

Franklin County Fire Protection District No. 3 International Association of Firefighters Tri-County Professional Firefighters Local 4965



2020 to 2023 STATEMENT OF BENEFITS

WSCFF Medical Expense Reimbursement Plan (MERP)

The District shall contribute \$75.00 per month per bargaining unit member on a pre-tax basis to the Washington State Council of Fire Fighters (WSCFF) MERP.

Paid Vacation

vacation accrual rates shall be credited as follows:

0-5 years of service	10 hrs/month
6-10 years of service	13 hrs/month
11-15 years of service	15 hrs/month
16-20 years of service	18 hrs/month
21-25 years of service	20 hrs/month
26 + years of service	24 hrs/month

Annual vacation may be accumulated up to a total of three hundred sixty (360) hours.

LEOFF II Retirement

The Fire District covers members in accordance with the applicable State pension system requirements.

Medical and Dental

The Fire District agrees to furnish and pay one hundred percent (100%) of the premium for the employee in Washington Fire Commissioners Association Preferred (PPO 100) Plan.

The Fire District agrees to furnish one hundred percent (100%) of the premium for the employee and dependents in the District's choice of either the IFC Delta Dental Incentive Plan (without Orthodontia) or the Washington Fire Commissioners Association PPO Basic Dental Plan (without Orthodontia).

Life & Disability Insurance.

The Fire District agrees to furnish one hundred percent (100%) of the premium for Group Life and Accidental Death and Dismemberment, and Long-Term Disability Insurance from Washington Council of Police and Sheriff's and Firefighters. The District agrees to select, furnish and pay one hundred (100) percent of the premium for \$50,000 Life and Disability Insurance for full-time employees covered by this agreement.

Health Spending Benefit and Deferred Compensation

The Fire District provides Health Reimbursement Arrangement/Voluntary Employees' Beneficiary Association (HRA/VEBA) or an allowance towards spouse/dependent medical premiums or District contribution to Deferred Compensation at the employee's option.

BENEFIT	YEARS OF SERVICE / AMOUNT OF CONTRIBUTION/ALLOWANCE					
	1-4 Years	5-9 Years	10-14 Years	15-19 Years	19+ Years	
HRA/VEBA	\$50/Month	\$50/Month	\$50/Month	\$50/Month	\$50/Month	
Options:						
Spouse/Dependent	\$225 /Month	\$275/Month	\$325/Month	\$375/Month	\$425/Month	
Care or Deferred						
Compensation						



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Sick Leave

All paid full-time employees earn one day (9 hours) of sick leave per month of continuous service.					
Starting Sick	Monthly	Maximum	Maximum	Annual Allowed	Minimum
Leave For	Sick Leave	Sick Leave	Sick Leave	HRA/VEBA	Accrued Sick
New Hires	Accrual	Accrual	Accrual	Conversion	Leave Hours
		Hours	Days		After Conversion
72 hours	9.0	1350	150	40	216

Sick leave may be accumulated to a maximum of one thousand three hundred and fifty (1350) hours per employee. Employees may elect to convert sick leave at one hundred (100) percent of the prevailing hourly rate into the employee's HRA/VEBA account as allowed by the plan.

Holidays	
New Year's Day	January 1 st
Martin Luther King's Birthday	3 rd Monday in January
Presidents' Day	3 rd Monday in February
Memorial Day	Last Monday in May
Independence Day	July 4 th
Labor Day	1 st Monday in September
Veterans' Day	November 11 th
Thanksgiving Day	4 th Thursday in November
Day after Thanksgiving Day	Day after Thanksgiving
Christmas Day	December 25 th
Floating Holiday	Individual Selection

Any holiday falling on Saturday will be celebrated on the preceding Friday. Any holiday falling on a Sunday will be celebrated on the following Monday. If the observed holiday falls on an employee's regularly scheduled day off, the employee may take a day off during the same work week the holiday is observed.