sisters-Camp Sherman Fire District
Limited Health Reimbursement Arrangement (HRA) Plan
Summary Plan Description

I. Introduction

Your employer, **Sisters-Camp Sherman Fire District** (the “Employer”), is pleased to provide the Health Reimbursement Arrangement (HRA) Plan (“the HRA Plan”) for eligible employees. Under the federal tax law, the HRA Plan is known as the “Health Reimbursement Arrangement” or “HRA” plan.

This Summary Plan Description (SPD) describes the basic features of the HRA Plan, how it operates and how you can get the maximum advantage from it. It is only a summary of the key parts of the HRA Plan and a brief description of your rights as a Participant. If there is a conflict between this Summary Plan Description and the Plan Document, the Plan Document will take Precedence.

The provisions of the HRA Plan, as initially adopted or subsequently amended and restated, as the case may be, are effective [June 1, 2014](#).

II. Administrative Information

The Employer is the Plan Administrator for the HRA Plan in accordance with ERISA § 3(16)(A). The HRA Plan is intended to qualify as an Employer-provided Health Care reimbursement plan under Code §§ 105 and 106 and the regulations issued thereunder, and as a Health Reimbursement Arrangement as defined under IRS Notice 2002-45. The Employer’s failure to enforce any provision of the HRA Plan shall not affect its right to later enforce that provision or any other provision of the HRA Plan.

Agent for Service of Process: Service may only be made on the Employer at its principal place of business, or upon its Registered Agent, as reflected in the records of the Secretary of State.

The Employer has retained WHA Insurance Agency, Inc. (WHA) to act as the Third Party Administrator and provide certain administrative services associated with the HRA. WHA is not a fiduciary of the HRA Plan. WHA has no discretionary authority to interpret HRA Plan provisions or issues arising under the HRA Plan, such as issues of eligibility, coverage, and benefits. WHA is not an “administrator” as defined in ERISA § 3(16)(a).

Nothing herein will be construed to require the Employer or WHA to maintain any fund or to segregate any amount for the benefit of any Participant, and no Participant or other person shall have any claim against, right to, or security or other interest in any fund, account, or asset of the Employer from which any payment under this HRA Plan may be made. The HRA Plan is paid for by the Employer out of the Employer’s general assets. There is no trust or other fund from which benefits are paid. WHA does not finance or insure the HRA Plan. While the Employer has complete responsibility for the payment of benefits out of its general assets, it may hire an unrelated third-party paying agent to make Benefit payments on its behalf.

III. General Information about the Plan

A. What is the Purpose of the HRA Plan?

The purpose of this plan is to provide eligible employees with a benefit plan that reimburses the employee for additional out-of-pocket medical expenses incurred in the month of June 2014 as a result of changing health insurance plans on June 1, 2014. The additional out-of-pocket cost incurred in June 2014 will be reimbursed to employees if the cost is more than what they employee would have paid when compared to the PacificSource Health Plan (SDAO Gold Plan III) in force prior to June 1, 2014.

B. When did the HRA Plan take effect?

June 1, 2014

C. Who can participate in the HRA Plan?

An employee that is eligible for the **Sisters-Camp Sherman Fire District** health insurance plan is also eligible for the HRA. Requirements of eligibility for the health plans will be the same requirements applied to eligibility for the HRA. If an employee waives coverage for the **Sisters-Camp Sherman Fire District** health plan, the employee is not eligible for the HRA.

If you are a Participant, you can also be reimbursed for eligible Health Care Expenses incurred by your Spouse and Dependents.

D. What Benefits are offered through the HRA Plan?

Each employee that is eligible for and enrolls in the medical insurance coverage provided through Moda Health starting June 1, 2014 shall be eligible for reimbursement for additional expenses incurred in the month of June 2014 as a result of The District changing to the Moda Health plan on June 1, 2014 from the SDAO PacificSource Gold Plan III.

	SDAO PacificSource (\$500 Deductible) prior to June 1, 2014	Moda Health Plan – Option 2 (\$1000 Deductible) Effective June 1, 2014	Amount Eligible for Reimbursement through HRA
Individual Out-of-Pocket Max	\$1500	\$4,000	Up to: \$2500
Family Out-of-Pocket Max (1 or more dependents)	2 people - \$3,000 3 people - \$4,500 4 people - \$5,500	\$8,000	Up to: 2 people - \$5,000 3 people - \$3,500 4 people - \$2,500

	SDAO PacificSource (\$500 Deductible) prior to June 1, 2014	Moda Health Plan – Option 3 (\$2000 Deductible) Effective June 1, 2014	Amount Eligible for Reimbursement through HRA
Individual Out-of-Pocket Max	\$1500	\$6,000	Up to: \$4,500
Family Out-of-Pocket Max (1 or more dependents)	2 people - \$3,000 3 people - \$4,500 4 people - \$5,500	\$12,000	Up to: 2 people - \$9,000 3 people - \$7,500 4 people - \$6,500

E. How will the HRA Plan work?

To receive a reimbursement a member must first incur the expense and then submit the proof of expense to the plan administration. Once the administrator receives proper documentation, the administrator shall pay the reimbursement directly to the member from the **Sisters-Camp Sherman Fire District** account.

Proper documentation includes:

- Request for Reimbursement Form
- Explanation of Benefits from Moda Health for claims incurred in June 2014.
- Such other information as WHA may from time to time require.

Claims may be submitted the following ways:

- By Email with reimbursement form to: lifeandhealthteam@whainsurance.com
- Faxed with a reimbursement form to (541) 484-5434
- Mailed with a reimbursement form to PO Box 1421, Eugene, OR 97440

The benefits available under this Plan are only available to reimburse expenses that are incurred the month of June 2014. However, the Participant shall have until the end of the third month of the next Plan Year to submit claims for expenses incurred during June 2014.

- Eligible Month for Incurred Claims: June 2014
- 90-Day "Run Out" Period: October 2015

Note that it is not necessary for you to have actually paid the amount due for an expense; only for you to have incurred the expense and that it is not being paid for or reimbursed from any other source.

If you receive reimbursement and it is later determined that you received an overpayment or a payment was made in error (e.g., you were reimbursed for an expense that is later paid by an insurance plan), you will be required to refund the improper payment to the Plan. If you do not refund the improper payment, the Plan reserves the right to offset future reimbursement equal to the improper payment or, if that is not feasible, to withhold such funds from your pay. If all other attempts to recoup the improper payment are unsuccessful, the Employer may treat the overpayment as a bad debt, which may have income tax consequences for you.

F. Are there any limitations on Benefits available from the HRA Plan

Only covered Health Care Expenses that apply to the coinsurance and deductible that exceed the deductible and coinsurance of the PacificSource Gold Plan III are eligible for reimbursement.

Your Employer or WHA can provide you with more information about which expenses are eligible for reimbursement.

G. What if I terminate my employment or lose eligibility during the Plan Year?

If you cease to be an Eligible Employee (for example, if you die, retire, or terminate employment), your participation in the HRA Plan will terminate unless you elect COBRA continuation coverage.

H. What is COBRA continuation coverage? If I or my Spouse or Dependent has a COBRA Qualifying Event, can I continue to participate in the HRA Plan? (if applicable)

Consolidated Omnibus Budget Reconciliation Act (COBRA) spell out is a federal law that gives certain Employees, Spouses, and Dependent children of employees the right to temporary continuation of their health care coverage under the Employer's major medical or other health insurance plan at group rates. If you, your Spouse, or your Dependent children incur an event known as a "Qualifying Event," and if such individual is covered under the Employer's major medical or other health insurance plan and the HRA Plan when the Qualifying Event occurs, then the individual incurring the Qualifying Event will be entitled under COBRA (except in the case of certain small employers) to elect to continue his or her coverage under the Employer's major medical or other health insurance plan and the HRA Plan if he or she pays the applicable premium for such coverage. "Qualifying Events" are certain types of events that would cause, except for the application of COBRA's rules, an individual to lose his or her health insurance coverage. A Qualifying Event includes the following events:

- Your termination from employment or reduction of hours;
- Your divorce or legal separation from your Spouse;
- Your becoming eligible to receive Medicare benefits;
- Your Dependent child ceasing to qualify as a Dependent.

If the Qualifying Event is termination from employment, then the COBRA continuation coverage runs for a period of 18 months following the date that regular coverage ended. COBRA continuation coverage may be extended to 36 months if another Qualifying Event occurs during the initial 18-month period. You are responsible for informing your Employer of the second Qualifying Event within 60 days after the second Qualifying Event occurs. COBRA continuation coverage may also be extended to 29 months in the case of an individual who becomes disabled within 60 days after the date the entitlement to COBRA continuation coverage initially arose and who continues to be disabled at the end of the 18 months. (In the event that family coverage is continued under COBRA, the Employee, Spouse, and Dependents may all extend coverage to 29 months regardless of which individual has become disabled.) In all other cases to which COBRA applies, COBRA continuation coverage shall be for a period of 36 months.

I. Will I have any administrative costs under the HRA Plan?

Not at the present time. The Employer is currently bearing the entire cost of administering the HRA Plan while you are an Employee.

J. How long will the HRA Plan remain in effect?

Although the Employer expects to maintain the HRA Plan indefinitely, it has the right to terminate the HRA Plan at any time. The Employer also reserves the right to amend the HRA Plan at any time and in any manner that it deems reasonable, in its sole discretion.

K. Can the HRA Plan be changed?

The HRA Plan is intended to comply with all applicable sections of the Internal Revenue Code; therefore, the HRA Plan and any Employer benefit plans offered under the HRA Plan may be amended to comply with the Internal Revenue Code and the Treasury Regulations as they may be amended. In addition, the HRA Plan and any Employer benefit plans offered under the HRA Plan may be amended at any time for reasons other than compliance with new law.

L. Are my Benefits taxable?

The HRA Plan is intended to meet certain requirements of existing federal tax laws, under which the Benefits that you receive under the HRA Plan generally are not taxable to you. However, the Employer cannot guarantee the tax treatment to any given Participant, since individual circumstances may produce differing results. **If there is any doubt, you should consult your own tax advisor.**

M. What happens if my claim for Benefits is denied?

If your claim for Benefits is denied, then you have the right to be notified of the denial and to appeal the denial, both within certain time limits. The rules regarding denied claims for Benefits under the HRA Plan are discussed below.

M.1 When must I receive a decision on my claim?

You are entitled to notification of the decision on your claim within 30 days after WHA receives the claim. This 30-day period may be extended by an additional period of up to 15 days if the extension is necessary due to conditions beyond WHA's control, such as situations where a claim is incomplete. WHA is required to notify you of the need for the extension and the time by which you will receive a determination on your claim. If the extension is necessary because of your failure to submit the information necessary to decide the claim, then WHA will notify you regarding what additional information you are required to submit, and you will be given at least 45 days after such notice to submit the additional information. If you do not submit the additional information, WHA will make the decision based on the information that it has.

M.2 What information will a notice of denial of a claim contain?

If your claim is denied, the notice that you receive from WHA will include the following information:

- Information about your claim, including the date of service, health care provider, claim amount, and any diagnosis and treatment code and their corresponding meanings, to the extent such information is available;
- The specific reason for the denial;
- A reference to the specific HRA Plan provision(s) on which the denial is based;
- Any denial code (and its corresponding meaning) that was used in denying the claim;
- A description of any additional material or information necessary for you to perfect your claim and an explanation of why such material or information is necessary;

- A description of the HRA Plan's internal and external review procedures and the time limits applicable to such procedures, including a statement of your right to bring a civil action under ERISA §502(a) following a denial on review; and
- If WHA relied on an internal rule, guideline, protocol, or similar criteria in making its determination, either a copy of the specific rule, guideline, or protocol, or a statement that such a rule, guideline, protocol, or similar criterion was relied upon in making the determination and that a copy of such rule, guideline, protocol, or similar criterion will be provided to you free of charge upon request.

M.3 Do I have a right to appeal a denied claim?

Yes, you have the right to an internal appeal and, if applicable, an external review to an independent review organization. Additional information regarding your review rights is available on request from your Employer and/or WHA.

M.4 Do I have to appeal a denied claim before I can go to court?

Yes, you have the right to appeal the Claims Processing Administrator's denial of your claim.

M.5 What are the requirements of my internal appeal?

Your internal appeal must be in writing, must be provided to WHA, and must include the following information:

- Your name and address;
- The fact that you are disputing a denial of a claim or WHA's act or omission;
- The date of the notice that WHA informed you of the denied claim; and
- The reason(s), in clear and concise terms, for disputing the denial of the claim or WHA's act or omission.

