



**CITY OF**  
**Vancouver**  
**WASHINGTON**

**Fire  
Pension Board  
Meeting Schedule  
July 6, 2026**

**Fire Pension Board  
1:30pm**

**Aspen Conference Room, 1<sup>st</sup> Floor City Hall**

**Call In: 1 347-941-5324**

**Phone Conference ID: 234 617 246#**

**Teams Meeting ID: 246 844 581 190 50**

**Passcode: Pf2eo6QX**

Please contact April Stinson at (360) 487-8403 or

[April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us)

if you are unable to attend.

Thank you!



## Fire Pension Board

Anne McEnerny-Ogle, Chair  
Anthony Glenn - Lisa Brandl - Michael Lyons -  
Patrick Kelly - Greg Straub (Alternate)

## Fire Pension Board Meeting Agenda

July 06, 2026

1:30 PM

Vancouver City Hall

Aspen Conference Room

415 W 6th St

Vancouver, WA 98668-1995

In accordance with the Open Public Meetings Act (OPMA), the Fire Pension Board meeting will be open to in-person attendance. Options for viewing and/or participating in the meeting remotely will also be accommodated (see details below).

### MEETING ACCESS INFORMATION

[Click here to join the meeting](#)

To access by phone (audio only), call: 1-347-941-5324

Phone Conference ID: 234 617 246#

1. **Call to Order and Roll Call – McEnerny-Ogle**
2. **Approval of Minutes – McEnerny-Ogle**
  - a. April 6, 2026, Minutes
3. **Communications - Stinson**
  - a. Fire Pension Fund Financial Status and General Fund Contribution Review
4. **Reports – Glenn**
  - a. Budget Report
  - b. Approval of Expenses for March 2026 – May 2026
5. **Old Business – Stinson**
  - a. None
6. **New Business – Stinson**
  - a. Request for Hearing Aids – Claimant A
  - b. Discussion of Potential Fire Authority Study
7. **Public Comment\* – 3 minutes each**

\*The public is invited to speak regarding any agenda item. Members of the public testifying are

asked to limit testimony to three minutes. There are three ways to provide comments:

- In Writing: Public comments can be submitted in writing (name, address, contact information and comments) via email to [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us) by 5pm the day before the meeting.
- Remotely: Pre-register by phone at 360-487-8403 or email [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us) by 5pm the day before the meeting
- In Person: Pre-register by phone at 360-487-8403 or email [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us) by 5pm the day before the meeting or fill out a Public Comment form in person prior to the start of the Communications portion of the meeting.

City Hall is served by C-TRAN. Route information and schedules are available online at [www.c-tran.com](http://www.c-tran.com). You also may reach C-TRAN at (360) 695-0123 for more information on times, fares, and routes.

Anyone needing language interpretation services or accommodations with a disability may contact the Human Resources staff at (360) 487-8403 (RELAY: 711). Assistive listening devices and live Closed Captioning are available for the deaf, hard of hearing and public use. Please notify a staff person if you wish to use one of the devices. Every attempt at reasonable accommodation will be made. To request this agenda in another format, please also contact the phone numbers listed above.

## Meeting Minutes

Monday, April 06, 2026

1:30 p.m.

Vancouver City Hall

Birch Conference Room, 2<sup>nd</sup> Floor

415 W. 6<sup>th</sup> Street

Vancouver, WA 98660

### **Board Members Present:**

Anne McEnery-Ogle, Chair; Anthony Glenn, Treasurer; Lisa Brandl, Deputy City Manager/CFO Board Secretary; Mike Lyons, Fire Retiree.

### **Board Members Absent:**

Patrick Kelly, Fire Retiree

### **Staff Present:**

Tricia Juettemeyer, Assistant City Attorney; April Stinson, Human Resources; Megan Sarvela, Human Resources; Emily Azadi, Human Resources

### **Guests:**

None

### **Item 1: Call to Order**

The April 06, 2026, meeting of the Fire Pension Board was called to order at 1:30 p.m. by Chair McEnery-Ogle in Birch Conference Room at Vancouver City Hall and via Microsoft Teams.

### **Item 2: Approval of Minutes**

**Motion** by Lyons, seconded by Glenn, and approved unanimously to adopt the minutes from January 5, 2026, as written.

### **Item 3: Communications**

#### **a) Introduce New Board Member**

By statute, the City Clerk serves as Board Secretary and must be a Board member. Effective January 15, 2026, Natasha Ramras, who served as Board Secretary, is no longer with the City of Vancouver.

## Members

Anne McEnery-Ogle, Mayor  
*Chair*

Anthony Glenn, City Treasurer  
Lisa Brandl, Deputy City  
Manager/CFO Board Secretary  
Patrick Kelly, Fire Retiree  
Mike Lyons, Fire Retiree

Human Resources  
Department

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Vancouver, WA 98668  
360-487-8403  
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[cityofvancouver.us](http://cityofvancouver.us)

Going forward, Lisa Brandl, the current City Clerk, will serve as Board Secretary of the Fire Pension Board.

**Action Requested**

Communication only; No official action required by the Board.

**b) Pensioner Death**

Fire Retiree, Henry Richard Jones, passed away on March 8, 2026, at 81 years of age.

**"41.18.140 Funeral expenses.** *The board shall pay from the firemen's pension fund upon the death of any active or retired fireman the sum of one thousand dollars, to assist in defraying the funeral expenses of such fireman."*

A check will be prepared for the funeral benefit and delivered to Janice Jones, spouse of Henry Richard Jones.

**Action Requested**

Communications only; No official action required by the Board.

**c) Pensioner Death**

Fire Retiree, Martin James, passed away on March 9, 2026, at 77 years of age.

**"41.18.140 Funeral expenses.** *The board shall pay from the firemen's pension fund upon the death of any active or retired fireman the sum of one thousand dollars, to assist in defraying the funeral expenses of such fireman."*

A check will be prepared for the funeral benefit and delivered to Barbara James, spouse of Martin James.

**Action Requested**

Communications only; No official action required by the Board.

**Item 4: Reports**

**a) Budget Report**

Glenn reported that total expenditures through February 2026 were 15% of budget. Total revenues through February 2026 were 23% of budget. The budget report is on track and no adjustments are needed from the Accounting department.

**b) Approval of Expenses for December 2025 – February 2026**

Expenses for December 2025 – February 2026 totaled \$ 187,814.94.

