

PORT HURON POLICE DEPARTMENT POLICY AND PROCEDURAL ORDER

			ORDER NO: 17-04
SUBJECT: Fiscal- Flower Fund			
EFFECTIVE DATE: June 10, 1992	DISTRIBUTION: C	REVIEWED: REVISED:	Annual
REQUIREMENTS:			
ISSUED BY: Chief Joseph A. Platzer		FORMS:	

I. PURPOSE

The purpose of this order is to explain the financial operation and administration of the flower fund.

II. POLICY

The flower fund is a voluntary association, open to all police department employees. Members are assessed annual dues of \$10.00, payable at the start of each calendar year. Members are expected to pay the yearly dues by January 31 of each calendar year. Persons hired during mid-year will be allowed to pay the dues upon hiring. The Supervisor of the Criminal Investigative Division will designate a Treasurer(s).

III. BENEFITS

A. For the purposes of this policy, benefits will be given to the following persons:

1. A member's:
 - a. Parents
 - b. Siblings
 - c. Spouse
 - d. Children
 - e. Parent-in-law
 - f. Son/daughter-in-law

- g. Grandparents
 - h. Grandchildren
 - i. Members of the member's household
 - 2. Retired Department members
- B. The member will have the option of:
 - 1. Flower arrangement
 - 2. Bible
 - 3. A \$25 memorial contribution
 - 4. In case of a serious illness or hospitalization of a beneficiary, a card will be sent.

IV. MEMBERSHIP

- A. Every full time employee of the Port Huron Police Department is eligible for membership.
- B. Dues for the current calendar year will be collected January 1 – January 31.
- C. The employee will remain in good standing as long as the yearly dues are paid.

IV. NOTIFICATION

- A. Eligible members are to notify their immediate supervisor of a death or illness. That supervisor will notify the Chief's office or Treasurer of the fund and forward a copy of the form to the Chief's office.
- B. The supervisor should be aware of the stress the member may be experiencing and assist as much as possible with the notification.
- C. The information needed is: Name of the employee, name of the deceased, relationship, date of death, date and place of funeral, and their benefit selection.
- D. In case of serious illness or hospitalization, the hospital, room number, and nature of illness must be obtained.
- E. The supervisor receiving the notification will complete the Flower Fund Benefit Request form.

VI. BOOK KEEPING

- A. Dues received by the treasurer are to be deposited in a checking account in the name of the Port Huron Police Department Flower Fund.
- B. Annually the treasurer will submit a report to the membership and the Chief of Police giving an account of the fund's activity.
- C. In addition, the fund will be audited annually by a member selected by the Chief of Police.

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PORT HURON POLICE DEPARTMENT FLOWER FUND BENEFIT REQUEST

DATE_____

NAME OF EMPLOYEE_____

NAME OF DECEASED_____

NAME OF ILL PERSON_____

RELATIONSHIP TO EMPLOYEE_____

DATE OF DEATH_____

DATE/TIME OF FUNERAL_____

PLACE OF FUNERAL_____

HOSPITAL ADDRESS/ROOM NUMBER_____

BENEFIT REQUESTED:

FLOWERS: _____

BIBLE: _____ RELIGIOUS FAITH_____

MEMORIAL CONTRIBUTION _____ WHAT ORGANIZATION_____

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