You should also include any documentation that you have not already provided to WHA.

M.6 Is there a deadline for filing my internal appeal?

Yes. Your internal appeal must be delivered to WHA within 180 days after reviewing the denial notice or WHA's act or omission. *If you do not file your internal appeal within this 180-day period, you lose your right to appeal.* Your internal appeal will be heard and decided by WHA.

M.7 How will my internal appeal be reviewed?

Anytime before the internal appeal deadline, you may submit copies of all relevant documents, records, written comments, testimony, and other information to WHA. The HRA Plan is required to provide you with reasonable access to and copies of all documents, records, and other information related to the claim. When reviewing your internal appeal, WHA will take into account all relevant documents, records, comments, and other information that you have provided with regard to the claim, regardless of whether or not such information was submitted or considered in the initial determination.

If WHA receives new or additional evidence that it considered, relied upon, or generated in connection with the claim, other than evidence that you have provided to it, you will be provided with this information and given a reasonable opportunity to respond to the evidence before the due date for WHA's notice of final internal adverse benefit determination. Similarly, if WHA identifies a new or additional reason for denying your claim, that new or additional reason will be disclosed to you and you will be given a reasonable opportunity to respond to that new rationale before the due date for WHA's notice of final internal adverse benefit determination.

The internal appeal determination will not afford deference to the initial determination and will be conducted by a fiduciary of the HRA Plan who is not: (1) the individual who made the original determination; (2) an individual who is a subordinate of the individual who made the initial determination; or (3) an individual whose terms and conditions of employment are affected by the results of his or her decision.

If the internal appeal determination will be based on the medical judgment of a health care professional retained by WHA, the health care professional retained for purposes of the internal appeal will not be an individual who was consulted in connection with the determination that is being appealed or any subordinate of that individual.

M.8 When will I be notified of the decision on my internal appeal?

You will be notified of the decision on your internal appeal within 60 days following receipt of your request for review.

M.9 What information is included in the notice of the denial of my internal appeal?

If your internal appeal is denied, the notice that you receive from WHA will include the following information:

- Information about your claim, including the date of service, health care provider, claim amount, and any diagnosis and treatment code and their corresponding meanings, to the extent such information is available;
- The specific reason for the denial upon review;
- A reference to the specific HRA Plan provision(s) on which the denial is based;
- Any denial code (and its corresponding meaning) that was used in denying the claim;
- A statement providing that you are required to receive, upon request and free of charge, reasonable access to and copies of all documents, records, and other information relevant to your claim for benefits;
- If an internal rule, guideline, protocol, or similar criterion was relied upon in making the review determination, either the specific rule, guideline, or protocol, or a statement that such a rule, guideline, protocol, or similar criterion was relied upon in making the review determination and that a copy of such rule, guideline, protocol, or similar criterion will be provided to you free of charge upon request; and
- A statement of your right to bring an external appeal or a civil action under ERISA §502(a).

M.10 Do I have the right to seek review of a denied claim to an external third party?

You have the right to an external review of the denial of your claim, and any subsequent internal appeals process determination to uphold that denial, unless the Benefit denial was based on your (or your Spouse's or Dependent's) failure to meet the HRA Plan's eligibility requirements.

M.11 What are the requirements of an external review?

You will file a request for external review with WHA. This request should be in writing, and must include an authorization to allow WHA to share your Protected Health Information with the external review organization. A request will not be deemed complete until such time as an authorization has been received by WHA, and the failure to timely provide such an authorization will not serve to alter the deadline to file for external review. WHA will forward any completed request to the appropriate agency within five (5) business days or less depending on the clinical urgency of the situation.

Please note that any external review is conducted in accordance with the external review process as implemented by the State where the Employer is headquartered.

M.12 Is there a deadline for filing for an external review?

Yes, your request for an external review must be filed within one hundred eighty (180) days of the date you were served with WHA's response to your internal appeal request. If you do not file your appeal within this 6 month period, you lose your right to request an external review.

M.13 When will I be notified of the decision on my external appeal?

The external reviewer must notify you and WHA of its decision on your external appeal within 45 days after its receipt of your request for external review. The external reviewer's decision is binding upon the parties unless other State or Federal law remedies are available. Such remedies may or may not exist. Therefore, unless another legal right exists under your claim, use of the external review process may terminate your right to bring a lawsuit on your claim.

ERISA Rights

As a Participant in the HRA Plan, you may be entitled to certain rights and protection under the Employee Retirement Income Security Act (ERISA). ERISA provides that all plan participants are entitled to:

- Examine, without charge, at the Employers office and at other specified locations (such as worksites and union halls) all plan documents, including insurance contracts, collective bargaining agreements, and copies of all documents filed by the HRA Plan with the U.S. Department of Labor and available at the Public Disclosure Room of the Employee Benefits Security Administration, such as detailed annual reports;
- Obtain copies of all plan documents and other plan information upon written request to the Employer (the Employer may charge a reasonable amount for the copies); and
- Receive a summary of the HRA Plan's annual information report (the Employer is required by law to furnish each Participant with a copy of this summary annual report).

You are entitled to continue health care coverage under COBRA for yourself, your Spouse, or your Dependents if there is a loss of coverage under the Employer's major medical or other health insurance plan and the HRA Plan as a result of a qualifying event. You, your Spouse, or your Dependents may have to pay for such coverage. Review this summary plan description and the documents governing the HRA Plan for the rules governing your COBRA continuation rights.

In addition to creating rights for plan participants, ERISA imposes duties upon the people who are responsible for the operation of the employee benefits plan. The people who operate your HRA Plan, called "fiduciaries" of the HRA Plan, have a duty to do so prudently and in the interest of the HRA Plan Participants and beneficiaries. No one, including your Employer, your union, or any other person, may discriminate against you in any way to prevent you from obtaining a Benefit from the HRA Plan or from exercising your rights under ERISA.

If your claim for a Benefit is ignored or denied in whole or in part, you have a right to know why this was done, to obtain copies of documents relating to the decision without charge, and to appeal any denial, all within certain time schedules. Under ERISA, there are steps you can take to enforce the above rights. For instance, if you request materials from the HRA Plan and do not receive them within 30 days, you may file suit in a federal court. In such a case, the court may require the HRA Plan Administrator to provide the materials and pay you up to \$110 a day until you receive the materials, unless the materials were not sent because of reasons beyond the control of the HRA Plan Administrator. If you have a claim for Benefits that is denied or ignored in whole or in part, and if you have exhausted the claims procedures available to you under the HRA Plan, then you may file suit in state or federal court. In addition, if you disagree with the HRA Plan's decision or lack thereof regarding the qualified status of a domestic relations order or a medical child support order, you may file suit in federal court.

If it should happen that plan fiduciaries misuse the HRA Plan's money, or if you are discriminated against for asserting your rights, you may seek assistance from the U.S. Department of Labor or you may file suit in a federal court. The court will decide who should pay court costs and legal fees. If you are successful, the court may order the person you have sued to pay these costs and fees. If you lose, the court may order you to pay these costs and fees (for example, if it finds that your claim is frivolous).

If you have any questions about the HRA Plan, you should contact the HRA Plan Administrator. If you have any questions about this part of the Summary Plan Description or about your rights under ERISA, or if you need assistance in obtaining documents from the HRA Plan Administrator, you should contact the nearest office of the Employee Benefits Security Administration, U.S. Department of Labor, listed in your telephone directory, or the Division of Technical Assistance and Inquiries, Employee Benefits Security Administration, U.S. Department of Labor, 200 Constitution Avenue N.W., Washington, D.C. 20210. You may also obtain certain publications about your rights and responsibilities under ERISA by calling the publications hotline of the Employee Benefits Security Administration.

IV. HIPAA Privacy Rights

A. Use and Disclosure of Protected Health Information

Except for certain permitted uses and disclosures, the Privacy Rule issued by the federal government prohibits the HRA Plan from using or disclosing certain health information about you that is created or received by the HRA Plan without your written authorization (see the definition of "Protected Health Information" in Section VIII). For additional information about your privacy rights, please either refer to the HRA Plan's Privacy Notice or contact the HRA Plan's Privacy Official: Sisters-Camp Sherman Fire District.

If you wish to authorize the HRA Plan to use or disclose your PHI in a manner that is not otherwise permitted, you must submit a signed and completed authorization form to the HRA Plan. You may request a copy of the authorization form from Human Resources.

B. Permitted Uses and Disclosures

The HRA Plan is permitted under the Privacy Rule to use or disclose your PHI without your authorization only for purposes related to:

- Health care treatment;
- Payment for health care;
- Health care operations; and
- Other specifically permitted exceptions, such as disclosures to assist disaster relief, disclosures to lessen serious health or safety threats, or disclosures to business associates.

For a complete list of permitted exceptions, please refer to the HRA Plan's Privacy Notice or contact the HRA Plan's Privacy Official.

C. Disclosures to the Employer

After the Employer has certified to the HRA Plan that it is in compliance with the Privacy Rule, the HRA Plan may disclose PHI to the Employer without your authorization to the extent that the PHI is necessary for the Employer to perform HRA Plan administration functions. The HRA Plan may not disclose any more PHI to the Employer than is necessary for the Employer to fulfill its administration functions, and the HRA Plan may not disclose PHI to the Employer for purposes of any employment-related actions or in connection with any other employee benefit provided by the Employer.

To the extent that your PHI is disclosed to the Employer, the Employer will:

- not use or further disclose PHI other than as permitted or required by the official HRA Plan document or as required by law;
- ensure that any agents to whom the Employer provides PHI (or certain Electronic Protected Health Information (EPHI)) received from the HRA Plan agree to the same restrictions and conditions that apply to the Employer with respect to PHI;
- not use or disclose PHI for employment-related actions and decisions unless authorized by you;
- not use or disclose PHI in connection with any other benefit provided by the Employer unless authorized by you;
- promptly report to the HRA Plan's Privacy Officer any misuse or improper disclosure of PHI it learns about;
- make PHI available to you in accordance with the requirements of the Privacy Rule;
- make PHI available to you for amendment and incorporate any amendments to PHI in accordance with the requirements of the Privacy Rule;

- make available to you the information required to provide an accounting of disclosures in accordance with the requirements of the Privacy Rule;
- make internal practices, books, and records relating to the Employer's use and disclosure of PHI available to the Secretary of Health and Human Services for the purposes of determining the HRA Plan's compliance with HIPAA; and
- if feasible, return or destroy all PHI received from the HRA Plan that the Employer still maintains in any form, and retain no copies of the PHI, when the PHI is no longer needed for the purpose for which the disclosure was made (or if return or destruction is not feasible, limit further uses and disclosures to those purposes that make the return or destruction infeasible).

The Employer may only disclose your PHI (or certain EPHI) to the following employees and may only do so to the extent that the employees perform HRA Plan administration functions:

- The Privacy Official;
- Employees in the Employer's Human Resources Department;
- Employees in the Employer's Office of General Counsel; and
- Any other class of employees designated in writing by the Privacy Official.

If an employee does not comply with the requirements of the Privacy Rule, then the Employer may apply appropriate sanctions to the employee in order to ensure compliance with the Privacy Rule. If you become aware of any inappropriate use or improper disclosure of PHI, contact the Privacy Official immediately.

V. Definitions

In this document, the following terms, when capitalized, shall have the following meanings unless a different meaning is clearly required by the context.

Plan Administrator. The Employer.

Benefits. The reimbursement benefits for Health Care Expenses described in the HRA Plan.

COBRA. The Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

Code. The Internal Revenue Code of 1986, as amended.

Dependent. A Dependent is a Participant's child as defined in Code §152(f)(1) who has not attained age 26, or a Dependent as defined in Code §105(b); provided, however, that any child to whom Code §152(e) applies shall be treated as a dependent of both parents. Note that the Code §105(b) definition is similar to the Code §152 definition that is used to determine your tax dependents, except that an individual's status as a Dependent is determined without regard to the gross income limitation for a "qualifying relative" and certain other provisions of Code §152. The HRA Plan will provide Benefits in accordance with the applicable requirements of any qualified medical child support order, even if the child does not meet the definition of Dependent.

Electronic Protected Health Information or EPHI. Has the meaning described in 45 CFR §160.103 and generally includes Protected Health Information that is transmitted by electronic media or maintained in electronic media. Unless otherwise specifically noted, Electronic Protected Health Information shall not include enrollment/disenrollment information and summary health information (as such terms are defined in HIPAA).

Eligible Employee. An Employee who has met the eligibility requirements in Section III-C

Employee. An Employee of the Employer who receives Compensation from the Employer.