**Motion** by Glenn, seconded by Lyons, and approved unanimously to accept the expenses as presented.

**c) Fire Pension Trust Fund Levy – Report (Requested Jan. 5, 2026)**

**Item 5: Old Business**

**a) Approval of Letter to AWC Board of Trustees**

At the Monday, January 05, 2026 Fire Pension Board meeting, the Fire Pension Board agreed to draft and send a letter to AWC requesting reconsideration of the dental plan benefits. In addition to the letter, Fire Pension Board member Michael Lyons has requested the attached spreadsheets be included with the letter for comparison.

**Proposed Letter to AWC Board of Trustees:**

Dear AWC Board of Trustees,

On behalf of the City of Vancouver Fire Pension Board, we are writing to express our concerns regarding the current retiree dental plans offered through AWC. After reviewing the available plans, the Board has identified several issues for your consideration:

1. Annual Maximum Limit – The current AWC Delta Dental retiree plan provides a \$1,000 annual plan maximum, which is lower than the coverage previously provided by the City of Vancouver, reducing the overall value of the benefit for retirees.
2. Preventive Care Coverage – Coverage levels for routine exams and preventive services under the AWC Delta Dental retiree plan are lower than those previously offered by the City, impacting retirees’ ability to maintain necessary dental care.
3. Cost vs. Benefit – The cost of the current AWC Delta Dental retiree plan, relative to its maximum benefit, is higher than that of prior retiree plans offered by the City, making it a less favorable option for retirees.
4. Accessibility of Alternative Plans – While the Willamette Dental plan is offered as an alternative to Delta Dental, it has a limited network, may require significant travel, and is not available to retirees outside its service area.
5. Declining Enrollment – Enrollment in retiree dental coverage among City of Vancouver Police and Fire retirees has decreased significantly for 2026, which may reflect concerns about the affordability and overall value of the current plan offerings.
6. Competitive Market Comparison – In contrast, retirees may obtain dental coverage directly through providers such as Delta Dental or organizations like AARP, often with similar or more favorable benefit structures.

Our Board believes that addressing these issues would strengthen retiree dental benefits and better support the long-term well-being of those who have served our community. We appreciate your consideration and look forward to your response.

**Action Requested**

Approve of the letter to be sent to AWC Board of Trustees.

**Motion** by Lyons to approve the letter and supporting spreadsheets to be sent to AWC Board of Trustees. Seconded by Glenn and approved unanimously.

**Item 6: New Business**

**a) Request for Hearing Aids – Claimant A**

Attached for Board review is a request for hearing aid payment for Claimant A and Section III.5 of the Board’s Rules and Regulations requires:

*“If a member chooses not to use their Medical Insurance benefits, Board preapproval is required.”*

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The claimant’s current hearing aids are no longer functioning properly and are outside of the three-year warranty.

Section III.5 of the Board’s Rules and Regulations states:

*“City of Vancouver requires a “Hearing Aid Application Request Form” to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:*

- a) Documentation:
  - i. Denial of hearing aid coverage from insurance provider or
  - ii. Explanation of Benefits (EOB) and/or

- iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
- b) Quotes from at least two providers, and
- c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
- d) Hearing aids must have a three-year warranty.”

Claimant A has provided three hearing tests, three Hearing Instrument Specialist evaluations, and three quotes for hearing aids that are adequate for his hearing loss. All hearing aids have a three-year warranty.

*“The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss.*

Out-of-network Hearing Aid Limits for 3-year period:

*Slight to Mild Hearing Loss (16-40dB): \$1800/ear*

*Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear*

*Severe - Profound Hearing Loss (71-90dB): \$3500/ear”*

Claimant A’s severity of hearing loss for his left ear is in the Moderate to Moderately Severe, for which the Board covers \$2,500/ear. His right ear is in the Severe - Profound range, for which the Board covers \$3,500/ear. The total for both ears is \$6,000.

Medicare Hearing Co.:

- Oticon Intent 1 RIC: \$7,000

Vancouver Clinic:

- Oticon Intent 1 miniRITE: \$7,310

Vancouver Hearing Aid Center:

- Oticon Intent 1 RIC: \$5,990

**Action Requested**

Consider the request from Claimant A for hearing aids.

**Motion** by McEnery-Ogle to approve of payment of \$5,990 for Vancouver Hearing Aid Center hearing aids. Seconded by Lyons and approved unanimously.

**b) Request for Long Term Care – Claimant B**

Attached for Board review is a long-term care application request, physician’s statement, resident assessment, and quotes supporting a request for Long Term Care for Claimant B.

According to his physician, Claimant B has Type 2 diabetes, obstructive sleep apnea, retinopathy, mild cognitive impairment with memory loss, hypertension, coronary artery disease, and depression. Due to decreased cognition and mobility, he is unable to safely perform activities of daily living, including meal preparation, and struggles with medication adherence. Notably, he required an emergency room visit on 12/26/25 for hyperglycemia caused by missing diabetes medications. Given these limitations, transfer to a higher level of care is recommended, and assisted living would be appropriate if it includes structured support for medication management and adherence.

Section III.11.d of the Board rules for long term care costs:

*“Total daily cost allowed shall not exceed the semi-private room rate in a skilled nursing facility. This allowance will be determined using the latest annual Genworth Cost of Care Survey for Nursing Home Care services in the state of Washington.”*

The current average daily cost for a semi-private room in Washington State is \$443/day or about \$13,290/month.

According to documentation provided by Canterbury Inn, Claimant B is assessed at a Level 2 care rate, with a care cost of \$2,100 per month in addition to base rent of \$3,705 per month. He is eligible for a 5% family and friends discount on the base rent. Claimant B has also submitted a quote from an additional provider; however, he has expressed a preference to reside at Canterbury Inn if possible, noting that the staff were particularly helpful and made him feel the most comfortable in making his decision.

Items for consideration by the Board:

1. Canterbury Inn:
  - Rent: \$3,705/month
  - Level of Care: \$2,100/month
  - Total (Rent + Level of Care): \$5,805/month
2. Delaware Plaza:
  - Rent: \$3,800/month
  - Level of Care: \$2,100/month
  - Total (Rent + Level of Care): \$5,900/month

**Action Requested**

Consider Claimant B's request for medically necessary long-term care up to the current daily cost for a semi-private room as presented.

**Motion** by Lyons to approve of payment for medically necessary long-term care up to the current daily cost for a semi-private room as presented. Seconded by Brandl and approved unanimously.

