



LEOFF I Disability Board

Approval of Case 21-9 Dental Request

Agenda Date: 10/11/2021
Agenda Item Number: 3.A
File Number:21-0984

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

Title

Approval of Case 21-9 Dental Request

Report

Issue:

Whether to approve payment for dental request for retired LEOFF 1 member.

Staff Contact:

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Background:

LEOFF 1 member is requesting reimbursement for a buildup and crown and a filling in the amount of \$2,216.00. This request is in accordance with City of Olympia LEOFF policies.

Attachments:

Application for payment of services and supporting documentation

Reference:

Section III Procedures to Receive Benefits, Paragraph H