ERISA. The Employee Retirement Income Security Act of 1974, as amended.

HIPAA. The Health Insurance Portability and Accountability Act of 1996, as amended.

HRA Account. The recordkeeping account established in your name by the Employer on the basis of which eligible Health Care Expenses will be paid or reimbursed.

HRA Plan. The ABC, Inc. Health Reimbursement Arrangement (HRA) Plan, as amended or restated from time to time.

Health Care Expenses. See Section IV-F for a description of Health Care Expenses.

Participant. An Eligible Employee who becomes a Participant in the HRA Plan.

Protected Health Information or PHI. This generally includes all information, whether written or oral, in connection with the HRA Plan that (1) is created or received by the HRA Plan; (2) relates to your past, present, or future physical or mental health, the provision of health care to you, or the past, present, or future payment for the provision of health care; and (3) identifies you or could be used to identify you.

Plan Information at a Glance. The outline of the parameters associated with this HRA Plan, such as the Effective Date, eligibility requirements, etc.

Plan Year. The period of «PY_Start_Date» through «PY_End_Date».

Privacy Rule. The regulations that were issued by the Department of Health and Human Services in accordance with the requirements of HIPAA.

Spouse. An individual who is legally married to a Participant as determined under applicable state law (and who is treated as a Spouse under the Code).

Third Party Administrator. An organization that processes insurance claims or certain aspects of employee benefit plans for a separate entity. For purposes of this document, the Third Party Administrator (TPA) is WHA Insurance Agency, Inc.

VI. Miscellaneous

A. Effect of the HRA Plan on Your Employment Rights

The HRA Plan is not to be construed as giving you any rights against the HRA Plan except those expressly described in this document. The HRA Plan is not a contract of employment between you and the Employer.

B. Prohibition Against Assignment of Benefits

No Benefit payable at any time under the HRA Plan shall be subject in any manner to alienation, sale, transfer, assignment, pledge, attachment, or encumbrance of any kind.

C. Overpayments or Errors

If it is later determined that you and/or your Spouse or Dependent(s) received an overpayment or a payment was made in error, you will be required to refund the overpayment or erroneous reimbursement to the HRA Plan.

If you do not refund the overpayment or erroneous payment, the HRA Plan and the Employer reserve the right to offset future reimbursement equal to the overpayment or erroneous payment or, if that is not feasible, to withhold such funds from your pay.

D. Family and Medical Leave Act and USERRA (if applicable)

If you go on a qualifying leave under the Family and Medical Leave Act of 1993 (FMLA) or Uniformed Services Employment and Reemployment Rights Act (USERRA), then to the extent required by the FMLA or USERRA, as applicable, the Employer will continue to maintain HRA Benefits on the same terms and conditions as if the Participant were still an active Eligible Employee.

If you go on a leave of absence that is not subject to the FMLA or USERRA, you will be treated as having terminated participation.

VII. Other Notices Which May be Required by Law

A. Qualified Medical Child Support Order

The HRA Plan will provide benefits as required by any qualified medical child support order (QMCSO), as defined in ERISA § 609(a). The HRA Plan has detailed procedures for determining whether an order qualifies as a QMCSO. Participants and beneficiaries can obtain, without charge, a copy of such procedures from the Employer.

B. Newborns' and Mothers' Health Protection Act of 1996 (NMPHA)

Group health plans generally may not, under federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery or to less than 96 hours following a cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours, as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

C. Women's Health and Cancer Rights Act of 1998 (WHCRA)

The Women's Health and Cancer Rights Act of 1998 (WHCRA) is a federal law that provides protections to patients who choose to have breast reconstruction in connection with a mastectomy. This law applies generally both to persons covered under group health plans and persons with individual health insurance coverage. But WHCRA does NOT require health plans or issuers to pay for mastectomies. If a group health plan or health insurance issuer chooses to cover mastectomies, then the plan or issuer is generally subject to WHCRA requirements.

D. Michelle's Law

"Michelle's Law", enacted October 9, 2008, requires group and individual health plans to continue to cover otherwise eligible dependent children taking a medical leave of absence from a postsecondary educational institution (e.g., a college, university, or vocational school) due to a serious illness or injury. Dependent children on a leave of absence must be covered until the earlier of one year from the first day of the leave of absence or the date on which the coverage otherwise would terminate.

E. The Genetic Information Nondiscrimination Act of 2008 (GINA)

GINA prohibits discrimination by health insurers and Employers based on individuals' genetic information. Genetic information includes the results of genetic tests to determine whether someone is at increased risk of acquiring a condition in the future, as well as an individual's family medical history. GINA imposes the following restrictions: prohibits the use of genetic information in making employment decisions restricts the acquisition of genetic information by Employers and others; imposes strict confidentiality requirements; and prohibits retaliation against individuals who oppose actions made unlawful by GINA or who participate in proceedings to vindicate rights under the law or aid others in doing so.

F. Health Information Technology for Economic and Clinical Health Act (HITECH Act)

HITECH was passed as part of the American Recovery and Reinvestment Act of 2009 to strengthen the privacy and security protection of health information, and to improve the workability and effectiveness of HIPAA Rules.

G. The Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008

This new law amends ERISA, the Public Health Service Act (PHSA), and the Internal Revenue Code (IRC) and applies to all ERISA group health plans and to health insurers that provide insurance coverage to group health plans. In general, this new law requires group health plans that provide mental health or substance use disorder benefits to provide such benefits on par with medical-surgical benefits.

H. The Patient Protection and Affordable Care Act and the Health Care and Education Reconciliation Act of 2010.

This new law makes sweeping changes to the U.S. health care system. This law and subsequent regulations provide mandates on insurance coverage including essential benefits and plan administration. The Act imposes certain fees including a research fee that directly affects sponsors of self-insured health plans including Health Reimbursement Arrangements. The Patient-Centered Outcomes Research Institute Fee is assessed to the plan sponsor for plan years ending after October 1, 2012 and before October 1, 2019.



Health Reimbursement Arrangement Application

1. Group Name: <i>Legal Name of entity</i>	Sisters-Camp Sherman Fire District
2. Address of Group: <i>Mailing address</i>	Po Box 1509, Sisters OR 97759
3. Federal Tax ID Number: <i>Tax ID that is used to file federal taxes</i>	93-0932704
4. Plan Administrator Contact Information: <i>Person responsible for administering the benefits for the group.</i>	Name: Kay Johnson Address: PO Box 1509, Sisters, OR 97759 Phone: (541) 585-1240 Email: kayjohnson@sistersfire.com
5. Billing Contact Information: <i>Person responsible for paying invoices and funding the account.</i>	Name: Address: Phone: Email:
6. Plan Effective Date: <i>Effective date the HRA plan starts</i>	June 1, 2014
7. Plan Termination Date: <i>Effective date plan terminates or is it ongoing?</i>	Will terminate after the run out period. October 31, 2015.
8. Type of Payment Account: <i>Who is writing the checks for reimbursement</i>	<input type="checkbox"/> WHA will administer reimbursement to participants (setup takes approx. 3 weeks) <input checked="" type="checkbox"/> Group will reimburse participant (once claim is approved by WHA)
9. Monthly Funding Amount <i>Minimum monthly amount that needs to be kept in checking account that WHA is administering. WHA will bill the difference each month.</i>	\$ <u>none</u>
10. Administrative Fees: <i>WHA fees to administer the plan. This fee is guaranteed for 12 months and subject to change only with 60 days prior notice from The Administrator to the Group. This assumes no plan changes will be made during the 12 months period of time.</i> Two Options: <u>Option 1:</u> WHA approves claims and sends approval to Client to write the check. Setup Fee: \$300 (includes plan documents) Per Claim Fee: \$25 up to \$300 monthly maximum <u>Option 2:</u> WHA approves claims and pays claims. Setup Fee: \$500 (includes plan documents and checks) Per Claim Fee: \$25 up to \$300 monthly maximum	<input type="checkbox"/> Setup Fee: <u>Waived</u> <input type="checkbox"/> Monthly Fee: <u>Waived</u> <input type="checkbox"/> Per Claim Fee: <u>Waived</u> <input type="checkbox"/> Maximum Monthly Fee Amount: <u>Waived</u> <input type="checkbox"/> Plan Change Fee: <u>Waived</u>
11. Who is Eligible for the Plan?	<input checked="" type="checkbox"/> Active Employees meeting eligibility requirements <input type="checkbox"/> Retirees <input checked="" type="checkbox"/> COBRA <input type="checkbox"/> Other (please explain)

<p>12. Health Plan Information: <i>Indicate which health plan is being offered.</i></p> <p>Which Benefits are Eligible for HRA Reimbursement:</p> <p>Is this a Mid Year Plan Change</p>	<p>Carrier: <u>Moda</u></p> <p><input checked="" type="checkbox"/> Standard Plan <input type="checkbox"/> Customized Plan</p> <p><input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> OOP Maximum <input type="checkbox"/> Coinsurance <input checked="" type="checkbox"/> Copay(s) <input type="checkbox"/> Rx <input type="checkbox"/> Alternative Care <input type="checkbox"/> Vision <input type="checkbox"/> Dental <input type="checkbox"/> Other (please define)</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>13. What is Reimbursable under the HRA? (Provide Summary of what is reimbursable)</p>	<p>The purpose of this plan is to provide eligible employees with a benefit plan that reimburses the employee for additional out-of-pocket medical expenses incurred in the month of June 2014 as a result of changing health insurance plans on June 1, 2014. The additional out-of-pocket cost incurred in June 2014 will be reimbursed to employees if the cost is more than what they employee would have paid when compared to the PacificSource Health Plan (SDAO Gold Plan III) in force prior to June 1, 2014.</p> <p>Please note: the amount has to exceed the Deductible and OOP Maximum of the PacificSource plan in order to be eligible for reimbursement.</p>
<p>14. Run Out Period <i>Describe number of days after the end of the plan year in which claims will be paid from the HRA.</i></p>	<p><input type="checkbox"/> 30 Days <input type="checkbox"/> 60 Days <input checked="" type="checkbox"/> 90 Days <input type="checkbox"/> Other _____</p>

Group/District

Date

WHA Insurance Agency, Inc.

Date

WAGE COMPENSATION

Wage Policy. The District maintains a salary schedule covering all positions in the District, showing the minimum and maximum rates of pay. In arriving at such salary ranges, consideration is given to prevailing rates of pay for comparable work in other public and in private employment, including consideration of conditions of work and basic pay, current costs of living, the local economy and wage adjustments in the community, suggestions of the Fire Chief, and the District's financial condition. Salary comparisons shall be conducted annually.

Salary Review. The Fire Chief will review compensation at the end of an employee's probationary period.

Regular employees' salaries will thereafter be reviewed after twelve (12) months of continuous employment in the current classification. Wage increases are not automatic. The Fire Chief makes salary recommendations to the Board of Directors based upon merit. For exceptional performance, the Fire Chief may recommend a merit increase to any employee paid below the top of the range. If an employee is granted a pay increase in this fashion, it may be reduced or increased to the step otherwise appropriate, based on longevity, at any time.

Promoted employees shall be moved to the beginning step of the promoted position as long as that step provides a minimum 5% salary increase over their previous position. If not, they will move to the next step in the promoted position that provides at least a 5% raise.

OTHER COMPENSATION

Employees may from time-to-time and for limited personal use only, utilize miscellaneous district equipment such as, but not limited to, telephone, fax, photocopier and District tools. No cost to the District shall be incurred by such use of equipment. Such use shall not interfere with District activities and is at the discretion of the Fire Chief or officer in charge.

The District offers its full-time employees Life Flight Membership as well as Fire-Med Ground Ambulance coverage. ~~Coverage is effective 90 days after hire date.~~

The District offers its full-time employees Accidental Death and Dismemberment Insurance. Specific benefit information is available from the Administration office.

PERS

The District participates in the Public Employee Retirement System and the PERS unused sick leave plan.

PAY DATES

Monthly paychecks are issued on the 25th of the month for work performed between the 18th of each month to the 17th of the following month. If the 25th falls on a holiday or weekend, paychecks will be issued on the previous business banking date.

All employees are required to submit time sheets. Time sheets are approved by the employee's Supervisor and then submitted to the Finance Manager for payroll entry.

DRAWS

Draws on salary are not allowed per Board Resolution passed on January 20, 1994.