**c) Approval of WSLEA LEOFF 1 Conference Expenses – Alternate Board Member**

Fire Pension Board members Michael Lyons and Patrick Kelly are requesting approval for the Fire Pension Fund to cover associated costs, including registration, lodging, meals, mileage, and other approved expenses for Retired Fire Captain (Alternate) Gregory Straub to attend the WSLEA LEOFF 1 Conference, scheduled Tuesday, May 5, 2026, through Friday, May 8, 2026. Michael Lyons and Patrick Kelly will also be attending the conference.

Estimated Costs:

- Registration: \$695.00
- Lodging: \$616.59
- Meals, mileage, and other approved expenses (estimated based on 2025 conference costs for a board member living in Vancouver, WA): \$587.00
- Total Estimated Cost: \$1,898.59

**Action Requested**

Consider payment of associated costs, including registration, lodging, meals, mileage, and other approved expenses, for the Alternate Board Member to attend the WSLEA LEOFF 1 Conference, in addition to Fire Pension Board members Michael Lyons and Patrick Kelly.

**Motion** by McEnerny-Ogle to approve of payment for the Alternate Board Member to attend the WSLEA LEOFF 1 Conference in addition to the two Fire Pension Board members, and encouraged members to consider carpooling to reduce travel related expenses. Seconded by Glenn and approved unanimously.

**Item 7: Public Comment**

None

**Adjourned:**

This meeting adjourned at 1:57 p.m.

## **Fire Pension Trust Fund Financial Status and General Fund Contribution Review**

### **Executive Summary**

Based on the actuarial valuations dated March 3, 2026, for the fiscal year ending December 31, 2025, the City's Fire Pension Trust Fund is currently fully funded and capable of meeting its projected pension and OPEB obligations under current actuarial assumptions. Current assets exceed projected liabilities by approximately \$3.2 million.

Based on the Fire Pension Trust Fund's current financial position, staff recommends temporarily pausing the annual \$900,000 General Fund transfer beginning in the third quarter of 2026 through the end of fiscal year 2028. This would increase General Fund capacity while allowing the City to continue monitoring the Fire Pension Trust Fund's financial condition and future obligations on a quarterly basis.

### **Background**

The City currently transfers approximately \$900,000 annually from the General Fund to support obligations associated with the Fire Pension Trust Fund. These transfers have historically helped ensure sufficient resources are available to pay pension and retiree healthcare (OPEB) benefits for remaining beneficiaries.

As annual benefit payments have declined and investment assets have increased, staff have evaluated whether the current level of General Fund support remains necessary based on the latest actuarial information.

### **Current Financial Position**

According to the actuarial valuations dated March 3, 2026, for the fiscal year ending December 31, 2025:

- Combined pension and OPEB liabilities are approximately \$16.0 million.
- Fire Pension Trust Fund assets as of May 31, 2026 total approximately \$19.2 million.
- The Fire Pension Trust Fund is currently estimated to be 120% funded, with assets exceeding projected liabilities by approximately \$3.2 million.

<b>Firemen Pension Fund 2023 - 2026</b>				
<b>Revenue</b>	<b>2023</b>	<b>2024</b>	<b>2025</b>	<b>Projected 2026</b>
General Fund Transfers	\$1,500,000	\$1,500,000	\$900,000	\$450,000
Investment Earnings	\$304,854	\$628,005	\$759,339	\$761,132
Fire Insurance Premium Tax	\$265,630	\$308,149	\$371,488	\$401,441
<b>Total Revenue</b>	<b>\$2,070,484</b>	<b>\$2,436,154</b>	<b>\$2,030,827</b>	<b>\$1,612,574</b>
<b>Non-General Fund Revenue</b>	\$570,484	\$936,154	\$1,130,827	\$1,162,574
<b>Total Expenditures</b>	\$1,283,230	\$1,258,039	\$1,169,976	\$1,057,814
<b>Cash and Investment Balance</b>	\$16,516,551	\$17,642,720	\$18,479,201	\$19,033,960
<b>Net Pension and OPEB Liability</b>	\$18,018,807	\$17,103,982	\$15,956,484	\$15,956,484
<b>Funding Ratio</b>	92%	103%	116%	119%
Fire Pensioners	53	51	50	48
Fire Pensioner Dependents	13	13	13	13
<b>Total Participants</b>	66	64	63	61
Cost Per Pensioner	\$19,443	\$19,657	\$18,571	\$17,341
Pensioner Death Benefit Liability (\$1,000)	\$53,000	\$51,000	\$50,000	\$48,000
Long-term Care Paid Directly by City	\$163,600	\$195,328	\$85,204	\$106,130

<b>Base Scenario</b>		
<b>Revenue</b>	<b>Projected 2027</b>	<b>Projected 2028</b>
General Fund Transfers	\$0	\$0
Investment Earnings	\$475,849	\$371,265
Fire Insurance Premium Tax	\$336,677	\$343,411
<b>Total Revenue</b>	<b>\$812,526</b>	<b>\$714,676</b>
<b>Total Expenditures</b>	\$1,283,230	\$1,347,392
<b>Cash and Investment Balance</b>	\$18,563,256	\$17,930,540
<b>Net Pension and OPEB Liability</b>	\$15,556,484	\$15,156,484
<b>Funding Ratio</b>	119%	118%
<b>High Scenario</b>		
	<b>Projected 2027</b>	<b>Projected 2028</b>
Total Revenue (3% Higher)	\$836,902	\$736,116
Total Expenditures (3% Lower)	\$1,244,733	\$1,306,970
<b>Cash and Investment Balance</b>	\$18,626,129	\$18,055,275
<b>Net Pension and OPEB Liability</b>	\$15,556,484	\$15,156,484
<b>Funding Ratio</b>	120%	119%
<b>Low Scenario</b>		
	<b>Projected 2027</b>	<b>Projected 2028</b>
Total Revenue (3% Lower)	\$788,150	\$693,235
Total Expenditures (3% Higher)	\$1,321,727	\$1,387,813
<b>Cash and Investment Balance</b>	\$18,500,384	\$17,805,806
<b>Net Pension and OPEB Liability</b>	\$15,556,484	\$15,156,484
<b>Funding Ratio</b>	119%	117%

Based on current actuarial assumptions, existing assets appear sufficient to meet the Fire Pension Trust Fund's projected pension and OPEB obligations. Future investment earnings and ongoing Fire Insurance Premium Tax revenues are expected to provide additional financial support; however, these factors will be monitored through quarterly financial reviews. Quarterly reviews will include participants in place at that time. If any quarterly review indicates that the Fund's actuarial funding ratio has declined below 115%, staff will notify the City Manager, provide an updated financial analysis, and present recommendations for any necessary corrective action.

