

**BOARD OF COUNTY COMMISSIONERS
AGENDA ITEM SUMMARY**

Meeting Date: January 16, 2008

Division: Emergency Services

Bulk Item: Yes X No

Department: Fire Rescue

Staff Contact Person/Phone #: Claudia Wilkerson
305-289-6014

AGENDA ITEM WORDING: Approval by the Board, acting as Plan Administrator of the Length of Service Award Plan (LOSAP) to begin 10 year disbursement of funds to three eligible participants of the plan, Sharon Prime with a monthly benefit of \$210.00 commencing June 1, 2006, Kay Cullen with a monthly benefit of \$150.00 commencing February 1, 2007, and Linda Lee Sawart with a monthly benefit of \$165.00 commencing February 1, 2008.

ITEM BACKGROUND: In June of 1999, the Board approved an Ordinance providing for the creation of a Length of Service Award Plan. Three participants are now eligible for benefits, one as of June 1, 2006, one as of February 1, 2007, and one as of February 1, 2008.

PREVIOUS RELEVANT BOCC ACTION: On June 9, 1999, the Board approved Ordinance No. 026-1999 providing for the creation of a Length of Service Award Plan. Subsequently, annually the Board has approved the current actuarial valuation and credit of an additional year of service.

CONTRACT/AGREEMENT CHANGES: Not applicable.

STAFF RECOMMENDATIONS: Approval.

TOTAL COST F/Y 2008: \$10,200.00

BUDGETED: Yes X No

COST TO COUNTY: \$10,200.00

SOURCE OF FUNDS: LOSAP Trust Fund
Account #14500 530360

REVENUE PRODUCING: Yes No X **AMOUNT PER MONTH** **Year**

David P. Cane for Tina Buan

APPROVED BY: County Atty N/A OMB/Purchasing 12/28/07 Risk Management N/A

DOCUMENTATION: Included Not Required X

DISPOSITION: _____

AGENDA ITEM # _____

DEPT	NAME	DOB	DOH	YR OF HIRE	DATE AGE 60	YR AGE 60	ACCRUED AT 60	ELIGIBLE YEARS
Tav Fire	Prime, Sharon	05/02/46	04/25/91	1991	05/02/06	2006	14	14
KL Amb	Cullen, Kay	01/29/47	01/30/96	1996	1/29/2007	2007	10	10
KL Amb	Sawart, Linda Lee	01/07/48	09/08/95	1995	1/7/2008	2008	11	11

**Monroe County, Florida Volunteer Firefighter and
Emergency Medical Services
Length of Service Award Program
Benefit Certification Form**

Date: November 21, 2007

To: Ms. Kay Cullen

From: Monroe County Board of County Commissioners
Fire Rescue Services,

A review of records maintained for the Length of Service Award Program (LOSAP) indicates that you may be eligible for the following level of certification:

- You have completed 10 years of active service. You will be eligible for payment of benefits upon reaching the age of 60.
- You have completed 10 years of active service AND have reached the minimum age of 60. You are eligible for immediate payment of benefits.

In order to complete our certification of your eligibility for benefits, we require that the following information be provided:

NAME: Kay Cullen

ADDRESS: 614 LaPaloma Rd.

CITY: Key Largo ST: FL ZIP: 33037

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 01/29/1947

(Note: In order to verify date of birth, a copy of your driver license or certificate of birth must be included with this application.)

Name of Volunteer Department from which this application is submitted:

Key Largo Volunteer Ambulance Corps.

I hereby certify that the information above is true and accurate to the best of our belief and knowledge.

Signature of Applicant: *Kay Cullen*

Signature of Department President or Chief: *Frank J. Jones*

**Monroe County, Florida Volunteer Firefighter and
Emergency Medical Services
Length of Service Award Program
Benefit Certification Form**

Date: November 21, 2007

To: Linda Lee Sawart

From: Monroe County Board of County Commissioners
Fire Rescue Services,

A review of records maintained for the Length of Service Award Program (LOSAP) indicates that you may be eligible for the following level of certification:

- You have completed 10 years of active service. You will be eligible for payment of benefits upon reaching the age of 60.
- You have completed 10 years of active service AND have reached the minimum age of 60. You are eligible for immediate payment of benefits.

In order to complete our certification of your eligibility for benefits, we require that the following information be provided:

NAME: Linda Lee Sawart

ADDRESS: 778 Canal Street

CITY: Key Largo ST: FL ZIP: 33037

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 01/07/1948

(Note: In order to verify date of birth, a copy of your driver license or certificate of birth must be included with this application.)

Name of Volunteer Department from which this application is submitted:

Key Largo Volunteer Ambulance Corps.

I hereby certify that the information above is true and accurate to the best of our belief and knowledge.

Signature of Applicant: Linda Lee Sawart

Signature of Department President or Chief: Franky R. Jones *Chief*

**Monroe County, Florida Volunteer Firefighter and
Emergency Medical Services
Length of Service Award Program
Benefit Certification Form**

Date: November 21, 2007

To: Ms. Sharon Prime

From: Monroe County Board of County Commissioners
Fire Rescue Services,

A review of records maintained for the Length of Service Award Program (LOSAP) indicates that you may be eligible for the following level of certification:

- You have completed 10 years of active service. You will be eligible for payment of benefits upon reaching the age of 60.
- You have completed 10 years of active service AND have reached the minimum age of 60. You are eligible for immediate payment of benefits.

In order to complete our certification of your eligibility for benefits, we require that the following information be provided:

NAME: Sharon Prime

ADDRESS: 2921 SE 12th Rd., Unit 203

CITY: Homestead ST: FL ZIP: 33035

SOCIAL SECURITY NUMBER: [REDACTED]

DATE OF BIRTH: 05/02/1946

(Note: In order to verify date of birth, a copy of your driver license or certificate of birth must be included with this application.)

Name of Volunteer Department from which this application is submitted:

Tavernier Volunteer Fire Department

I hereby certify that the information above is true and accurate to the best of our belief and knowledge.

Signature of Applicant: Sharon Prime

Signature of Department President or Chief: [Signature]
ROB BURLEY
CHIEF, TAV VFD