AMENDMENT NUMBER 9  
to the  
PREMIUM REIMBURSEMENT PLAN  
of the  
VENTURA COUNTY PROFESSIONAL FIREFIGHTERS  
ASSOCIATION BENEFIT TRUST

The Board of Trustees of the Ventura County Professional Firefighters Association Benefit Trust does hereby amend the Premium Reimbursement Plan effective March 1, 2017 as follows:

ARTICLE I  
DEFINITIONS

1.15 “Premium” means a premium or contribution payment for a Beneficiary to a health plan or long term disability plan that provides coverage for the type of medical expenses excludible under Internal Revenue Code 105 (b), for coverage in effect while the Beneficiary is eligible for benefits under this Plan.

ARTICLE III  
BENEFITS

3.1 General. Subject to the exclusions and limitations set forth in this Plan, a Beneficiary is entitled to the reimbursement of Premiums paid on or after July 1, 2001, by the Beneficiary, subject to proper and timely submission of documentation substantiating payment made by the Beneficiary, in an amount not to exceed the Benefit Amount. Eligibility to receive reimbursement of Premiums will start on the first day of the month following the month in which a Beneficiary’s eligibility for benefits and effective date of coverage are determined. In no event will a Beneficiary be eligible for reimbursement of any Premium paid for any month of coverage that commenced prior to the Beneficiary’s effective date of coverage under the Plan.

3.2 Benefit Amount.

3.2.1 Basic Benefit.

(a) General. Effective July 1, 2001, the Basic Benefit Amount is a maximum of Two Hundred Fifty Dollars ($250.00) per month, not to exceed the actual Premiums paid by the Beneficiary. The Trustees may adjust the Basic Benefit Amount from time to time.
(b) **Adjustments.** Although the Trustees hope to provide benefits for the indefinite future, the Trustees nonetheless reserve the right and power to adjust the benefit levels up or down, and to terminate the Plan at any time in its sole discretion. Such adjustments or termination could apply to current as well as future retirees. In case of termination, plan assets will be distributed to plan participants according to IRS rules.

### 3.2.2 Supplemental Benefit.

(a) **General.** Effective July 1, 2017, the Trustees at their discretion may authorize a monthly supplemental benefit to Eligible Retiree’s that are have not yet attained the Medicare Eligibility Age. The Supplemental Benefit is in addition to the basic benefit provided in Section 3.2.1. The combined Basic Benefit and Supplemental Benefit shall not exceed the actual Premiums paid by the Eligible Retiree. Surviving Spouses and Dependents are not eligible for the Supplemental Benefit.

(b) **Supplemental Benefit Amount.** The monthly Supplemental Benefit amount shall be determined in accordance with the following:

1. The amount of the monthly Supplemental Benefit, if any, shall be determined by the Trustees by June 1 for the following fiscal year benefit.
2. The Trustees shall consider the following when establishing the Supplemental Benefit:
   i. The previous 5-year average investment return
   ii. Projected future investment returns
   iii. Continued growth of the Trust Fund to provide for Basic and Supplemental Benefits to Employees when they become Eligible Retirees.
3. Like all other benefits under the Plan, the Supplemental Benefit is not a guaranteed benefit and may be adjusted each year up or down including no Supplemental Benefit for the year.

(c) **Termination of Supplemental Benefit.** The Supplemental Benefit shall terminate on the first day of the month that an Eligible Retiree attains the Medicare Eligibility Age.

### 3.5 Benefit Claim Procedure.

(a) To make a claim for Plan benefits, Beneficiaries must present proof of payment of Premiums, on a form approved by the Trustees, to:

VCPFA Benefit Trust  
c/o Ventura County Professional Firefighters Association  
3251 Corte Malpaso, Suite 501 C  
Camarillo, CA 93012

Claims will be paid quarterly twice a year upon presenting proof of payment of Premiums.
Prior to issuing payment, the Trust Office shall review such proof and determine whether to grant or deny coverage under the Plan.

(b) NO CHANGE

(c) NO CHANGE

(d) Claims for Plan benefits must be submitted no later than ninety (90) 180 days from the date on which the Beneficiary made the payment of Premiums to the insurance provider.

(e) NO CHANGE

(f) NO CHANGE

ADOPTED: BOARD OF TRUSTEES

VENTURA COUNTY PROFESSIONAL FIREFIGHTERS ASSOCIATION BENEFIT TRUST on January 25, 2017

__________________________                              _________________________
Wayne Maynard, Chair                              Ed Gavirati, Trustee

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Gary Oliver, Trustee                              Gary Desgagnes, Trustee

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Jon Bergh, Trustee
Article 1, Definitions – Section 1.15

REASON: Update Reimbursement Plan to current practice of accepting reimbursement claims for long term disability insurance.

Article 3, Benefits – Section 3.1

REASON: This change makes benefits eligible to the beneficiary on the first day of the month following the date of their retirement. This change will provide clear direction to staff and beneficiaries as to when benefits begin. Current practice is that staff pro-rates benefits for the first month of retirement. This will reduce the chance of mistakes and provide an easier and more consistent application for the start of benefits.

Article 3, Benefits – Section 3.2.1

REASON: This is a new section that incorporates the language from previous Section 3.2. The term “Basic” is added to differentiate the current benefit from the new supplemental benefit.

Article 3, Benefits – Section 3.2.2

REASON: This is a new section that provides authority for the trustees to establish a Supplemental Benefit for a certain group of beneficiaries.

Article 3, Benefits – Section 3.5 (a)

REASON: Update the Reimbursement Plan to current practice approved by the Trustees to pay claims two times per year.

Article 3, Benefits – Section 3.5 (d)

REASON: Allow 180 days to submit claims because the claims are paid twice per year.