### **Policy and Legal Considerations**

The City currently levies property taxes that include a Firemen's Pension component. Because the City continues to incur LEOFF 1 pension-related expenses and the Fire Pension Trust Fund remains active, the levy authority remains available. In addition, RCW 41.16.060(4) allows these levy proceeds to be used for other governmental purposes when pension obligations are adequately funded.

The Firemen Pension Board should be informed of any proposed changes to General Fund transfers; however, the Board does not have authority over General Fund appropriation or transfer decisions.

### **Potential Fiscal Impact**

Temporarily pausing the annual transfer would make approximately \$900,000 per year available within the General Fund for other City priorities or to strengthen the City's overall financial position.

Staff will continue to evaluate the Fire Pension Trust Fund's financial position using updated actuarial valuations, investment performance, and long-term financial forecasts to determine whether future General Fund transfers are warranted.

### **Recommendation**

Staff recommends that the City Manager temporarily pause General Fund transfers to the Fire Pension Trust Fund beginning in the third quarter of 2026 through the end of fiscal year 2028. Staff will review the Fire Pension Trust Fund's actuarial status and long-term obligations quarterly and provide recommendations regarding future General Fund transfers based on the Fund's financial condition. A recommendation pertaining to the General Fund transfers for the 2029–2030 biennium will be presented to the City Manager during the May–June 2028 budget development process.

**COV - Composite Department Budget vs Actuals by Fund**

Period FY 2026 - May

Fund 618 Fire Pension Trust Fund

Ledger Account Expenditures

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0131 HR-Pension Admin	540000:Services	0	0	0	1,191	1,191	(1,191)	0%	0	579	(579)	579	0%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	520000:Employee Benefits	1,400,000	0	0	518,896	518,896	881,104	37%	1,400,000	1,146,057	253,943	511,498	37%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	540000:Services	33,528	0	2,780	10,124	12,904	20,624	38%	33,528	8,930	24,598	7,416	22%
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	590000:Interfund Services	19,162	0	0	8,045	8,045	11,117	42%	13,078	14,410	(1,332)	9,870	75%
<b>Total</b>				<b>1,452,690</b>	<b>0</b>	<b>2,780</b>	<b>538,256</b>	<b>541,036</b>	<b>911,654</b>	<b>37%</b>	<b>1,446,606</b>	<b>1,169,976</b>	<b>276,630</b>	<b>529,363</b>	<b>37%</b>

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**COV - Composite Department Budget vs Actuals by Fund**

Period FY 2026 - May

Fund 618 Fire Pension Trust Fund

Ledger Account Revenues

Fund	Department	Cost Center	Ledger Account	Current Year							Prior Year				
				Budget	Pre-Encumbrance	Encumbrance	Actuals	Actuals + Total Encumbrance	Available Budget	% Spent	Budget	Actuals (Years End)	Variance (Budget - Actual)	Actuals (PTD)	% Spent
618 Fire Pension Trust Fund	Budget - Human Resources	CC0132 HR-Pension Payments	369910:Miscellaneous Other Operating Revenues	0	0	0	(450,000)	(450,000)	450,000	0%	0	(900,000)	900,000	(450,000)	0%
618 Fire Pension Trust Fund		(Blank)	336000:State Shared Revenue, Entitlements & Impact Payments	(281,807)	0	0	(401,441)	(401,441)	119,635	142%	(273,599)	(371,488)	97,890	(371,488)	136%
618 Fire Pension Trust Fund		(Blank)	361110:Investment Earnings	(340,769)	0	0	(317,139)	(317,139)	(23,630)	93%	(431,353)	(759,339)	327,986	(309,453)	72%
618 Fire Pension Trust Fund		(Blank)	361300:Gains (Losses) on Sale of Investments	0	0	0	0	0	0	0%	0	(115,214)	115,214	0	0%
618 Fire Pension Trust Fund		(Blank)	369910:Miscellaneous Other Operating Revenues	(900,000)	0	0	0	0	(900,000)	0%	(900,000)	0	(900,000)	0	0%
<b>Total</b>				<b>(1,522,576)</b>	<b>0</b>	<b>0</b>	<b>(1,168,580)</b>	<b>(1,168,580)</b>	<b>(353,996)</b>	<b>77%</b>	<b>(1,604,952)</b>	<b>(2,146,040)</b>	<b>541,089</b>	<b>(1,130,941)</b>	<b>70%</b>

06/26/2026 06:19 PM stinsona / April Stinson

**Fire Pension Board  
March 2026 - May 2026**

**EXPENSES:**

<b>March</b>	<b>2026 Pensions Paid</b>	<b>\$35,875.53</b>
<b>April</b>	<b>2026 Pensions Paid</b>	<b>\$32,808.41</b>
<b>May</b>	<b>2026 Pensions Paid</b>	<b>\$32,808.41</b>
<b>March</b>	<b>2026 Health Insurance Premiums Paid</b>	<b>\$44,859.62</b>
<b>April</b>	<b>2026 Health Insurance Premiums Paid</b>	<b>\$44,859.62</b>
<b>May</b>	<b>2026 Health Insurance Premiums Paid</b>	<b>\$44,859.62</b>
<b>March</b>	<b>2026 Claims paid by HRPro</b>	<b>\$125.00</b>
<b>April</b>	<b>2026 Claims paid by HRPro</b>	<b>\$6,418.95</b>
<b>May</b>	<b>2026 Claims paid by HRPro</b>	<b>\$25.00</b>
<b>March</b>	<b>2026 Claims paid by CoV</b>	<b>\$5,308.00</b>
<b>April</b>	<b>2026 Claims paid by CoV</b>	<b>\$6,056.65</b>
<b>May</b>	<b>2026 Claims paid by CoV</b>	<b>\$10,923.00</b>
<b>March</b>	<b>2026 HRPro Admin Fees</b>	<b>\$217.25</b>
<b>April</b>	<b>2026 HRPro Admin Fees</b>	<b>\$211.75</b>
<b>May</b>	<b>2026 HRPro Admin Fees</b>	<b>\$211.75</b>
<b>March</b>	<b>2026 Medicare B Reimbursements</b>	<b>\$0.00</b>
<b>April</b>	<b>2026 Medicare B Reimbursements</b>	<b>\$608.70</b>
<b>May</b>	<b>2026 Medicare B Reimbursements</b>	<b>\$5,048.70</b>
<b>TOTAL EXPENSES FOR APPROVAL:</b>		<b>\$271,225.96</b>

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**APPROVAL OF EXPENSES**

The City of Vancouver Fire Pension Board approves the above expenses totaling \$271,225.96 this 6th day of July 2026.