PAYROLL DEDUCTIONS

- A. Required Deductions. Federal and state laws require the following deductions from every paycheck:
- a. Federal Withholding Tax
 - b. State Withholding Tax
 - c. Social Security Tax (Note: see Deferred Comp below)
 - d. Medicare
 - e. Court-ordered child support payments or garnishments
 - f. Retirement
 - g. WBF (Worker's Benefit Fund)
- B. Deferred Compensation. Employees classified as "Police & Fire" have opted out of social security. The District has agreed to contribute the 6.2% that would be required to be contributed to social security to the employee's Deferred Compensation 457 Plan. While there is no requirement for the employee to contribute an additional 6.2% for their portion that would normally be required to be contributed to social security, the District strongly encourages its employees to voluntarily take advantage of this tax-deferred retirement savings plan. The amount the District contributes will follow the employer social security rates set by the IRS.

Any District employee may elect to enroll in this deferred compensation plan approved by the District. Deferred compensation accounts will be established on behalf of any employee who is willing to make contributions to the plan in accordance with plan requirements.

TERMINATION PAY

If the District unilaterally discharges an employee, or the District and the employee agrees to termination, all wages that have not been paid become due and payable at the end of the first business day after termination.

Where a regular employee has given 48 hours' notice that the employee intends to quit, all wages that have been earned but not paid shall be payable at the employee's current rate of pay on the last day of the employee's employment together with any earned vacation or holiday pay. If an employee fails to give notice, all wages become due within 5 business days, or the next regularly scheduled payday, whichever occurs first.

PURPOSE

To establish a procedure for handling patient accounts and guidelines for billing and collection.

POLICY

It shall be the policy of the Sisters-Camp Sherman Rural Fire Protection District to establish an ambulance-billing schedule that will provide the most effective financial management of accounts receivable while accommodating Fire District patron's individual needs.

RESPONSIBILITY

The Administrative Assistant is responsible for EMS **and emergency response** billing.

AMBULANCE BILLING PROCEDURE

INFORMATIONAL RECORDING (Refer to ~~Policy 3-9-1~~ **Book 3** regarding Patient Care Reports).

BILLING

The Administrative Assistant will reconcile each working day the CAD system with the Patient Care Reports received to ensure a report has been completed on each call meeting the criteria in ~~policy 3-9-1~~ **Book 3 Medical Care Reports**.

After obtaining all PCR's from the previous shift(s), the Administrative Assistant shall ensure the following:

1. PCR is complete and accurate and includes the CAD run sheet, signature authorization forms, pertinent patient information and billing information.
2. Request face sheet from the receiving hospital. Check primary and secondary insurance.
3. Note on chart any information missing and notify the Shift Commander if items need attention.
4. Check to see if patient is a member of FireMed program.
5. Enter data into billing system.
6. Create and prepare invoices and insurance forms for all ambulance transports.
7. Electronically generate Medicare billing and upload that information to Noridian.

To maximize revenue for the District, billing should be submitted within one working day of providing EMS/ambulance services when possible. Every attempt

shall be made to collect reimbursement from the patient's insurance, including follow-up calls and rebilling when necessary. Secondary insurance shall be billed when information is available.

All charges shall be due and payable within 30 days of the first billing unless a payment agreement has been made between the patient and the Fire District.

Billing shall follow a 30-60-90 day rebilling schedule in an attempt to obtain account closure within 120 days. A "final" bill will be sent in the 90-day billing cycle. Accounts older than 120 days shall be sent to the outside collection agency contracted with the Fire District.

The Fire District will not balance bill current/active FireMed members. Efforts will be made to collect insurance information of FireMed account holders.

BILL ERRORS/CORRECTIONS

In the event of returned mail (billing), the Administrative Assistant will check with the hospital for updated information and make corrections as needed. If the hospital has no updated information, the Administrative Assistant will attempt to contact patient for corrections. If we are unable to contact the patient, we will consider sending the account to the outside collection agency.

PAYMENTS AND CONTRACTUAL ADJUSTMENTS

Deposits and posting payments will be compiled and posted by different office personnel whenever possible.

Standard adjustments may include the following:

1. FireMed/Medicare/Medicaid
2. Insurance contractual adjustment
3. Bankruptcy
4. Collection
5. Deceased
6. Other requests as reviewed by the Board of Directors

All write offs/adjustments will be presented to the Fire Chief or Deputy Chief of Operations in his/her absence. This process will be accounted for by signature/initials on the monthly credit report and given to the auditor at the end of the fiscal year.

FINANCIAL HARDSHIPS

Hardship write offs will be managed in a fair and consistent manner. Considering patient rights and recognizing that everyone requesting emergency medical care through 9-1-1 or direct-call will receive a medical response.

Independent of the requesting party's ability to pay, Sisters-Camp Sherman Fire District will respond, treat and, if necessary, transport the patient to the nearest appropriate medical receiving facility.

Patients requesting a write-off based on a financial hardship must complete a Hardship Request Form. All hardship write-off requests will be reviewed by the Fire Chief. The following options will be considered:

1. Match level of discount approved by Cascade Healthcare Community.
Note: patient must forward a copy of written notice of determination from Cascade Healthcare Community.
2. Agree to payment plan for the balance or pre-determined percentage of the balance.
3. Utilize the outside collection agency if deemed appropriate.

Prior to final action, the documentation and chosen option will be reviewed by the Fire Chief.

RETURNED CHECKS

Returned checks will be billed back to the person endorsing payment. The amount billed back will include incurred bank charges for returned checks plus a \$25 administration fee. Uncollectible returned checks will be turned over to an outside collection agency.

DELINQUENT COLLECTIONS

The Fire District shall contract with a professional agency to manage the collection of delinquent accounts. That agency's policies, subject to Fire District review and approval, will govern the methods of collection once accounts are turned over to them.

Accounts having no activity after 120 days shall be referred to the collection agency.

Mail returns that are unable to locate after our due diligence shall be referred to the collection agency.

MEDICAL BILLING RECORDS

Medical and billing records shall be kept in accordance with HIPAA Regulations.

Medical and billing records shall be kept on file ten years per Oregon Administrative Rules.

Medical and billing records, as well as other confidential records, shall be discharged by the method of shredding.

EMERGENCY RESPONSE BILLING**AUTHORIZATION TO RESPOND**

The Fire Chief and the Department are authorized to extinguish uncontrolled fires burning in unprotected areas outside of the boundaries of the District whenever such fires threaten life or property. The Fire Chief or the Chief's designee is authorized to employ the same means and resources in unprotected areas as are used to extinguish similar fires within the district. The District is authorized to recover its reasonable expenses pursuant to ORS 478.310, including equipment and labor costs.

EQUIPMENT COST SCHEDULE

The District shall utilize the current Oregon State Fire Marshal Standardized Cost Schedule from the Oregon Fire Service Mobilization Plan. The Board may adjust the ambulance cost schedule from time to time, as necessary, to recover its reasonable expenses pursuant to ORS 478.310.

BILLED COSTS

If services have been requested by other than Mutual Aid Agencies, the District shall bill the property owner or occupant as authorized by ORS 478.310. However, if the District responds without receiving a request to do so, the Board of Directors may, in its discretion, waive any charges whenever the Board deems it in the best interest of the community or the District.

RESPONSE NOT REQUIRED

Nothing in this policy requires the Fire Chief or the Chief's designee to respond to fires located outside the boundaries of the District. The Fire Chief's obligations are to the residents and property owners of the District. If responses are made hereunder, they shall be made only with such equipment as the Fire Chief or the Chief's designee deems available for the emergency response.

PERSONNEL COSTS

For all non-mutual aid responses outside the District (excluding ambulance response), personnel costs shall be billed at the current rate for each individual including benefit costs.



BUDGET CALENDAR FOR FISCAL YEAR 2015-2016

January 20, 2015

Appoint Budget Officer and approve Budget Calendar	January 20, 2015
Budget Team Meetings	Feb – April, 2015
Print 1 st notice of budget committee meeting	May 8, 2015
Deliver proposed budget to Committee	May 14, 2015
Print 2 nd notice of budget committee meeting	May 15, 2015
Budget committee meets	May 20, 2015
Budget committee meets again, if needed	May 21, 2015
Publish notice of budget hearing and summary budget	June 5, 2015
Budget Hearing	June 16, 2015
Board Meeting to enact resolutions to adopt budget, make appropriations, impose and categorize taxes	June 16, 2015
Post Budget on District website	June 30, 2015
Submit 2 copies tax certification to Assessors (LB-50)	July 15, 2015
Submit copy of budget to County Clerks	September 30, 2015



RESOLUTION 2014-2015-005

Resolution to Approve Expenditure from Employment Reserve

WHEREAS, the Sisters-Camp Sherman Rural Fire Protection District Board of Directors budgeted funds to be expended in Unanticipated Costs from the Employment Reserve Fund during the 2014-2015 budget period; and

WHEREAS, the District supports the creation of an HRA providing out-of-pocket health insurance reimbursements for amounts an employee incurred during June, 2014 between the transition of a new health insurance plan;

NOW, THEREFORE, BE IT RESOLVED, the Board of Directors of the Sisters-Camp Sherman Rural Fire Protection District unanimously approves the expenditure of Employment Reserve Funds for this reimbursement not to exceed \$3,000.

DATED this 20th day of January, 2015.

Chuck Newport, President

Donald Boyd, Secretary-Treasurer

Heather Johnson, Vice-President

Roger White, Director

William Rainey, Director



County Clerk's Office
Nancy Blankenship, County Clerk

PO Box 6005, Bend, OR 97708-6005
1300 NW Wall St., Suite 202, Bend, OR 97701-1960
Fax (541) 383-4424
Recording (541) 388-6549
Elections (541) 388-6547
www.deschutes.org

January 2015

To: Special District Director Candidates
From: Nancy Blankenship, Deschutes County Clerk
Re: Filing Requirements for the May 19, 2015 Special Election

The filing period for Special District Director Candidates for the May 19, 2015 Election begins February 7, 2015 and ends March 19, 2015 at 5:00 pm.

To File for District Director Office:

1. **Filing of Candidacy by Declaration:** complete Filing of Candidacy for Special District Nomination, SEL 190, and submit \$10 filing fee.
2. **Filing of Candidacy by Petition:** complete Filing of Candidacy for Special District Nomination, SEL 190, and Petition for Candidate Signature Sheet - Nonpartisan, SEL 121. Must have 25 signatures from the election district (or zone) **or** at least 10% of the registered voters in your election district; **whichever is less.**
3. **Candidate Statement for County Voters Pamphlet deadline is March 23, 2015.** If you wish to file a Candidate's Statement for the County Voters' Pamphlet the fee would be either \$25 or \$100 depending on whether the position is compensated beyond expenses or not (ORS 251.325).
4. **Candidate Information & Campaign Finance:** Each candidate must establish a campaign account and file a Statement of Organization designating a candidate committee unless the candidate meets all three of the following conditions (information available at www.oregonvotes.gov through ORESTAR):
 - The candidate serves as the candidate's own treasurer
 - The candidate does not have an existing candidate committee
 - and**
 - The candidate does not expect to receive or spend more than \$750 during a calendar year

Please take a moment to review the 2014 Candidate Manual and 2014 Campaign Finance Manual that explains the procedures and regulations necessary to file for candidacy for district director online at oregonvotes.gov under Publications.

ADDITIONAL INFORMATION FOR CANDIDATES AND POLITICAL CAMPAIGNS

The Oregon Secretary of State's website contains a wealth of information regarding elections. The website can be accessed at www.oregonvotes.gov.

Some particular items to be familiar with are:

- Candidate's Manual

<http://sos.oregon.gov/elections/Documents/Candidates.pdf>

- Election Law Summary

http://sos.oregon.gov/elections/Documents/elec_law_summary.pdf

- Restrictions on Political Campaigning by Public Employees

<http://sos.oregon.gov/elections/Documents/restrictions.pdf>

- Quick Reference – Restrictions on Political Campaigning for Public Employees

http://oregonvotes.gov/doc/publications/260.432_quickref.pdf

- Campaign Finance Manual

<http://sos.oregon.gov/elections/Documents/campaign-finance.pdf>

- Candidate "Quick Guide" on Campaign Finance Reporting in Oregon

<http://sos.oregon.gov/elections/Documents/candidatequickguide.pdf>

The Deschutes County Clerk's website contains additional information that may be useful including:

- Voter Information Request form:

<http://www.deschutes.org/Clerks-Office/Elections/Voter-Information-Request.aspx>

- Political Signage information

<http://www.deschutes.org/DeschutesOrg/files/01/01a994fa-db70-4dc7-be3f-a8534e41e7c8.pdf>

Candidate Filing District

SEL 190rev 01/14
ORS 255.235

i All information must be completed or the form will be rejected.

