

## LEGISLATIVE FACT SHEET

DATE: 08/13/18

BT or RC No: NA  
(Administration & City Council Bills)

SPONSOR: Employee Services Department  
(Department/Division/Agency/Council Member)

Contact for all inquiries and presentation: Todd Norman, Chief of Labor Relations

Provide Name: \_\_\_\_\_

Contact Number: 255-5578

Email Address: ToddN@coj.net

PURPOSE: White Paper (Explain Why this legislation is necessary? Provide; Who, What, When, Where, How and the Impact.) Council Research will complete this form for Council introduced legislation and the Administration is responsible for all other legislation. (Minimum of 350 words - Maximum of 1 page.)

The Employee Services Department seeks to file legislation to effectuate the attached Memorandum of Understanding with the FOP concerning providing survivor health care coverage to officers dying in the line of duty not covered by Florida Statute.

This benefit expands the coverage currently provided by Florida Statute 112.19 which covers only those violent deaths stemming from a criminal act. For example, the family of an Officer who dies in a motor vehicle accident while responding to a call would now be eligible. Since records have been maintained commencing in 1890, there have been 62 in the line of duty deaths at JSO. Of those, 38 were a result of a violent criminal act. Therefore, 24 (62-38) families would have been potentially eligible for this new benefit.

The coverage would remain in effect for the surviving spouse until remarried or they become medicare eligible. For dependent children, the coverage would remain in effect until they reach 25 years of age.

Articles 28 and 29 in the FOP Police collective bargaining agreements and Article 13 in the Corrections collective bargaining agreements would be modified accordingly.

An actuarial analysis of costs has been conducted. Unfortunately, experience tells us that approximately 1 officer's surviving family every three years will be eligible. The value of this benefit varies a great deal depending on the age of the spouse and children when the event occurs. The costing conservatively assumed that the spouse would remain on the City plan until age 65 and that there are also 2 covered children. In fact, only about 25% of FOP enrollees cover a spouse and 30% cover one or more children.

**With all of these assumptions, the expected annual cost is \$127,000.**

The MOU was signed on November 6, 2019 and was overwhelmingly ratified by the FOP Police membership on November 13 & 14th. With MBRC approval, appropriate legislation will be filed for Council approval.

**APPROPRIATION:** Total Amount Appropriated \_\_\_\_\_ as follows:  
 List the source **name** and provide Object and Subobject Numbers for each category listed below:

(Name of Fund as it will appear in title of legislation)

Name of Federal Funding Source(s)	From: _____	Amount: _____
	To: _____	Amount: _____
Name of State Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of City of Jacksonville Funding Source(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name of In-Kind Contribution(s):	From: _____	Amount: _____
	To: _____	Amount: _____
Name & Number of Bond Account(s):	From: _____	Amount: _____
	To: _____	Amount: _____

**PLAIN LANGUAGE OF APPROPRIATION / FINANCIAL IMPACT / OTHER:**

Explain: Where are the funds coming from, going to, how will the funds be used? Does the funding require a match? Is the funding for a specific time frame? Will there be an ongoing maintenance? ... and staffing obligation? Per Chapters 122 & 106 regarding funding of anticipated post-construction operation costs.

(Minimum of 350 words - Maximum of 1 page.)

An actuarial analysis of costs has been conducted. Unfortunately, experience tells us that approximately 1 officer's surviving family every three years will be eligible. The value of this benefit varies a great deal depending on the age of the spouse and children when the event occurs. The costing conservatively assumed that the spouse would remain on the City plan until age 65 and that there are also 2 covered children. In fact, only about 25% of FOP enrollees cover a spouse and 30% cover one or more children.

With all of these assumptions, the expected annual cost to the City is \$127,000.

**ACTION ITEMS:**

Emergency?  Yes  No

Justification of Emergency: If yes, explanation must include detailed nature of emergency.

Federal or State Mandate?  Yes  No

Explanation: If yes, explanation must include detailed nature of mandate including Statute or Provision.

Fiscal Year Carryover?

Note: If yes, note must include explanation of all-year subfund carryover language.

CIP Amendment?

Attachment: If yes, attach appropriate CIP form(s). Include justification for mid-year amendment.

Contract / Agreement Approval?

Attachment & Explanation: If yes, attach the Contract / Agreement and name of Department (and contact name) that will provide oversight. Indicate if negotiations are on-going and with whom. Has OGC reviewed / drafted?

A memorandum of understanding reviewed and approved by OGC.

Related RC/BT?

Attachment: If yes, attach appropriate RC/BT form(s).

Waiver of Code?

Code Reference: If yes, identify code section(s) in box below and provide detailed explanation (including impacts) within white paper.

Code Exception?

Code Reference: If yes, identify code in box below and provide detailed explanation (including impacts) within white paper.

Related Enacted Ordinances?

Code Reference: If yes, identify related code section(s) and ordinance reference number in the box below and provide detailed explanation and any changes necessary within white paper.

**ACTION ITEMS CONTINUED: Purpose / Check List. If "Yes" please provide detail by attaching justification, and code provisions for each.**

**ACTION ITEMS:**      **Yes**      **No**  
Continuation of Grant?

Explanation: How will the funds be used? Does the funding require a match? Is the funding for a specific time frame and/or multi-year? If multi-year, note year of grant? Are there long-term implications for the General Fund?

Surplus Property Certification?

Attachment: If yes, attach appropriate form(s).

Reporting Requirements?

Explanation: List agencies (including City Council / Auditor) to receive reports and frequency of reports, including when reports are due. Provide Department (include contact name and telephone number) responsible for generating

Division Chief:


  
\_\_\_\_\_

(signature)

Date:

1/6/20

Prepared By:

  
\_\_\_\_\_

(signature)

Date:

1/6/20

**ADMINISTRATIVE TRANSMITTAL**

To: MBRC, c/o Roselyn Chall, Budget Office, St. James Suite 325

Thru:

\_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

From:

\_\_\_\_\_  
Initiating Department Representative (Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary

Contact:

\_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: jelsbury@coj.net

**COUNCIL MEMBER / INDEPENDENT AGENCY / CONSTITUTIONAL OFFICER TRANSMITTAL**

To: Peggy Sidman, Office of General Counsel, St. James Suite 480

Phone: 904-630-4647

E-mail: psidman@coj.net

From:

\_\_\_\_\_  
Initiating Council Member / Independent Agency / Constitutional Officer

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Primary

Contact:

\_\_\_\_\_  
(Name, Job Title, Department)

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

CC: Jordan Elsbury, Director of Intergovernmental Affairs, Office of the Mayor  
904-630-1825 E-mail: jelsbury@coj.net

Legislation from Independent Agencies requires a resolution from the Independent Agency Board approving the legislation.

Independent Agency Action Item:

Yes

No

Boards Action / Resolution?

Attachment: If yes, attach appropriate documentation. If no, when is board action scheduled?

**FACT SHEET IS REQUIRED BEFORE LEGISLATION IS INTRODUCED**