## MEMORANDUM

**DATE:** July 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** Request for Hearing Aids – Claimant A

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Attached for Board review is a request for hearing aid payment for Claimant A. Section III.5 of the Board's Rules and Regulations requires:

*"If a member chooses not to use their Medical Insurance benefits, Board preapproval is required."*

Claimant A is seeking preapproval to use an out-of-network provider for Hearing Aids. The Claimant's current hearing aids are no longer functioning properly and are outside of the three-year warranty.

Section III.5 of the Board's Rules and Regulations states:

*"City of Vancouver requires a "Hearing Aid Application Request Form" to be completed in full by the member and provider. Members must submit the following required documents needed for Board review:*

- a) Documentation:
  - i. Denial of hearing aid coverage from insurance provider or
  - ii. Explanation of Benefits (EOB) and/or
  - iii. Letter from Physician, Audiologist, licensed Hearing Aid Examiner or Hearing Instrument Specialist providing reason for use of an out-of-network provider, and
- b) Quotes from at least two providers, and
- c) Current hearing aid test and hearing aid recommendation from a physician, Audiologists, licensed Hearing Aid Examiner or Hearing Instrument Specialist, and
- d) Hearing aids must have a three-year warranty."

Claimant A has provided one hearing test, three Hearing Instrument Specialist evaluations, three quotes for hearing aids that are adequate for his hearing loss, and a denial of coverage document. All hearing aids have a three-year warranty. Claimant A would prefer to proceed with Vancouver Hearing Aid Center's hearing aid recommendation.

*"The Board will only pay up to the out-of-network limits set forth below based on the specific type of hearing loss.*

---

Out-of-network Hearing Aid Limits for 3-year period:

*Slight to Mild Hearing Loss (16-40dB): \$1800/ear*

*Moderate – Moderately Severe Hearing Loss (41-70dB): \$2500/ear*

*Severe - Profound Hearing Loss (71-90dB): \$3500/ear”*

Claimant A's severity of hearing loss is in the Moderate to Moderately Severe range for both ears. The Board covers \$2,500 for this range, totaling \$5,000.

Harbor Audiology & Hearing Service:

- Phonak Audeo I90 Sphere: \$6,300
- ReSound Vivia 9: \$5,600

Vancouver Clinic:

- Phonak Audeo I90-R RIC: \$7,600

Vancouver Hearing Aid Center

- Phonak Audeo I90 Sphere: \$5,490

**Action Requested**

Consider the request from Claimant A for hearing aids.

CITY OF

# Vancouver

WASHINGTON

## City of Vancouver Human Resources

415 W 6th St - 3rd Floor/P.O. Box 1995 Vancouver, WA

98668-1995

P: 360.487.8403 F: 360.487.8418

Email: [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us)

## Hearing Aid Application Request

(To Be Completed by Member, Family Member or  
Legal Rep - please check one)

Member: [REDACTED]

Name: [REDACTED]

SSN: [REDACTED]

Telephone Number: [REDACTED]

Complete address including zip code: [REDACTED]

[REDACTED]

Pension Board: LEOFF 1

Medical Insurance: Regence MedAdv EGWP

Fire X

Other

## **ADDITIONAL INFORMATION**

What recent **conditions** or events have **occurred** causing you to consider a change in your circumstance? Please be specific.

I continue to be active in the community, including mentoring young men. Background noise is the bane of hearing aids! But technology has changed with the introduction of AI to hearing aid processors. The difference is startling! I believe my hearing aids are nearly six years old and obsolete in comparison with today's technology. Battery life is poor and costs a substantial amount of money to have them sent back to the factory for replacement batteries.

My tinnitus has worsened and interferes with clarity. When asked about hearing loss, I respond: I can hear, I just can't understand and tend to get lost in the conversation, hindering communication!

Until one experiences hearing loss, there isn't an understanding of the marginalization associated with it.

I hereby certify, under the penalty of perjury in the State of Washington, that this application contains no willful misrepresentation, and that the information is true and complete to the best of my knowledge and belief.

Signature: 

Print Name: 

Date: 5/18/2026

Relationship to Member: Self

April Stinson | 360-487-8403 | [April.Stinson@cityofvancouver.us](mailto:April.Stinson@cityofvancouver.us) P.O.  
Box 1995 | Vancouver, WA 98668-1995 | [cityofvancouver.us](http://cityofvancouver.us)



**City of Vancouver Human Resources**  
 415 W 6<sup>th</sup> St – 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

### Physician's Statement

LEOFF I Member Name:

SSN:

Birth Date:

The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Hearing Test Conducted (please check all that apply):

- Pure-tone  
  Bone conduction  
  Speech  
  Auditory brainstem response (ABR)  
 Otoacoustic emissions test (OAE)  
 Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:	Left	Right
Slight Hearing Loss (16 - 25db)	<input type="checkbox"/>	<input type="checkbox"/>
Mild Hearing Loss (26 - 40db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Hearing Loss (41 - 55db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderately Severe Hearing Loss (56 - 70db)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input type="checkbox"/>
Profound Hearing Loss (91+db)	<input type="checkbox"/>	<input type="checkbox"/>

Type of Hearing Loss (please check one):

- Sensorineural  
 Conductive  
 Mixed  
 Other: \_\_\_\_\_

Additional Information (please circle all that apply):

Bilateral	Unilateral
Symmetrical	Asymmetrical
Progressive	Sudden Onset
Fluctuating	Stable

Diagnosis:

H90.3 Sensorineural hearing loss, bilateral

Prognosis:

Well-treatable, ~~is~~ may progressive over time, hearing aids required.

Based on the needs of the patient, I would recommend the following (please be specific):

Binaural hearing aids of high technology with most significant background noise reduction possible. Recommend bilateral earmolds as well for better delivery of sound & prevention of feedback due to severity of hearing loss. Best recommendations:

1. Phonak Audeo 190-Sphere
2. Resound Nivia 9

PROVIDER INFORMATION

Type of Provider (please check one):

Audiologist  Hearing Instrument Specialist  Other: \_\_\_\_\_

Physician's Signature:  Date: 5/14/26

Typed or Printed Name: Zoe Hernandez, AuD. Phone: 360-395-2721

Physical Address, including zip code:

Harbor Audiology  
718 NE 8TH AVE Ste 102  
Vancouver, WA 98664

Mailing Address, including zip code:

Same.

