



LEOFF I Disability Board
Approval of Case #06-19 Dental
Reimbursement Request

Agenda Date: 8/12/2019
Agenda Item Number: 4.B
File Number: 19-0711

Type: decision **Version:** 1 **Status:** Passed

Title

Approval of Case #06-19 Dental Reimbursement Request

Report

Issue:

Whether to approve payment for dental bills for LEOFF 1 member.

Staff Contact:

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Background:

The Board must decide whether or not to approve the request for dental work in the amount of \$7,245.00.

The member is requesting reimbursement for dental work in the amount of \$7,245.00 for the services. This is not in accordance with LEOFF 1 Disability Board Policies and Procedures Section III, H which states the member is required to submit the LEOFF Application for Payment of Services before undergoing the procedure.

Attachments:

Reimbursement Request

Reference:

LEOFF Disability Board Policies and Procedures (2018) H, Dental Benefits