

**RESOLUTION TO AMEND THE
CITY OF RAPID CITY'S SHORT TERM
DISABILITY PLAN**

WHEREAS, the City of Rapid City has established a short term disability plan; and

WHEREAS, the plan has been revised from time to time, most recently by resolution approved on April 15, 2002; and

WHEREAS, the most recent resolution failed to include the members of the International Association of Firefighters; and

WHEREAS, the most recent amendment to the resolution contained a typographical error on the Schedule of Continuing Benefits.

NOW, THEREFORE, BE IT RESOLVED by the City of Rapid City that the City of Rapid City's Short Term Disability Plan is hereby amended to read as follows:

**CITY OF RAPID CITY
SHORT-TERM DISABILITY PLAN**

The following explanation is a description of the Short-Term Disability Plan benefit provided to eligible employees of the City of Rapid City. The Plan is administered under the language established by the employee's Union Contract or Non-Union Personnel Policy and in conjunction with this resolution.

Eligibility: All employees of the City of Rapid City, who are participating members of the South Dakota Retirement System. Regular, part-time employees who are eligible for benefits under the agreement shall receive Short-Term Disability benefits pro-rated on the employee's normal schedule as compared to 2080 hours, consistent with the schedule applicable to the employee's length of service. Benefits commence if the employee has exhausted all but 40 hours or less of their available general Sick Leave A balance. Please note that AFSCME, IAFF, and Non-Union employees must be off work for 3 consecutive working days prior to receiving the Short Term Disability Benefit and that time will be charged to Sick A, Vacation or Leave Without Pay.

Disability: An employee who is unable to perform the essential functions of his/her work assignment due to bodily injury or sickness in the opinion of his medical examiner.

Employee's Responsibility: It shall be the responsibility of each employee to inform their supervisor of the status of their injury/illness prior to each payroll period. A Verification of Disability form must be completed and returned to the Payroll Coordinator prior to the applicable payroll period. Said notice must be in writing, signed by the attending physician and in addition, must include the time from specified date to specified date in which the employee will be absent.

If the employee fails to notify the Payroll Coordinator of the status during the payroll period, pay adjustments will be made when the proper paperwork is received.

Dispute Resolution: In case of a dispute between the employee and the City regarding any conditions of disability, a review of the case will be conducted in the following manner:

1. The City may request that a copy of the findings of the medical examiner chosen by the employee be furnished to a medical examiner chosen by the City for verification. If the findings are verified by the City medical examiner, no further review shall be conducted.
2. In the event the findings of the medical examiner employed by the employee do not agree with the findings of the medical examiner employed by the City, the City will at the written request of the employee ask that the two medical examiners agree upon and appoint a third qualified and disinterested medical examiner for the purpose of making a physical examination of the employee.
3. Such three doctors, one representing the City, one representing the employee, and one disinterested doctor approved by the employee's doctor and the City's doctor, shall constitute a board of three, a majority vote of which shall decide the issue.
4. The expense of the employment of the third medical examiner shall be borne one-half by the employee and one-half by the City.

Length of Absence: All absences shall be considered as a single period of disability unless acceptable evidence is furnished that the cause of the latest disability cannot be connected with the causes of any of the prior disabilities.

If an employee is off more than once because of the same illness, the periods of disability will count towards the maximum period of benefits, 26 weeks. However, if an employee has returned and worked for a full year, the period of disability will be treated as a new illness or disability with benefit eligibility being a maximum of 26 weeks.

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SHORT-TERM DISABILITY PLAN
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SCHEDULE OF CONTINUING BENEFITS UNDER SHORT-TERM DISABILITY PLAN

| 100% Salary Continuation - | Maximum Hours Paid | |
|----------------------------|--------------------|-------------|
| Years of Service completed | 40 hr/wk | 56 hr/wk |
| 90 days – 3 years | 80 | 120 |
| 3 years – 4 years | 240 | 360 |
| 5 years – 6 years | 440 | 660 |
| 7 years – 8 years | 640 | 960 |
| 9 years – 10 years | 840 | 1260 |
| More than 10 years | 1040 | <u>1560</u> |
| ***** | | |

60% Salary Continuation -

| Years of Service | completed | 40 hr/wk | 56 hr/wk |
|--------------------|-----------|----------|----------|
| 90 days – 3 years | | 160 | 240 |
| 3 years – 4 years | | 800 | 1200 |
| 5 years – 6 years | | 600 | 900 |
| 7 years – 8 years | | 400 | 600 |
| 9 years – 10 years | | 200 | 300 |
| More than 10 years | | -0- | -0- |

Dated this ____ day of _____, 2008.

THE CITY COUNCIL

Mayor

ATTEST:

Finance Officer

(SEAL)