5/12/2026

City of Vancouver Pension Board

RE: Hearing Aid Recommendation and Cost Proposal for [REDACTED]

To Whom It May Concern,

Dr. Zoe Hernandez, Au.D., recently evaluated Mr. [REDACTED] and discussed amplification options based on the patient's degree and type of hearing loss, as well as the significant implications hearing loss have on daily communication and overall quality of life.

Due to the severity of the hearing loss, premium-level hearing aids are strongly recommended to provide optimal benefit. Amplification is medically recommended to improve clarity of speech, assist with tinnitus treatment, enhance speech understanding in noisy environments, and help prevent further auditory deprivation. In addition, custom earmolds are recommended to ensure appropriate fit, retention, comfort, and acoustic performance given the severity of the hearing loss.



The following hearing aid options were discussed:

Option 1: Phonak Audeo I90 Sphere

- Premium-level hearing aids
- 3 years of service and manufacturer warranty included
- Total cost: \$6,300
- Includes a \$1,000 discount

Option 2: ReSound Vivia 9

- Premium-level hearing aids
- 4 years of service and manufacturer warranty included
- Total cost: \$5,600
- Includes a \$1,000 discount

Both systems provide advanced hearing technology designed to maximize speech understanding and communication performance in a variety of listening environments.

Based on the patient's hearing needs and communication difficulties, Dr. Hernandez discussed the Phonak Audeo I90 Sphere as a particularly strong option due to its advanced processing capabilities and suitability for the patient's hearing profile.

Please feel free to contact our office if additional documentation or information is required.

Sincerely,

Rachel Whitaker

Director of Revenue Cycle

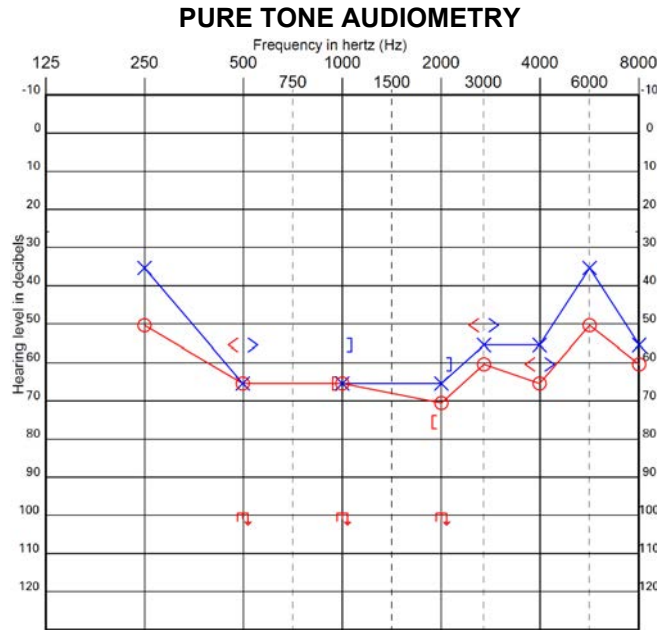
Harbor Audiology & Hearing Service

360-395-2721

[rwhitaker@harboraud.com](mailto:rwhitaker@harboraud.com)

# Hearing Assessment

Patient's Last Name	First Name	Initial	DOB	Age
Address Street	City	State	Zip/Postal code	
Telephone Number Home	Mobile	Work	Date of Service	05/11/2026



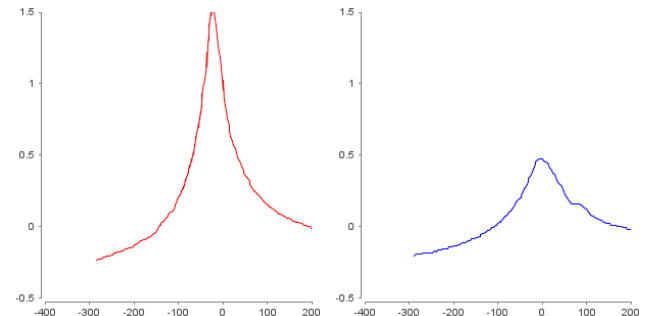
TEST CONFIGURATION				
Audiometer	AvantA2D+			
Calibration	09/03/2025			
Reliability	Excellent			
Transducer	Headphones			
	Air		Bone	
	Unmasked	Masked	Unmasked	Masked
Right	○	△	<	□
Left	×	□	>	□
				No Response

CNT: Could Not Test      DNT: Did Not Test  
 NR: No Response          CNS: Could Not Seal  
 Abs: Absent                Pres: Present  
 WNL: Within Normal Limits      WR: Word Recognition  
 EP: Earphones                SF: Soundfield

TYMPANOMETRY			
Probe frequency	R: 226 L: 226	Right	Left
Type		A	A
Pressure (daPa)		-23	0
Compliance (ml)		1.51	0.48
ECV (ml)		1.18	1.09
Gradient (daPa)			
Width (daPa)			

ACOUSTIC REFLEX / DECAY				
	Cont. R	Cont. L	IPSI R	IPSI L
500 Hz				
1000 Hz				
2000 Hz				
4000 Hz				

**TYMPANOGRAMS** Pressure mm H2O. (R/L)



WORD RECOGNITION. Presentation: Recorded / Word List:						
	dBHL	%	Mask	dBHL	%	Mask
Right				95	48	65
Left				90	76	60
Binaural						

SPEECH AUDIOMETRY. Word List:				
	SRT/SAT	Mask	MCL	UCL
Right	70			
Left	65			
Binaural				

**Impressions and Recommendations:**

Patient was seen today for a hearing evaluation with complaints of needing to upgrade his hearing aids through his pension plan. He reported he is a longtime user of Phonak and is interested in the Phonak Audeo I90-Spheres with use of Real Ear Measurements. Denied otalgia, aural fullness, dizziness. Patient has experience wearing amplification: Phonak M90R RICs with existing Roger devices.

Otосcopy revealed clear canals with visualized tympanic membranes, bilaterally. Tympanometry revealed Type A tympanograms bilaterally, consistent with normal ear canal volume, normal ear drum compliance, and normal middle ear pressure. Pure tone thresholds revealed a mild to moderately-severe cookie bite sensorineural hearing loss, AS, and a moderate to moderately-severe cookie bite sensorineural hearing loss, AD. Speech reception thresholds were in agreement with pure tone average bilaterally. Word recognition scores were fair in the left ear and poor in the right ear. They were obtained using recorded word lists.