This filing is an

☐ Original☐ Amendment**Candidate Information****Name of Candidate**

First	MI	Last	Suffix	Title
-------	----	------	--------	-------

How you would like your name to appear on the ballot

First	MI	Last	Suffix
-------	----	------	--------

Candidate Residence/Route Address

Street Address	City	State	Zip
----------------	------	-------	-----

Candidate Mailing Address

Street Address or PO Box	City	State	Zip
--------------------------	------	-------	-----

Contact Information: Only one phone number is required.

Work Phone	Home Phone	Cell Phone	Fax
------------	------------	------------	-----

Email Address	Web Site, if applicable
---------------	-------------------------

Filing Information☐ Filing with the required \$10.00 fee☐ Prospective Petition**Office Information**

Filing for Office of:

District, Position or County:

Occupation (present employment) If no relevant experience, None or NA must be entered.**Occupational Background (previous employment)** If no relevant experience, None or NA must be entered.

Continued on the reverse side of this form

SEL 190

Educational Background (schools attended) If no relevant experience, None or NA must be entered.

Complete name of School (no acronyms)

Last Grade completed

Diploma/Degree/Certificate

Course of Study

Educational Background (other) Attach a separate sheet if necessary.

Prior Governmental Experience (elected or appointed) If no relevant experience, None or NA must be entered.**Campaign Finance Information (not applicable to candidates for federal office)****Candidate Committee**☐ Yes, I have a candidate committee.☐ No, I do not expect to spend more than \$750 or receive more than \$750 during each calendar year. I understand I must still keep records of all campaign transactions and if total contributions or total expenditures exceed \$750 during a calendar year, I must follow the requirements detailed in the Campaign Finance Manual.☐ No, but will be filing a Statement of Organization for Candidate Committee (SEL 220).

By signing this document, I hereby state that:

→ I will qualify for said office if elected

→ all information provided by me on this form is true to the best of my knowledge

**Warning**

Supplying false information on this form may result in conviction of a felony with a fine of up to \$125,000 and/or prison for up to 5 years. (ORS 260.715) A person may only file for one lucrative office at the same election. (ORS 249.013 and ORS 249.170)


Candidate's Signature

Date Signed

For Office Use Only Initials _____

CC Approval Code/Receipt Number _____

Candidate Signature Sheet | Nonpartisan


Signatures for this petition are being gathered by ☐ PAID Circulators ☐ VOLUNTEER Circulators
This is a candidate nominating petition. Signers of this page must be active registered voters in the county listed.
 Signatures must be verified by the appropriate county elections official before the petition can be filed with the filing officer.
Candidates should allow ample time for the verification process to be completed before 5pm on the filing deadline day.

Petition ID _____

County _____

Candidate Information	
Name	Office
Election	District or Position Number

To the Secretary of State of Oregon/County Elections Official/City Recorder, We the undersigned voters, request the candidate's name be placed on the ballot at the election listed above for nomination to the office indicated.

 Signers must initial any changes the circulator makes to their printed name, residence address or date they signed the petition.

Signature	Date Signed	mm/dd/yy	Print Name	Residence or Mailing Address	street, city, zip code
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Circulator Certification This certification must be completed by the circulator and additional signatures should not be collected on this sheet once the certification has been signed and dated!

I hereby certify that I witnessed the signing of the signature sheet by each individual whose signature appears on the signature sheet, and I believe each person is a voter qualified to sign the petition (ORS 249.061). I also hereby certify that compensation I received, if any, was not based on the number of signatures obtained for this petition.

Circulator Signature	Date Signed	mm/dd/yy	Sheet Number
			Completed by the Candidate

CANDIDATE'S STATEMENT FOR COUNTY VOTERS' PAMPHLET (2015)

Name of Candidate _____

Office _____

District _____

Position/Zone No. _____

Part One: Required Information (shall be typed)

OCCUPATION (Present Employment – Paid or Unpaid)

OCCUPATIONAL BACKGROUND (Previous Employment – Paid or Unpaid)

EDUCATIONAL BACKGROUND (Schools Attended, Last Grade Completed; Degree(s), if any)

PRIOR GOVERNMENTAL EXPERIENCE (Elected or Appointed)

By signing this form I HEREBY CERTIFY THAT all information supplied by me about my occupation, occupational and educational background, and prior governmental experience is true to the best of my knowledge.

Any person, who supplies any information in this part, knowing it to be false, is subject upon conviction to imprisonment for up to five years or a fine of \$125,000 or both.

X _____
Candidate's Signature Date

CANDIDATE'S STATEMENT FOR COUNTY VOTERS' PAMPHLET (2015)

Part Two: Optional Information (shall be typed)

X

Signature of Candidate or Person responsible for the content of PART TWO (OPTIONAL INFORMATION) of the Candidate's Statement.

For Office Use Only

Word Count:

Part One Total: _____

Part Two Total: _____

Grand Total: _____ (325 Maximum)

Instructions

1. The Candidate's Statement shall be typed. The text of the statement will be printed as submitted.
2. Use semicolons (;) to separate items such as jobs, organizations, dates, etc.
3. The word "None" must be used in any section which does not contain any information. The word "None" shall count as part of the word/number count.
4. The combined word count total for PART ONE and PART TWO shall not exceed 325 words/numbers, including the eight words in the heading of PART ONE (Occupation, Occupational Background, etc.).
5. PART ONE (REQUIRED INFORMATION) shall be signed by the candidate and PART TWO (OPTIONAL INFORMATION) shall be signed by either the candidate or the person responsible for the content of that section.
6. All information cited or quoted from previously published material SHALL INCLUDE the source and date of publication. (Example: *The Oregonian*, January 2, 2006.)
7. Any endorsement by an individual or an organization, which was not previously made public, shall be accompanied by a Statement of Endorsement.
8. The Election Official shall reject any Candidate Statement (ORS 251.415) which:
 - a. Contains any obscene, profane or defamatory language;
 - b. Incites or advocates hatred, abuse or violence toward any person or group; or
 - c. Contains any language which may not legally be circulated through the mails.
9. The Candidate's Statement will not be accepted without the filing fee:

County and City Offices	
Electoral District's Active Voter Registration	Candidate Fee
Less than 1,000 within the county	\$25
1,000 to 9,999 within the county	\$50
10,000 to 49,999 within the county	\$100
50,000 and over within the county	\$300

Special Districts	
Salaried Position	\$100
Non-Salaried Position	\$25

10. If a candidate desires to provide a photograph, the candidate shall provide two (2) identical photographs (black and white), not later than 5:00 p.m. on the filing deadline. 5" x 7" portrait style photographs are recommended.

Photographs Must:

- a. Be less than four (4) years old when it is filed;
- b. Be reproducible to a finished black and white picture which is not smaller than 1.5 inches by 1.75 inches;
- c. Have a plain background (Note: A grey background reproduces the best); and
- d. Show the face, neck and shoulders only.

Photographs Must Not:

- a. Include the hands or anything held in the hands;
- b. Show the wearing of a judicial robe, hat, or military, police or fraternal uniform; or
- c. Show the uniform or insignia of any organization.

- 11. Any cost incurred for retouching the photograph(s) to meet the requirements will be billed to the candidate.
- 12. The Candidate's Statement will not be returned to the candidate for proofreading.
- 13. The Candidate's Statement, photograph(s) and filing fee **shall be filed no later than 5:00 p.m. on the filing deadline shown in the table below.**

ELECTION:	March 10, 2015	May 19, 2015	September 15, 2015	November 3, 2015
Deadline for Candidates to file Candidate Statement:	January 12, 2015	March 23, 2015	July 20, 2015	September 8, 2015

- 14. The required and optional information may be submitted on a separate piece of paper with the PART ONE form completed, **and both** signed and dated. Indicate on the form in the area designated for required information "SEE ATTACHED". **The Attachment must be signed and dated.**
- 15. A refund may be requested by the person who paid the filing fee no later than the last day for filing the Candidate's Statement. If a refund is made, the Candidate's Statement will not be printed in the Voters' Pamphlet.
- 16. Candidate's Statements shall become public record on the 4th business day after the filing deadline (ORS 251.430).
- 17. Voters' pamphlets are prepared county by county. If your name will appear on the ballot in more than one county, and you wish to have your statement and photograph in more than one county's voters' pamphlet, you must contact each individual county for information on the appropriate forms.

Print, sign and submit original form with payment to:

Nancy Blankenship
Deschutes County Clerk
PO Box 6005
1300 NW Wall Street, Suite 202
Bend, OR 97708-6005

Please email an electronic version to nancyb@deschutes.org. The text will be directly copied into the Voters' Pamphlet.

Statement of Endorsement for Deschutes County Voters' Pamphlet

☐ Primary Election 20____

☐ General Election 20____

☐ Special Election _____

(date)

Statement of Endorsement for:

☐ Candidate's Statement: _____
 (name of candidate)

☐ Measure Argument: _____
 (measure # and name of person who furnished argument)

In this endorsement designation box, type or print the name of person and/or organization the person is authorized to represent exactly as it should appear in the voters' pamphlet statement or argument. An organization's name should be used only if the organization is endorsing the argument or statement. The person's title must also be listed if it is to appear in the voters' pamphlet statement or argument.

I, _____ (print person's name), consent to the use of my name or the name of the organization I am authorized to represent exactly as it appears in the box above.

Signature of Individual

Date Signed

Note: Submitting A False Signature On This Statement Is A Violation Of ORS 251.049.

For Office Use Only

Instructions

If the name of a person or organization is used in your statement or argument as supporting or endorsing the statement or argument, you must either:

1. Use the name of the person or organization with a quotation made by the person on behalf of the person or by an authorized person on behalf of an organization. The quotation must have been disseminated to the public prior to its inclusion in the statement or argument and it must be identified in the statement or argument by its source (such as the name of the newspaper in which it appeared) and date of dissemination/publication. Examples for identifying the source of a quote are:

James Joyce, *The Oregonian*, 1/22/90

Bob Dole, *Time Magazine*, July 7, 1997

John F. Kennedy, *Profiles in Courage*, 1960

2. File a Statement of Endorsement signed by the person, or by an authorized person on behalf of an organization, stating that the person consents to the use of the name of the person or organization in the statement or argument. An organization's name should only be used if the organization is endorsing the statement or argument.

This Statement of Endorsement should be filed with the statement or argument it relates to and must be filed no later than the voters' pamphlet filing deadline.

Note: If a Statement of Endorsement is not received, the person or organization whose name is included in the argument will be edited from the statement or argument. If the information contained in the endorsement designation box on the front of this form does not match what is printed in the statement or argument, the statement or argument will be edited to match the Statement of Endorsement form.

December 23, 2014

Dear Chief Johnson,

We are blessed to be able to enjoy the Metolius basin as part-timers in Camp Sherman. Since coming here in 1998, we have fallen in love with the area and all the truly wonderful people. We wish to thank you and the Sisters-Camp Sherman RFPD, including the many volunteers, for your service in the protection you provide to our community as First Responders. The challenges are immense in protecting many isolated forest communities and the thousands of recreational visitors. Many people take for granted the dedication, time commitment, hard work, and risk that you take every day to keep us safe. We are truly grateful! Thank you!

Having witnessed several airlifts out of Metolius Meadows, where we have our cabin, we recognize the risk of living in a somewhat isolated location and the importance of first aid in life threatening situations. We would like to help in raising the level of first aid safety in Camp Sherman.

We recently discovered, through fellow resident Kathy Bourdage, that Camp Sherman is without an Automated External Defibrillator (AED). We were surprised that this important and basic piece of first aid equipment was absent from our community. Kathy is leading a funding drive to purchase an AED by selling pot holders. We believe in her cause and we would like to support her Leadership.

In honor of the CSRFPD and the people of Camp Sherman, especially Kathy Bourdage, we would like to donate \$1,200 to the Sisters-Camp Sherman RFPD. We request that this donation be earmarked for the purpose of purchasing and installing an AED in Camp Sherman as soon as possible. We view this as a "Gift of Life," as it is not a question of if, but when this AED will save a life! We also request that CSRFPD conduct a class for local residents on how to use the AED at the Camp Sherman Community Hall. We also request that this class be made available free of charge to encourage maximum attendance.

Unfortunately, if it is not possible to earmark the money for this purpose, we respectfully request that it be returned so that we can use it for another purpose.

Thank you again for your service to our community! We wish you and the RFPD Family a very happy and safe holiday!

Sincerely,

The block contains two handwritten signatures in black ink. The top signature is 'Richard B. Dustman' and the bottom signature is 'Deborah B. Dustman'. Both are written in a cursive, flowing style.

