



1 G. SCOTT EMBLIDGE, State Bar No. 121613
 2 RACHEL J. SATER, State Bar No. 147976
 3 KATHRYN J. ZOGLIN, State Bar No. 121187
 4 MOSCONE EMBLIDGE & SATER LLP
 5 220 Montgomery Street, Suite 2100
 6 San Francisco, California 94104-4238
 7 Telephone: (415) 362-3599
 8 Facsimile: (415) 362-2006

9 Attorneys for Plaintiffs Association of Retired
 10 Employees of the City of Stockton, Shelley Green,
 11 Patricia Hernandez, Reed Hogan, Glenn E.
 12 Matthews, Patrick L. Samsell, Alfred J. Siebel,
 13 Brenda Jo Tubbs, and Teri Williams on Behalf of
 14 Themselves and Others Similarly Situated

15 **UNITED STATES BANKRUPTCY COURT**
 16 **EASTERN DISTRICT OF CALIFORNIA – SACRAMENTO DIVISION**

17 In re:

Case No. 12-32118

18 CITY OF STOCKTON, CALIFORNIA,

Chapter 9

19 Debtor.

20 ASSOCIATION OF RETIRED EMPLOYEES
 21 OF THE CITY OF STOCKTON, a nonprofit
 22 California corporation, SHELLEY GREEN,
 23 PATRICIA HERNANDEZ, REED HOGAN,
 24 GLENN E. MATTHEWS, PATRICK L.
 25 SAMSELL, ALFRED J. SIEBEL, BRENDA
 26 JO TUBBS, TERI WILLIAMS, on Behalf of
 27 Themselves and Others Similarly Situated,

Adv. No.

DECLARATION OF RICK RAGSDALE
IN SUPPORT OF APPLICATION FOR
TEMPORARY RESTRAINING ORDER
OR RELIEF FROM STAY

28 Plaintiffs,

vs.

CITY OF STOCKTON, CALIFORNIA,

Defendant.

1 I, Rick Ragsdale, declare:

2 1. I have personal knowledge of the facts set forth in this declaration and, if called as
3 a witness, I could and would testify competently to these facts under oath.

4 2. I was born on July 12, 1952 and am 59 years old. I live at 1109 Oak View Drive,
5 Ione, California.

6 3. I was hired by the City of Stockton in May of 1984 and retired in July of 2005 as
7 a Police Officer.

8 4. My spouse is my dependent on the City's Health Plan. I am not sure whether or
9 not my spouse and I will qualify for Medicare.

10 5. My PERS retirement check is \$3323 and my annual income is \$73,461.

11 6. I am informed and believe the City has adopted a monthly premium for retiree
12 health benefits. If required to pay this premium to receive City Health Plan benefits, even with a
13 \$150 subsidy that has been offered by the City for one year, my premium would be \$1426.66
14 monthly and \$17,119.92 annually. That represents 23% of my income.

15 //
16 //
17 //
18 //
19 //
20 //
21 //
22 //
23 //
24 //
25 //
26 //
27 //
28 //

1 7. I am insulin dependent as a Type 1 diabetic, requiring an insulin pump and
 2 continuous glucose monitor. The estimated annual cost, if not insured, for equipment and
 3 prescriptions is \$19,430. Since I am not eligible for Medicare at this time, and may not be if I do
 4 not have enough quarters, losing my health insurance with the City would be catastrophic for me.

5 I declare under penalty of perjury under the law of the United States of America that the
 6 foregoing is true and correct and that this declaration was executed in Ione, California, on
 7 June 23, _____, 2012.

8
 9
 10 
 11 RICK RAGSDALE

8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28