Patient was counseled regarding the degree, the type of hearing loss and the implications of hearing loss on communication. Recommend and discussed pursuing a trial with amplification for clarity of speech, tinnitus treatment, improved speech in noise processing, and prevention of auditory deprivation. Recommend custom molds for the patient as well due to his severity of hearing loss. Will submit bid to the City of Vancouver and patient should return for earmold impressions should he be authorized for hearing aids through this office.

718 NE 87th Avenue Suite 102  
Vancouver, WA 98664

Phone: (360)395-2721

Fax: (360)395-2128

**AUDIOLOGY ADULT HISTORY**

NAME: [REDACTED] DATE OF BIRTH: [REDACTED] TODAY'S DATE: 05/11/2026

REFERRING PHYSICIAN: \_\_\_\_\_ HAVE YOU BEEN SEEN BEFORE:  YES  NO

Do you have difficulty hearing?  YES  NO, For how long?

Which Ear?  Right  Left  Both *L better* Is the loss:  Sudden  Gradual  Fluctuating

Do you wear hearing aids?  YES  NO For how long?

Additional Description of Problem: *current aids > 5 yrs.*

**Please check all that apply:**

Sudden Hearing Loss	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Which Ear?	When?
Ear Pain or Fullness	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Which Ear?	Details:
Frequent Ear Infections	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	When was the last?	
Discharge/ Drainage	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please describe:	
Ear Surgery	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please describe:	
Tinnitus (Ringing)	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Which Ear? <i>AU</i>	Details: <i>constant</i>
Sensitivity to Sound	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please describe:	
History of Noise Exposure	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Please describe:	
Family History of Loss	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please describe:	<i>parents later in life</i>
Dizziness or Vertigo	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	Please describe:	

**Medical History, Please check all that apply:**

<input type="checkbox"/> Arthritis	<input type="checkbox"/> Cytomegalovirus (CMV)	<input type="checkbox"/> High Cholesterol	<input type="checkbox"/> Pacemaker
<input type="checkbox"/> Allergy / Sinus Problem	<input type="checkbox"/> Diabetes	<input type="checkbox"/> High/Low Blood Press	<input type="checkbox"/> Parkinson's Disease
<input type="checkbox"/> Alzheimer's / Dementia	<input type="checkbox"/> Genetic Disorder	<input type="checkbox"/> HIV / AIDS	<input type="checkbox"/> Rubella
<input type="checkbox"/> Anemia / Blood Disease	<input type="checkbox"/> Head Injury	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Scarlet fever
<input type="checkbox"/> Anxiety or Depression	<input type="checkbox"/> Headaches / Migraine	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Seizure Disorder
<input type="checkbox"/> Autoimmune Disease	<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Ménière's Disease	<input type="checkbox"/> Stroke
<input type="checkbox"/> Cancer	<input type="checkbox"/> Hepatitis (A,B or C)	<input type="checkbox"/> Measles or Mumps	<input type="checkbox"/> Syphilis
<input type="checkbox"/> Cerebral Palsy	<input type="checkbox"/> Herpes	<input type="checkbox"/> Meningitis	<input type="checkbox"/> TMJ
<input type="checkbox"/> Cleft Palate or Lip	<input type="checkbox"/> High Fever	<input type="checkbox"/> Otosclerosis	<input type="checkbox"/> Thyroid Disorder
<input type="checkbox"/> Tuberculosis	Other: _____		

May 19, 2026

Patient: [REDACTED]  
Date of Birth: [REDACTED]  
Date of Visit: **5/19/2026**

To Whom It May Concern:

Mr. [REDACTED] was seen for hearing evaluation 3/31/26. He reports a history of noise exposure as [REDACTED]. Hearing evaluation revealed Moderate to severe mixed hearing loss bilaterally .

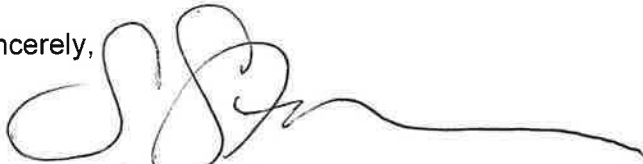
Mr. [REDACTED] reports he's having difficulty hearing the phone lately, needing to turn the volume up which still doesn't improve clarity. He states his current hearing devices are approximately 5 years old and one is in need of repair.

It is my medical opinion that Mr. [REDACTED] is due for new hearing device technology. Following your approval, we would order Phonak Audeo I90-R receiver in the canal hearing devices, which are rechargeable. I plan to see this patient for the fitting of the devices, as well as 6 month follow up visits thereafter to monitor the patient's hearing status and the functionality of the devices.

The cost of the proposed hearing treatment plan would be as follows:  
2 Phonak Audeo I90-R RIC devices with charger and including fitting fees  
Total cost: \$7600.00

If you have any questions or concerns, please don't hesitate to call.

Sincerely,



Susan Stephens, AUD



Type	Date	User	Summary	Attachment
Auth Requested	04/22/2026 9:17 AM	Christina Rider	Benefits 2026	-

Note:

**Insurance verification for H/A's**

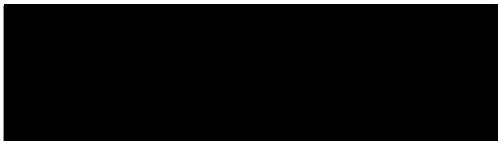
**Insurance Company:** REGENCE BC AND BS OF OR MED ADV/REGENCE MED ADV PPO

**Member ID:** [Redacted]

**Group #:** [Redacted]

**D.O.B:** [Redacted]

**Representatives name:** Availity, Matrix



**Codes to verify:**

V5257 (Monaural BTE)

V5261(Binaural BTE)

V5011 (Fitting Fee)

V5267 (Accessory Device)

**Allowed benefit amount:**

Co-ins (amount insurance will cover): **N/A - TruHearing Only**

Individual Deductible: \$0

Out of pocket: \$0

Total maximum \$ amount: **N/A - TruHearing Only**

**Comments/Specifics: N/A - TruHearing Only**

**Vendor/Distributor Restrictions: Hearing aids are not a covered benefit under this insurance plan. However, patient is eligible for a discount for hearing aids purchased through TruHearing. Please advise patient to go online to [www.truhearing.com](http://www.truhearing.com) or call 855-542-1711 for more information.**

**Call Ref#: -**

 **Communications**

No communications were found.