Richard and Deborah Dustman

P. O. Box 637

Camp Sherman, Oregon 97730

FIRE CHIEF'S REPORT MONTH JANUARY 2015

I. CURRENT FIRE ACTIVITY STATUS:

There is no current fire activity to report at this time.

II. NOTEWORTHY OPERATIONAL EVENTS:

Cloverdale Fire District now has one career employee back at work (Michael Valoppi). Chief Olsen is at home recovering from his injuries and will likely be off work for at least 3 months. We are continuing to offer our support if needed.

III. COMMUNITY SERVICE EVENTS

1. The Christmas Dinner was a huge success again this year with an estimated 120 community members attending. The Association also received over \$600.00 in donations.
2. The Giving Tree program was another huge success this year. Association President Bill Hayes will be at the Board meeting to provide information about how many families were helped by the program this year.
3. The Association is preparing for the annual Easter Egg hunt that is held annually at Creekside Park.

IV. SPECIAL PROJECTS UPDATE:

1. Chief Moor and I are scheduled to present the Oregon Fire Chiefs proposed legislation on taxation of forestlands to the Deschutes County Commissioners on February 2nd.
2. I have made a contingent job offer to Pat Burke while we await the results of his pre-employment physical exam. Dr. Wattenberg ordered follow up medical tests and then an additional exam for Pat. We have not received a letter from Dr. Wattenberg clearing Pat at this time.
3. I have extended a conditional job offer to Tim Craig for the Deputy Chief of Operations position contingent on successfully completing some follow up interviews and background investigation. The follow up interviews are scheduled for January 15th.
4. Captain Ast, FireMedic Meredith and I interviewed two physicians who are interested in serving as the Districts Physician Advisor. Dr. Carnes has served

in this capacity for more than 20 years and is scaling back her working hours and responsibilities. I hope to have a final selection prior to the Board meeting. The District was planning on this occurring during this budget year and budgeted funds to pay for physician services.

5. The District Enhancement Committee will be meeting again on January 27th.
6. I have created a draft list of action items for implementation of the HR consultants recommendations. I have included a draft of the action items for the Board's review.

V. VOLUNTEER STATUS

1. We had two volunteers separate service from the District in the past month due to personal time constraints. I have asked Chief Myers to send them both an exit interview questionnaire. We are planning a new volunteer recruit academy in April. We have several applications we are currently processing that would be eligible for the academy.

Chief Myers completed the DPSST recertification for the department in December which was a major project. The volunteers had to participate in skill evaluations as part of the recertification process.

VI. OTHER

SISTERS-CAMP SHERMAN RFPD
Call Activity

	January		February		March		April		May		June		July		August		September		October		November		December		Year Totals	
	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014	2013	2014
FIRE RELATED																										
	Brush Fire-	0	0	0	0	2	0	4	1	5	2	4	6	11	3	3	1	3	1	1	1	1	0	0	27	26
	False Alarm-	5	4	5	5	2	4	5	1	1	0	1	7	3	4	2	4	5	8	4	5	10	7	2	54	41
	Illegal Open Burning-	1	4	3	0	2	2	2	3	1	8	0	6	2	1	0	6	0	5	4	4	7	3	3	25	45
	Structure Fire-	0	3	1	0	0	0	1	0	0	0	1	0	0	2	1	0	2	0	3	0	2	0	1	7	7
	Mutual Aid-	0	1	0	1	1	1	1	0	3	1	0	3	5	1	3	1	2	0	0	0	0	0	0	15	10
	Public Assist-	2	1	0	1	1	0	0	1	0	3	2	2	0	2	1	5	1	2	0	3	1	3	5	4	14
EMS RELATED	Investigation-	2	2	0	4	1	2	1	1	1	5	6	9	8	7	8	2	4	2	1	0	0	1	1	31	42
	Vehicle Fire-	0	0	0	0	0	0	0	0	0	0	0	2	2	3	2	0	0	0	1	0	0	0	0	5	5
	HazMat	1	0	0	0	1	0	0	0	0	0	0	0	2	3	0	0	0	0	1	0	0	0	0	3	4
	Total Fire Related Calls	31	15	9	10	19	3	15	7	11	19	13	31	33	24	27	42	24	49	14	16	167	183	163	207	
	YTD FIRE RELATED CALLS																									
PATIENT TRANSPORTS	Medical-	70	43	61	45	54	37	48	53	54	71	61	85	61	57	68	36	35	47	60	46	56	45	65	650	670
	MVA-	10	4	4	4	4	6	9	12	7	7	8	11	7	8	7	6	5	9	2	6	6	6	17	88	83
	Total EMS Related Calls	80	47	65	49	58	43	57	65	61	69	67	92	72	65	75	42	40	56	62	52	62	51	82	738	753
	YTD EMS RELATED CALLS																									
CALL URGENCY	TOTAL CALLS FOR MONTH	91	62	74	59	68	52	72	72	88	92	89	103	125	87	102	54	61	75	76	66	81	69	93	923	960
	Total Patient Contacts	54	47	58	47	54	40	53	53	52	53	57	88	57	46	65	38	37	52	53	48	59	49	64	614	675
	Total Patients Air Ambulance TX'd	0	2	0	0	2	1	0	0	1	2	4	1	3	2	3	2	1	2	1	2	1	2	2	19	15
CALL BACKS (7PC)	Transports to SCMC VIA Ground	46	26	37	22	25	21	33	34	32	39	26	34	40	25	31	19	24	21	33	33	30	31	39	362	369
	Transports to Landing Zone	0	2	0	0	2	1	0	0	1	2	4	1	3	2	3	2	1	2	1	0	2	2	2	19	15
	Total Patient Transports	46	28	37	22	27	22	33	34	33	41	30	37	43	28	34	21	25	22	33	33	32	33	41	381	384
	YTD PATIENT TRANSPORTS																									
CALL BACKS (7PC)	Alpha/Bravo	45	26	38	30	30	16	33	33	32	46	43	36	62	35	47	28	15	36	37	23	31	27	39	406	418
	Charlie/Delta	35	20	26	17	25	27	26	30	28	21	36	32	34	27	29	28	14	24	30	23	28	31	25	336	319
	Echo	1	1	0	3	0	1	0	1	1	1	1	0	0	2	0	2	1	0	0	1	4	1	2	6	17
	Omega	0	0	1	0	2	0	0	0	0	0	0	0	2	2	3	0	0	1	0	2	0	0	2	8	8
	Code 1	9	11	8	7	9	8	11	7	7	18	12	19	22	21	13	21	7	17	16	13	14	13	11	141	167
	Code 3	1	4	1	2	2	0	3	0	4	2	2	2	9	11	7	4	4	3	1	0	1	3	0	39	31
CALL BACKS (7PC)	Called	14	23	10	19	7	15	14	21	18	26	27	38	44	45	37	20	12	24	21	17	25	17	18	250	280
	Covered	10	16	8	17	6	7	11	9	12	15	18	10	29	29	21	28	11	12	14	8	19	12	12	159	185
	Not Covered	4	7	2	2	1	8	3	12	6	3	8	17	9	15	24	11	8	1	7	6	6	5	6	91	95

**Sisters-Camp Sherman RFPD
Personnel Response 2014**

TYPE	STATUS	RANK	Active/Inactive	NAME	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec	Total by Category	Total for Year
RESPONSE	Career	Captain		Ast, Jeremy	14	6	11	10	24	17	41	33	13	11	25	27	232	310
STANDBY					4	4	6	3	10	16	6	4	2	4	10	7	78	
RESPONSE	Volunteer	FF	Active	Bootas, Travis							3	1	0	2	1	1	8	
STANDBY											4	2	2	0	0	2	10	18
RESPONSE	Volunteer	FF/EMT	Active	Boskovich, Luke	15	12	9	11	19	15	0	21	17	24	16	3	162	212
STANDBY					3	2	7	2	9	10	0	6	3	4	2	2	50	
RESPONSE	Volunteer	FF	Active	Briggs, Conner	3	6	2	6	3	4	8	2	18	10	11	30	103	
STANDBY					1	2	0	2	3	6	13	6	12	7	11	13	76	179
RESPONSE	Career	Captain		Brown, Thornton	0	16	7	12	16	16	37	38	12	6	24	17	201	322
STANDBY					0	4	7	13	13	11	15	12	13	15	4	14	121	
RESPONSE	Career	FF/EMT		Bruegeman, Ben	19	16	4	19	12	8	35	24	17	26	21	26	238	
STANDBY					9	2	2	9	8	3	9	5	2	2	2	2	55	293
RESPONSE	Volunteer	FF/EMT	Active	Burke, Pat	6	1	1	1	1	13	38	33	22	17	13	33	190	227
STANDBY					9	2	0	0	0	4	7	5	1	3	1	1	37	
RESPONSE	Volunteer	EMT	Active	Butler, Gall							2	0	1	0	0	0	3	
STANDBY											0	0	0	0	0	0	0	3
RESPONSE	Volunteer	FF/EMT	Active	Chick, Shenandoah												1	1	1
STANDBY																0		
RESPONSE	Volunteer	EMT	Active	CisnerosThorsvold, Angel	5	7	6	3	6	4	4	2	0	2	3	1	43	
STANDBY					0	0	0	0	2	0	1	1	0	0	0	1	5	48
RESPONSE	Volunteer	FF/EMT	Active	Clawson, Tom	0	0	0	0	1	1	1	3	0	0	0	2	8	12
STANDBY					0	0	1	1	0	1	0	1	0	0	0	0	4	
RESPONSE	Career	FF/EMT		Crawford, Jay	13	20	13	15	26	20	11	1	0	0	2	2	129	
STANDBY					7	9	8	4	9	16	2	1	1	0	0	2	59	188
RESPONSE	Volunteer	FF/EMT	Active	Davis, Clay	1	5	2	0									8	14
STANDBY					3	3	0	0								6		
RESPONSE	Volunteer	FF	Active	Dean, Roy	4	1	3	0	4	1	1	1	0	0	0	0	15	
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0	15
RESPONSE	Volunteer	FF	Active	Falla, John	8	14	9	8	14	3	13	5	14	20	15	18	141	201
STANDBY					1	5	1	0	9	3	16	11	3	4	2	5	60	
RESPONSE	Career	FF/EMT		Furuta, Damon											13	27	41	
STANDBY															1	1	2	43
RESPONSE	Career	FF/EMT		Harrison, Rob	18	17	7	26	25	29	45	32	18	28	25	20	287	354
STANDBY					1	1	0	4	6	8	18	6	4	9	4	6	67	
RESPONSE	Volunteer	FF	Active	Hayes, Bill	6	8	3	9	18	33	32	15	5	9	4	21	163	
STANDBY					15	14	9	13	23	25	51	26	11	5	6	33	231	394
RESPONSE	Volunteer	EMT	Active	Haynes, Barbara												1	1	1
STANDBY																0		
RESPONSE	Volunteer	FF	Active	Haynes, Tom	0	0	2	1	0	0	0	0	0	0	1	1	5	
STANDBY					0	1	0	0	0	0	0	0	0	0	0	0	1	6
RESPONSE	Volunteer	FF	Active	Head, Nyle	1	3	0	0	0	14	18	0	0	0	0	0	36	46
STANDBY					1	1	0	0	1	1	6	0	0	0	0	0	10	
RESPONSE	Volunteer	EMT	Active	Herschbach, Adora												4	4	
STANDBY																	0	4
RESPONSE	Volunteer	EMT	Active	Hodge, Rita	4	2	4	8	4	0	2	1	2	3	3	5	39	59
STANDBY					1	1	0	3	0	0	2	5	1	1	2	4	20	
RESPONSE	Volunteer	Captain	Active	Honeyman, Stuart	0	0	0	0	0	0	0	0	0	0			0	
STANDBY					0	0	0	0	0	0	0	0	0	0			0	0
RESPONSE	Volunteer	FF/EMT	Active	Huffman, Stephen	3	0	3	0	0	4	2	0	0	0	0	1	13	16
STANDBY					1	0	2	0	0	0	0	0	0	0	0	0	3	
RESPONSE	Volunteer	FF/EMT	Active	Hughes, Bryce	16	10	9	13	16	5		0	2				71	
STANDBY					4	0	2	5	8	2		0	0				21	92
RESPONSE	Volunteer	EMT	Active	Johansen, TJ	0	1	0	0	0	0	1	3	1	1	0	0	7	24
STANDBY					4	3	1	1	0	0	2	5	0	1	0	0	17	
RESPONSE	Career	Fire Chief		Johnson, Roger	2	2	2	3	6	3	7	1	2	1	2	3	36	
STANDBY					11	10	5	12	7	7	25	14	3	3	11	2	123	159
RESPONSE	Volunteer	FF	Active	Jones, Hayden	13	9	11	8	16	12	0	0	9	12	15	27	132	200
STANDBY					1	5	4	10	8	13	0	0	7	2	7	11	68	
RESPONSE	Volunteer	FF/EMT	Active	Jones, Shelby	0	0	0	1	0	0	0	0	0	0	0	0	1	
STANDBY					1	0	1	1	0	0	0	0	0	0	0	0	3	4
RESPONSE	Volunteer	FF/EMT	Active	Jorgensen, Daniel	0	0	0	0	0	0	0						0	1
STANDBY					0	0	1	0	0	0	0					1		
RESPONSE	Career	Div Chief		Karlala, Ryan	2	2	0	6	3	1	8	4	1				27	
STANDBY					7	5	3	7	4	6	21	7	0				60	87
RESPONSE	Career	FF/EMT		Keller, David	12	9	13	24	17	24	30	32	25	16	23	32	257	293
STANDBY					5	1	1	2	9	3	4	8	3	3	1	2	36	
RESPONSE	Volunteer	FF	Active	Ketchum, Ron	0	1	3	7	4	10	13	1	2	1	5	3	50	
STANDBY					7	3	2	12	10	10	21	0	6	5	10	6	92	142
RESPONSE	Volunteer	FF	Active	Laidlaw, Brittney							1	0	0	0	0	0	1	4
STANDBY											3	0	0	0	0	0	3	
RESPONSE	Volunteer	Captain	Active	Liming, Jeff	2	3	2	4	3	5	19	5	0	1	0	1	45	
STANDBY					2	5	6	7	19	9	15	16	0	5	0	4	88	133

