

WICHITA FIREMEN' S RELIEF ASSOCIATION

731 N. MAIN

WICHITA, KS. 67203

(316) 265-0545

Fax: (316) 265-0133

e-mail: [wfra@live.com](mailto:wfra@live.com)

[www.wichitafra.com](http://www.wichitafra.com)

Below is an example of the retirement information you will receive from the WFRA. This is for informational purposes only. Each retiree will receive a tailor made packet when they retire. Please notify the office with your effective date at least two-weeks prior, as we will need time to put together your retirement package.

Thank you,

Firefighter's copy  
 File copy

WICHITA FIREMEN' S RELIEF ASSOCIATION

731 N. MAIN

WICHITA, KS. 67203

(316) 265-0545

Fax: (316) 265-0133

e-mail: [wfra@live.com](mailto:wfra@live.com)

[www.wichitafra.com](http://www.wichitafra.com)

**Retirement Information**

**Member's Name:**

**Address:**

**Email Address:**

**Phone:**

**SSN:** Ending

**Effective Retirement Date:**

**Pension amount if disability retirement:** \_\_\_\_\_NA\_\_\_\_\_

**1. Guidelines for medical bills:**

A. Only Service Connected medical bills which have proper documentation will be paid after retirement. Proper documentation consists of accident reports and a letter from your physician indicating what illness or injury is the result of the discharge of your duties as a firefighter during your career on the Wichita Fire Department

You may have had illnesses such as sinusitis, bronchitis, chest pain, etc. paid as Service Connected before you retired because of your discharge of your duties (exposed to adverse weather, sudden strenuous work, etc.), after you retire if you still suffer from these types of illnesses you must submit a letter from a physician indicating this chronic disability is a result of your duties as a firefighter.

B. Any bills processed shall have been paid by the retiree before it will be accepted for consideration for reimbursement.

C. Prescription co-pays can no longer be charged at *Dillon's*, they must be paid by the retired firefighter and submitted for reimbursement.

D. All medical bills shall be marked by the retired member and/or their physician indicating what Service Connected medical condition it is related to. All paid bills

submitted shall indicate the original charges and any insurance payments and the amount paid by the retired member.

E. According to our Constitution and Bylaws an amount equal to 5% of a top Firefighters pay is the limit allowed for retired members with continued service-connected disabilities.

F. All medical bills will be considered and paid once a month. A schedule of mailing dates is available from the Association Office.

**2. Service Connected Medical List:** Below is a list of injuries and/or illnesses we have either an accident report on or a letter from a physician indicating the ongoing illness or injury was the result of the discharge of your duties as a firefighter during your career on the Wichita Fire Department. Any injury or illness not listed and can be verified by a physician as being service related may also be considered.

*1. A list of your injuries will be entered here. We compile this list from your service-connected injury/accident reports we have in your file*

**3.** Any bills submitted for the items listed in number two may require a letter of verification from a physician indicating the current treatment provided is for an illness and/or injury that occurred during the discharge of your duties as a firefighter.

#### **4. Permanent Life Insurance Information:**

Transamerica Assurance Company is our Life Insurance Company. This is a \$125,000 Permanent Life Insurance policy. When your retirement is effective the Association will transfer ownership of this policy to you. You are then responsible for the deposition of the policy. Premiums on this policy are due every November. *Your policy number is #####.* The surrender cash value of your policy as of *Date* was \$.

Transamerica Assurance Company is our Critical Care Insurance policy holder. When you retire we will also transfer ownership of this policy to you. The policy premium is \$ annually and will not come due again until *Date*. *Your policy number is #####.*

The agent that handles our policies is:

*Pat Hill  
Phone 686-7778  
Coordinated Planning Service  
250 N. Rock Road  
Wichita, Ks. 67218*

Pat will be happy to assist you in deciding your insurance needs after you retire and what would be best for your family with your policies.

#### **5. Retired Firefighters Association:**

A. Our Association will pay the first year's dues for you to the Retired Firefighters Association. After the first year the \$5.00 per year dues is your responsibility. We supply the Retired Firefighter's Association with your name, address, phone number (if available), and your spouse's name.

B. Enclosed is a copy of the Constitution and By-laws of the Retired Firefighter's Association.

**6. Retirement Gift:**

Each member of the Relief Association has a choice of a retirement gift of a \$500.00 check, or a leather presentation helmet.

7. If you have any questions you should contact the Association Office at (316) 265-0545.

\_\_\_\_\_ Your name here \_\_\_\_\_ Date

\_\_\_\_\_ WFRRA Representative \_\_\_\_\_ Date