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 7 Employees of the City of Stockton, Shelley Green,
 8 Patricia Hernandez, Reed Hogan, Glenn E.
 Matthews, Patrick L. Samsell, Alfred J. Siebel,
 Brenda Jo Tubbs, and Teri Williams on Behalf of
 Themselves and Others Similarly Situated

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 10 **UNITED STATES BANKRUPTCY COURT**
 11 **EASTERN DISTRICT OF CALIFORNIA – SACRAMENTO DIVISION**

12 In re:
 13 CITY OF STOCKTON, CALIFORNIA,
 14 Debtor.

Case No. 12-32118
 Chapter 9

15 ASSOCIATION OF RETIRED EMPLOYEES
 16 OF THE CITY OF STOCKTON, a nonprofit
 17 California corporation, SHELLEY GREEN,
 18 PATRICIA HERNANDEZ, REED HOGAN,
 19 GLENN E. MATTHEWS, PATRICK L.
 SAMSELL, ALFRED J. SIEBEL, BRENDA
 JO TUBBS, TERI WILLIAMS, on Behalf of
 Themselves and Others Similarly Situated,

Adv. No.
 DECLARATION OF DELIA
 FERNANDEZ IN SUPPORT OF
 APPLICATION FOR TEMPORARY
 RESTRAINING ORDER OR RELIEF
 FROM STAY

20 Plaintiffs,
 21 vs.
 22 CITY OF STOCKTON, CALIFORNIA,
 23 Defendant.

1 I, Delia Fernandez, 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 October 4, 1951 and am 60 years old. My address is 12678
5 Memorial Way #1034, Moreno Valley, California 92553.

6 3. I was hired by the City of Stockton in July of 1970 and retired in December 2009
7 as a Library Aide II.

8 4. I have no dependents on the City Health Plan and am not eligible for Medicare.

9 5. My CALPERS retirement check is \$2065.00. My annual net income is
10 \$24,780.00.

11 6. I am informed and believe the City has adopted a monthly premium for retiree
12 health benefits. If I were required to pay the City's premium for the City's Health Plan, even
13 with the City's \$450 per month subsidy, my premium would cost \$425.92 monthly, or \$5,111.04
14 annually, which would constitute 21% of my entire income.

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7. Since my entire annual net income is only \$24,780.00, paying these new health care costs would leave me only \$19,668.96 for my annual income. Divided up into monthly installments, that would leave me approximately \$1639.08 on which to live each month after paying for my health care benefit.

8. Since my retirement I have been hospitalized twice for life-threatening situations. In 2010 I suffered a blood infection with side effects including renal failure and an equilibrium balance problem. I was in a convalescent hospital and had in-home health care for two months. In 2011 I again had renal failure. I have had major and chronic illnesses including heart attack, congestive heart failure, pulmonary embolism, diabetes, neuropathy, sleep apnea, and asthma. I take 13 medications and use the following medical equipment: walker, wheelchair, hospital bed, sleep apnea machine, oxygen machine, and bath chair for the tub. Since I am not eligible for Medicare, if I lose my City Health Plan I will no longer have any medical insurance since with my many pre-existing conditions and medical history, no insurance company would accept me. This would be catastrophic for me.

I declare under penalty of perjury under the law of the United States of America that the foregoing is true and correct and that this declaration was executed in Moreno Valley, California, on June 24, 2012.



DELIA FERNANDEZ