RESPONSE	Volunteer	FF/EMT	Active	Lovegren, Gary	0	0	0	0	2	0	0	0	0	1	1	0	4
STANDBY					0	0	0	0	1	2	0	0	0	3	2	0	8
RESPONSE	Volunteer	FF	Active	MacDonald, Graham						0	0	0	10	11	15	23	59
STANDBY										1	0	0	4	5	3	1	14
RESPONSE	Volunteer	FF	Active	Manzi, Cody	19	10	13	21	18	5	1	1	8	13	16	21	146
STANDBY					8	6	2	12	13	5	0	0	6	12	8	2	74
RESPONSE	Volunteer	FF	Active	Marshall, Gary				0	0	0	0	0	0	0	0	0	0
STANDBY							1	0	0	0	0	0	0	0	0	0	1
RESPONSE	Volunteer	FF/EMT	Active	Mattson, Jeremiah	1	1	1	2	3	1	0	0	2	0	0	0	11
STANDBY					0	0	0	1	1	1	0	0	1	2	0	0	6
RESPONSE	Volunteer	EMT	Active	McKittrick, Liz	0	0	0	0	0	0	0	0	0	0	0	0	0
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0
RESPONSE	Career	FF/EMT		Meredith, Cody	17	18	12	24	19	10	34	33	14	22	22	28	253
STANDBY					4	1	4	5	9	3	13	5	2	5	2	4	57
RESPONSE	Volunteer	FF	Active	Metzger, Kirk	0	0	0	0	0	0	0	0	0	0	0	0	0
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0
RESPONSE	Volunteer	FF	Active	Michalek, Scott	2	0	1	0	2	1	6	4	2	0	0	0	18
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0
RESPONSE	Volunteer	FF/EMT	Active	Millar, Matt	7	0	0	6	17	24	34	26	22	33	32	34	235
STANDBY					2	3	0	5	3	5	11	5	3	3	5	2	47
RESPONSE	Volunteer	FF/EMT	Active	Miller, Heather							0	1	0	0	0	0	1
STANDBY											1	1	0	1	0	0	3
RESPONSE	Volunteer	Captain	Active	Moyer, W David	1	0	0	1	0	1	3	1	1	0	0	1	9
STANDBY					2	0	0	4	2	4	4	1	0	0	0	1	18
RESPONSE	Volunteer	FF	Active	Myers, Doug	2	0	0	0	1	1	3	1	2	0	0	0	10
STANDBY					0	0	0	0	3	0	0	1	0	0	3	3	10
RESPONSE	Volunteer	Tech	Active	Newport, Nick	0	0	0	0	0	0	0	0	0	0	0	0	0
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0
RESPONSE	Volunteer	FF	Active	Proctor, Marc	12	11	11	16	20	7	0	5	1	0	0	5	88
STANDBY					5	2	4	7	6	6	0	1	0	0	0	2	33
RESPONSE	Volunteer	EMT	Active	Schell, Les							2	0	1	0	0	0	3
STANDBY											0	0	0	0	0	0	0
RESPONSE	Volunteer	FF/EMT	Active	Schulz, Christina	0	0	1	1	3	0	0	0	0	0	0	0	5
STANDBY					0	0	0	0	0	0	0	0	0	0	0	0	0
RESPONSE	Volunteer	FF/EMT	Active	Schulz, Robert	1	1	2	3	4	0	0	1	1	0	1	0	14
STANDBY					0	0	0	0									

[illegible]

Draft Implementation Plan For Judy Clark Recommendations

Recommendation #1

Action Items: Complete, but continue to monitor communications and relationship with Julie and Jay.

Recommendation #2

Action Items: A. Explain thought process to employees when making decisions. (ongoing)

B. When asking others for input on decisions explain how this information will be used in the decision making process. (ongoing)

C. Offer information on why I make the decisions that I make. (ongoing)

Recommendation #3

Action Items: A. Communicate more clearly on how I spend my time. People are uncertain of what I am doing or how my actions impact the District. (ongoing)

Recommendation #4

Action Items: A. Identify appropriate training course to enhance leadership and personnel management skills.

Recommendation #5

Action Items: A. District wide training course on Communications, Roles and Responsibilities, and conflict resolution. Training course could be established with career staff during the day, Board afternoon, and Volunteers at night. Determine if one on one coaching for Chief is desired.

Recommendation #6

Action Items: A. Repeat a 360 evaluation of the Chief in 6-8 months. Would need to determine what the evaluation tool would look like and Board identify 3-4 most important changes they would like to see implemented/ improved.

B. Develop the 360 evaluation form that will be used so that the Chief is aware of the elements to be evaluated on. Chief would like to use the document mid evaluation period to determine if progress is being made.

Recommendation #7

Action Items: A. Revise Book 1 (Board Policies) and provide clarification regarding Board roles and responsibilities.

B. Communicate clearly to all department members about the role of the Board and administration.

Recommendation #8

Action Items: A. Create a commitments log to monitor promises made and time commitments tied to those commitments.

B. Add agenda item for commitments during staff meeting.



Community Risk & Fire Safety Manager Report

December 2014

Auxiliary Report: Volunteer Marsha Marr reported that the Bi-Mart Blood Pressure Clinic took 43 blood pressure readings at our December event. The Auxiliary members have been working to streamline our “Green Address Sign” program due to following state law on locates before driving posts. The Auxiliary members have reviewed and made edits to the proposed Fire Corps Policy and ready for District Board approval.

Public Education Report: Volunteer Heather Miller is working on a department smoke alarm program to hit the local neighborhoods in January of 2015.

Development Review:

- Variance Application for setbacks Assisted Living Facility – Larch and Barclay
- Dish and cables for American Tower – Locust Street
- Woodworking Shop Home Occupation – 512 Ash Street
- 2-Lot Consolidation for Hotel – W. Hood Ave.
- 3-Parcel Partition for Townhouse – Jefferson Ave.

Fire Safety and Special Event Inspections:

- Special Event Permit Sisters Multi-Sport – Sisters Athletic Club
- Final Inspection for Three Creeks Production – 265 Barclay St.
- Special Inspection for Candy Cane Christmas Tree Co. – Hood & Cedar St.
- Abatement of Locking Hardware memo to Three Creeks Restaurant
- Bridge and Fire Department Access Follow-up Parker Home – Willow Ln.

Fire Prevention Business License Inspections:

- Business License Inspection for Noble 911 Services LLC – 178 Elm St.
- Business License Inspection for Bright Minds Learning Center – 202 Fir St.
- Business License Inspection for Spring Creek Woodworking – 512 Ash St.

Other Fire Prevention Business:

- Developed Fire Prevention Ordinance for Board Review
- Developed Fire Corp Policy for Auxiliary and Board Review
- Assisted Care Facilities Review with Developers and City of Sisters
- Celia Hung New Motel Review with Architects and Engineers with City of Sisters
- Created Maps for USFS application to withdraw from Fire District Boundaries
- Deputy Chief of Operations Candidate Evaluation

ORDINANCE NO. 15-01

AN ORDINANCE ADOPTING THE NEW 2014 OREGON FIRE CODE PRESCRIBING REGULATIONS GOVERNING CONDITIONS HAZARDOUS TO LIFE AND PROPERTY FROM FIRE, HAZARDOUS MATERIALS OR EXPLOSION.

THE SISTERS-CAMP SHERMAN RURAL FIRE PROTECTION DISTRICT DOES ORDAIN AS FOLLOWS:

Section 1. ADOPTION OF THE 2014 OREGON FIRE CODE

There is hereby adopted by the Sisters-Camp Sherman Rural Fire Protection District for the purpose of prescribing regulations governing conditions hazardous to life and property from fire, hazardous materials or explosion, that certain Code known as the 2014 Oregon Fire Code, including Appendices B, C, D, K, L, M and N.

Section 2. DEFINITIONS

2.1 Wherever the word "jurisdiction" is used in the 2014 Oregon Fire Code, it is Sisters-Camp Sherman Rural Fire Protection District.

2.2 Where the party responsible for enforcement of the 2014 Oregon Fire Code is given the title of "fire code official", the Fire Chief or other designated authority charged with the administration and enforcement of the code, or duly authorized representative.

Section 3. DIVISION OF FIRE PREVENTION

3.1 GENERAL. The division of fire prevention is established within the jurisdiction under the direction of the fire code official. The function of the division shall be the implementation, administration and enforcement of the provisions of this ordinance.

3.2 DEPUTIES. In accordance with prescribed procedures of this jurisdiction and with the concurrence of the appointing authority, the fire code official shall have the authority to appoint a deputy fire code official, other related technical officers, inspectors and other employees.

3.3 LIABILITY. The fire code official, officer or employee charged with the enforcement of this ordinance, while acting for the jurisdiction, shall not thereby be rendered liable personally, and is hereby relieved from all personal liability for any damage accruing to persons or property as a result of an act required or permitted in the discharge of official duties.

Section 4. ESTABLISHMENTS OF LIMITS OF DISTRICTS WHICH STORAGE OF FLAMMABLE OR COMBUSTIBLE LIQUIDS IN OUTSIDE ABOVEGROUND TANKS IS PROHIBITED.

The limits referred to in Section 5704.2.9.6.1 of the 2014 Oregon Fire Code in which the storage of flammable or combustible liquids is restricted are hereby established as follows: Within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – General Industrial Zones in approved tanks that are not in heavily populated or congested areas. Exception #2 – Light Industrial Zones in an approved tank with an individual capacity of 3,000 gallons and an aggregate capacity of 6,000 gallons on each property. Exception #3 – Combustible liquids in approved tanks not greater than 550 gallons solely used for heating. Exception #4 – Flammable and Combustible liquids in approved tanks solely used for emergency equipment not exceeding the amounts prescribed in Chapter 6 of the 2014 Oregon Fire Code. Exception #5 – Flammable and Combustible liquids in approved tanks not exceeding 1,000 gallons in business areas not heavily populated or congested.

Section 5. ESTABLISHMENTS OF LIMITS IN WHICH STORAGE OF LIQUIFIED PETROLEUM GASES IS PROHIBITED.

The limits referred to in Section 6104.2 of the 2014 Oregon Fire Code, in which liquefied petroleum gas is restricted, are hereby established as follows: Within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – General Industrial Zones not heavily populated or congested.

Section 6. ESTABLISHMENTS OF LIMITS OF DISTRICTS IN WHICH STORAGE OF EXPLOSIVES IS TO BE PROHIBITED.

Storage of Mass-detonating explosives as defined in Section 202 of the 2014 Oregon Fire Code is prohibited within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – Limited amounts of Mass-detonating and UN/DOTn Class 1.1, 1.2, 1.3 and 1.5 as defined in Section 202 of the Oregon Fire Code may be allowed in rural areas outside the boundaries of a city that are not heavily populated or congested with the approval of the Fire Code Official when stored and used within the scope of nationally recognized standards.