# Instructions from Susan Stephens, AUD

## HEARING AID CONSULT

Based on your hearing loss, lifestyle and preference the following hearing aid(s) were recommended:

Right: \_\_\_Phonak Audeo I90\_\_\_\_\_

Left: \_\_\_Phonak Audeo I90\_\_\_\_\_

The below prices include the hearing aid, fitting fee of \$150 per ear, all follow-up care/office visits and warranties.

Your cost for hearing treatment depends on insurance coverage, of which you have \_\_\_none\_\_\_, and technology level:

**Dynamic technology** devices are the most adjustable/flexible (~24 fitting bands), most natural sounding and provide the greatest enhancement of speech and reduction of various background noises. The hearing treatment plan with these devices costs: *\$3800 per hearing aid, \$7600 per set (3 year repair warranty/3 year one-time loss and damage warranty)*

**Active technology** devices are adjustable/flexible (~20 fitting bands), slightly less natural sounding, provide good automatic reduction of background noise but will not enhance speech over noise as well. The hearing treatment plan with these devices will cost: *\$2940 per hearing aid, \$5880 per set (3 year repair warranty/3 year one-time loss and damage warranty)*

**Quiet technology** devices are moderately adjustable/flexible (~18 fitting bands), less natural sounding and provide basic automatic reduction of background noise reduction and does not enhance speech over noise. The hearing treatment plan with these devices will cost: *\$2410 per hearing aid, \$4820 per set (2 year repair warranty/2 year one-time loss and damage warranty)*

**Private technology** devices are less adjustable/flexible (~14 fitting bands), less natural sounding and have the most basic automatic reduction of background noise. The hearing treatment plan with these devices will cost: *\$1870 per hearing aid, \$3740 per set (2 year repair warranty/2 year one-time loss and damage warranty)*

**Entry-level technology** devices are the least adjustable/flexible (~12 fitting bands). They are able to correct for hearing loss but have minimal automatic noise management. You will need to adjust the settings manually more often. The hearing treatment plan with these devices will cost: *\$1340 per hearing aid, \$2680 per set (1 year repair warranty/1 year one-time loss and damage warranty)*

By purchasing a hearing aid at TVC, you will have a 60 day trial period, during which you can exchange the hearing aids for other technology or return them for all money back except the fitting/ordering fee of \$150.00 per device (which is included in the prices above). There are no additional fees for exchanging or returning devices.

The total due at the time of the fitting would be: \_\_\_\_\_\$7600.00\_\_\_\_\_

If you are interested in financing, once you pay 50% down on the day of the hearing aid fitting, you can contact the Business Office at 360-397-4040 to establish payment plan candidacy. You can pay in installments over 12-24 months, 0% interest.



**City of Vancouver Human Resources**  
 415 W 6<sup>th</sup> St – 3<sup>rd</sup> Floor/P.O. Box 1995  
 Vancouver, WA 98668-1995  
 P: 360.487.8403 F: 360.487.8418  
 Email: [AprilStinson@cityofvancouver.us](mailto:AprilStinson@cityofvancouver.us)

### Physician's Statement

LEOFF I Member Name: [REDACTED]	SSN: [REDACTED]	Birth Date: [REDACTED]
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The LEOFF I member, as listed above, has applied to the City of Vancouver Pension Board for approval of medical services. Please complete and sign the **PHYSICIAN** section of the form as listed below.

Hearing Test Conducted (please check all that apply):

- Pure-tone  
  Bone conduction  
  Speech  
  Auditory brainstem response (ABR)  
 Otoacoustic emissions test (OAE)  
  Impedance testing (tympanometry and acoustic reflexes)

Severity of Hearing Loss:	Left	Right
Slight Hearing Loss (16 - 25db)	<input type="checkbox"/>	<input type="checkbox"/>
Mild Hearing Loss (26 - 40db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderate Hearing Loss (41 - 55db)	<input type="checkbox"/>	<input type="checkbox"/>
Moderately Severe Hearing Loss (56 - 70db)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Severe Hearing Loss (71 - 90db)	<input type="checkbox"/>	<input type="checkbox"/>
Profound Hearing Loss (91+db)	<input type="checkbox"/>	<input type="checkbox"/>

Type of Hearing Loss (please check one):

- Sensorineural  
  Conductive  
  Mixed  
  Other: \_\_\_\_\_

Additional Information (please circle all that apply):

<input checked="" type="checkbox"/> Bilateral	<input type="checkbox"/> Unilateral
<input checked="" type="checkbox"/> Symmetrical	<input type="checkbox"/> Asymmetrical
<input type="checkbox"/> Progressive	<input type="checkbox"/> Sudden Onset
<input type="checkbox"/> Fluctuating	<input type="checkbox"/> Stable

Diagnosis: the patient presents with a symmetrical moderate-severe flat sensorineural hearing loss. Binaural word Recognition score 80%

Prognosis: proper amplification via hearing aids will allow for significant benefits including improved speech recognition, better engagement in conversation & overall enhanced quality of life.

Based on the needs of the patient, I would recommend the following (please be specific):

I am recommending a pair of Phonar Audio Sphere Interior i90. These hearing aids represent the top-tier technology and includes a 3 year manufacturer warranty and a 60 day trial.

COST \$ 5490<sup>00</sup> for the set

### PROVIDER INFORMATION

Type of Provider (please check one):

Audiologist  Hearing Instrument Specialist  Other: \_\_\_\_\_

<sup>HIS</sup>  
Physician's Signature: Heather L. Dillon

Date: 06-17-2026

Typed or Printed Name Heather L. Dillon

Phone: 360-645-4200

Physical Address, including zip code:

Vancouver Hearing Aid CTR  
11805 NE 99th St. Ste 1350  
Vancouver, WA 98682

Mailing Address, including zip code:

Same



## MEMORANDUM

**DATE:** July 6, 2026  
**TO:** Fire Pension Board  
**FROM:** April Stinson, Pension Board Coordinator  
**RE:** **Discussion of Potential Fire Authority Study**

---

Board members Michael Lyons, Patrick Kelly, and alternate member Gregory Straub have requested a discussion regarding the potential impacts of a Fire Authority study on the City and County LEOFF 1 pension boards, including possible effects on benefits, financing, and the continued existence of the boards.

### **Action Requested**

Discussion only. No official action is required by the Board.