Section 7. ESTABLISHMENTS OF LIMITS OF DISTRICTS IN WHICH THE STORAGE OF COMPRESSED NATURAL GAS IS TO BE PROHIBITED.

The limits referred to in Section 5304 of the 2014 Oregon Fire Code in which storage of compressed natural gas storage is prohibited, are hereby established as follows: Within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – General Industrial Zones not heavily populated or congested.

Section 8. ESTABLISHMENTS OF LIMITS OF DISTRICTS IN WHICH THE STORAGE OF STATIONARY TANKS OF FLAMMABLE CRYOGEN FLUIDS ARE TO BE PROHIBITED.

The limits referred to in Section 5806.2 of the 2014 Oregon Fire Code in which the storage of flammable cryogen fluids in stationary containers outside of buildings are hereby established as follows: Within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – General Industrial Zones not heavily populated or congested.

Section 9. ESTABLISHMENTS OF LIMITS OF DISTRICTS IN WHICH THE STORAGE OF HAZARDOUS MATERIALS IS TO BE PROHIBITED OR LIMITED.

The limits referred to in Section 5003 of the 2014 Oregon Fire Code, in which the storage of hazardous materials is prohibited or limited is hereby established as follows: Within the corporate limits of the Sisters-Camp Sherman Rural Fire Protection District. Exception #1 – General and Light Industrial Zones not heavily populated or congested. Exception #2 – Limited amounts of hazardous materials may be approved by the Fire Code Official within Commercial Zones when stored and used within the scope of nationally recognized standards.

Section 10. AMENDMENTS TO THE 2014 OREGON FIRE CODE.

The 2014 Oregon Fire Code is amended and changed in the following respects:

- (1) Appendix B Section B104.2 Area separation. Portions of buildings which are separated by one or more four-hour area separation walls constructed in accordance with the Oregon Structural Specialty Code, without openings and when required with a 30-inch parapet, are allowed to be considered as separate fire-flow calculation areas.
- (2) Chapter 1 "Administration" – Section 101.2.1 "Appendices". Appendix "N" shall be adopted in its entirety.

Section 11. APPEALS.

Appeals of any decision of the Fire Code Official may be appealed by filing a written appeal to the Sisters-Camp Sherman Rural Fire Protection District Board Chair. The Rural Fire Protection District Board of Directors will decide on the written appeal document and any written response from the Fire Code Official. The Rural Fire Protection District Board of Directors decision may be appealed to the Regional Appeal Advisory Board under ORS 479.180 within 10 days from the date of the Rural Fire Protection District Board of Directors decision.

Section 12. PENALTIES.

12.1 Any person who violates any requirement or provision of the 2014 Oregon Fire Code as adopted and amended herein or fails to comply therewith, or who violates or fails to comply with any order made thereunder, or who builds in violation of any detailed statement of specifications or plans submitted and approved thereunder, or any certificate of permit issued thereunder, and from which no appeal has been taken, or who fails to comply with such order as affirmed and modified by the regional appeals advisory board or by a court competent jurisdiction, within the required time, shall severally for each and every violation and noncompliance, respectively, be guilty of a Class "A" infraction, punishable by a fine of not more than \$500.00. The imposition of one penalty for any violation shall not excuse the violations or defects within a reasonable time; and not otherwise specified, each day that prohibited conditions are maintained shall constitute a separate offense.

12.2 The application of the above penalty is in addition to other remedies available to Sisters-Camp Sherman Rural Fire Protection District including but not limited to the enforced removal of prohibited conditions.

Section 13. REPEAL OF CONFLICTING ORDINANCES.

All former ordinances or parts thereof conflicting or inconsistent with the provisions of this ordinance or the 2014 Oregon Fire Code as adopted and amended herein are hereby repealed.

Section 14. VALIDITY.

The Sisters-Camp Sherman Rural Fire Protection District hereby declares that should any section, paragraph, sentence or word of this ordinance or of the 2014 Oregon Fire Code as adopted and amended herein be declared for any reason to be invalid, and is the intent of the Sisters-Camp Sherman Rural Fire Protection District Board of Directors that it would have passed all other portions of this ordinance independent of the elimination herefrom of any such portion as may be declared invalid.

First Reading Date _____

Second Reading and Adoption Date _____

PURPOSE

The purpose of these policies and procedures is to provide guidelines in order to establish and maintain a citizen volunteer component of the Sisters-Camp Sherman Fire District, and to provide a scope of duties and limitations for the Fire Corps program.

DISCUSSION

Fire Corps members are not intended as substitutes for fire and emergency service personnel. Members will be utilized to support department functions, and will receive training appropriate to the duties that they may be called upon to perform.

RESPONSIBILITIES

It is the policy of the Sisters-Camp Sherman Fire District to assign Fire Corps members to duties as may be determined appropriate and necessary. The members will be utilized to assist emergency management and other related community service functions in non-operational roles as needed and determined by the Fire Chief or his/her designee. Fire Corps members must also comply with applicable District policies and procedures.

FIRE DISTRICT ROLES

1. The Fire Corps program will be under the administrative supervision of the District's Community Risk and Fire Safety Manager who will coordinate and/or maintain all aspects of the Fire Corps program.
2. The Community Risk and Fire Safety Manager may appoint individuals to the position of Fire Corps Chairperson(s) when deemed necessary.
3. Fire Corps members will not be compensated for any time worked under this program, but will be reimbursed for pre-approved expenses.
4. All members of the department are encouraged to actively participate in the recruitment and training of qualified Fire Corps members.
5. The department will make Fire Corps applications available to the public.
6. Applications shall be forwarded to the Community Risk and Fire Safety Manager, Fire Corps Program Chairperson(s) and the Administrative Assistant.
 - a. The Community Risk and Fire Safety Manager will ensure applications are acknowledged within fifteen working days.

- b. Applications should not be rejected because of an omission or error that can be corrected.
- 7. The Community Risk and Fire Safety Manager and/or Fire Corps Program Chairperson(s) shall:
 - a. Review applications;
 - b. Request the Administrative Assistant to conduct drug screen, background, criminal history, and driver's license checks; and
 - c. Ensure that the admission or rejection of applicants is based on careful, sound, and rational judgment.
- 8. The District will provide all Fire Corps members with the necessary training and the materials in which they will need to perform Fire Corps functions.

QUALIFICATIONS

1. Fire Corps applicants must be 18 years of age or older.
2. Fire Corps applicants must have on file a completed, processed and approved application with a valid state driver's license or other approved form of identification.
3. Fire Corps applicants must have the mental and physical capacities to perform the functional requirements of assigned duties as determined by the Fire Chief or his/her designee.
4. Applicants must successfully pass a background check and drug screen when required.

FIRE CORP MEMBER ROLES

1. Fire Corp members must comply with the District's Drug and Alcohol policy while performing duties for the District.
2. Fire Corps members represent the District while acting in the capacity of a volunteer in the Fire Corps program. As representatives, Fire Corps members must conduct themselves in such manner as to demonstrate the highest standards of professionalism so as to earn the public trust.

3. Fire Corps members will be polite and courteous to the general public, members of the District, and other agency personnel at all times.
4. If a uniform and department-issued identification card has been provided to Fire Corps members, Fire Corps members should be in uniform and plainly display their department-issued identification card while on duty. When acting as Fire Corps member, identification should be displayed while volunteers are representing the District.
5. At no time will a Fire Corps member display their District issued identification card to secure special privileges or personal gain. It shall not be used for general identification purposes such as check cashing or to gain favorable treatment or gratuities. Violation of this directive may result in immediate release from the Fire Corps program.
6. Fire Corps members' assignments within the department may provide them access to confidential or sensitive information. Any information gained in this manner shall not be divulged.
7. If a Fire Corps member cannot fulfill a scheduled assignment, the member will notify the team leader or the program Chair(s) as early as possible.
8. All Fire Corps members should participate, on a regular basis, in meetings or training exercises. Failure to be accountable and to maintain acceptable attendance may result in release from the Fire Corps program.

FIRE CORPS PROGRAM ASSIGNMENTS

1. The Community Risk and Fire Safety Manager or Program Chair(s) will coordinate the allocation and assignment of Fire Corps members. Assignments may include but are not limited to:
 - a. Administrative functions:
 - i. Clerical
 - ii. Data entry
 - iii. Office work
 - iv. Other duties as needed
 - b. Life Safety Education:
 - i. CPR training
 1. Community
 2. Business
 3. Agency
 4. Schools
 - ii. First Aid
 - c. Blood Pressure Assessment

- i. Business
 - ii. Community
 - d. Address Signs
 - i. Residential
 - ii. Business
 - e. Rehabilitation
 - i. Water, ice, refreshments, food distribution at emergency scenes
 - ii. Public and fire/EMS department assistance
 - iii. Sandbags
 - f. Community Risk
 - i. Smoke alarm program
 - ii. Fire prevention/safety education
 - iii. Home fire safety consultations
 - g. Fire Hydrant
 - i. Testing
 - ii. Maintenance
 - h. Performing duties in other support functions will be based on training, skills and other interests of the individual member and determined by the Sisters-Camp Sherman Fire District.
- 2. Fire Corps members will be assigned to positions that augment the department's ability to provide services.
- 3. Fire Corps members may also receive training in traffic control and fire code enforcement as part of their ongoing training.
- 4. Considerations when creating assignments for Fire Corps members include:
 - a. Citizen Advocates who want to be involved in worthwhile and challenging assignments.
 - b. Ensure that the assignment will use the individual's skills and abilities.
 - c. Evaluate whether the assignment will require learning new skills.
 - d. Ensure the annual budget is available to fund the assignment or program.
 - e. The program can be maintained for the length of time needed to execute the assignment.
- 5. Fire Corps members are expected to assist when called upon.
- 6. A Fire Corps member may be assigned to assist in performing duties in other support functions, including those outside of the Sisters-Camp Sherman Fire District, based on his/her skills, interests, and specific training.
- 7. Fire Corps volunteers will be covered by the District's Worker's Compensation Insurance.

Sisters-Camp Sherman RFPD
Auxiliary Volunteer Meeting Minutes
Monday, December 15, 2014

Members Present: Gail Butler, Les Schell, Bruce Shaull, Gary Marshall, Heather Miller

Child Safety Seat Project

Heather reported that the next child safety seat clinic in Sisters will be the week of January 11th. She has received a much appreciated donation of safety seat clinic signs. The grant money previously received will cover the training for additional child safety seat technicians and she is hoping that Betty Shuler and Angie who both helped with the last clinic will want to get certified. She will look into where and how they can get into a class. Both would have to apply and be accepted as Fire Corps volunteers with Sisters Fire prior to getting the training. Gail will call Betty Shuler to see if she is still interested. We do not have Angie's last name so cannot contact her until we have that information.

Smoke Alarm Project

We agreed that we would schedule a community smoke alarm event on Saturday, January 24th. Heather will discuss this at tonight's Association meeting and ask for help with this. She has scheduled a planning meeting for next Monday night (Dec 22nd) at 6:00 p.m. to plan and organize the event.

CPR/AED/First Aid Training

We had a small class of three people in the First Aid class on Dec 14th, with an additional person joining us for the CPR/AED portion in the afternoon. The next class will be on Saturday, January 10th. Brett Miller, who was in the class yesterday plans to send three or four of his fishing guide business people to the class. Gail will call Terri Kemp to find out if her church still wants to do a class in January; if they still want a separate class, we will discuss scheduling a second January date since there will be no classes in February or March. We all agreed that recruiting additional instructors would be very helpful.

Address Sign Project

Bruce reported that one homeowner who asked to mark the location of his address sign, has done so but it has since snowed. Bruce will call them to see if the marking is still visible for the locators. Richard Patterson's sign will be installed by Thornton. Les followed up on one request for which there was no proof of completion. He called the owners who said the sign had indeed been installed (during the transition phase) so the records have been updated accordingly.

Fire Corps

Les had emailed copies of the new department Fire Corps Policy to the members. We briefly discussed the policy in the small amount of meeting time remaining. There was general agreement and approval of the policy. One question arose about the age requirement – whether the minimum age could be 16 instead of 18 as stated in the policy. Because Fire Corps is a national organization, there may be a limit set by the National organization. We agreed to leave this as is until we get the organization up and running and determine whether there is a National age limit.

The meeting was adjourned at 6:05 pm. The next meeting will be on January 19th at 1700 hours (5 pm). Contact Gail at 595-5712 or gailb@cbbmail.com with questions, corrections or comments regarding these minutes.