

Board case nets felony arrests

Acting on information obtained by Nevada State Contractors Board investigators, the Douglas County Sheriff's Department recently arrested two men – a father and son – on felony charges for contracting without a license. Sheriff's deputies arrested Scott Hunter Coleman on March 23 during a routine traffic stop.

The NSCB advised the sheriff's office of an outstanding warrant on Coleman's father, Irving "Dale" Coleman, and with their assistance Coleman was taken into custody on March 24.

"The Board's strong cooperative relationship with the state's law enforcement agencies was again instrumental in capturing these suspects," said NSCB Executive Officer Margi Grein. "It is especially gratifying to bring to justice unlicensed contractors who prey on Nevada's seniors. We appreciate the Douglas County Sheriff's Department for recognizing unlicensed contracting as a



IRVIING "DALE" COLEMAN

serious crime that harms legitimate businesses and can have devastating financial effects on victims."

The arrests culminate an eight month NSCB investigation. Acting on a complaint received on July 21, 2014, Board investigators discovered that the Colemans, identifying themselves as "Coleman and Sons Plumbing," submitted a bid to install an air conditioner



SCOTT HUNTER COLEMAN

at the home of the 72-year-old alleged victim. The homeowner paid the Colemans \$2000. After obtaining money from the homeowner, it is alleged the Colemans never returned to perform the work.

The Board's findings were submitted to the Carson City District Attorney's Office, and warrants were issued for Irving Coleman and Scott Coleman for engaging in business or submitting a bid without a contractor's license, a violation of Nevada Revised Statute (NRS) 624.700, and diversion of funds, NRS 624.750(3)(b) and (4)(b), a felony.

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Fund protects homeowners

Nevada's Residential Recovery Fund protects Nevada homeowners who suffer damage or financial loss from work performed by a licensed Nevada contractor. Owners of single-family residences who contract with residential contractors for the performance of any construction, remodeling, repair or improvement are eligible for reimbursement from the fund, so long as the homeowner and the work meet certain criteria:

- The work must be performed on a single-family residence; condominiums are not eligible.
- The owner must occupy the residence; rental properties are not eligible.
- The claimant must prove that the loss resulted from the conduct of a licensed contractor.
- The Residential Recovery Fund is not available to homeowners who hire unlicensed contractors, or who do not live in single-family residences.

WHO PAYS FOR THE FUND?

All licensed contractors and sub-contractors who engage in residential construction pay a semi-annual assessment into the Residential Recovery Fund.

IS ANYONE INELIGIBLE?

Claims may not be filed by a spouse of a licensee or a personal representative of the spouse or a person associated in a business relationship with the licensee other than the contract at issue, or if the license was suspended or revoked pursuant to NRS 624.300 at the time of the contract.

CAN A CLAIM BE SUMMARILY REJECTED?

Claims that are automatically denied by the Executive Officer and will not be considered by the Board include a false or altered document; a document, billing, receipt or estimate that is found to include an enhancement, improvement, upgraded services or materials or work or repairs

that are outside the scope of the original contract.

IS THERE A TIME LIMIT FOR FILING?

You must file a complaint with the Board within four (4) years after the completion of work. If you have obtained a judgment from a Nevada court, you may apply to the Board for payment within two (2) years from the date the judgment was granted.

WHAT HAPPENS AFTER I FILE A CLAIM?

Once a claim has been received, Board staff will open a file. The contractor will be provided with copies of documents you have provided to the Board. Board staff will contact you and conduct an investigation to determine if the claim meets requirements for reimbursement set forth in Nevada Revised Statutes. Once a claim is investigated and validated, it will be assigned to the next available Residential Recovery Fund Committee hearing date. You will be given at least 30 days' notice before the hearing. The Board will then schedule and conduct a public hearing on the claim. Board staff will present your claim, and you may provide supporting testimony to the Committee members.

You should contact your case investigator prior to the hearing date and discuss your claim and staff recommendations prior to making your decision to attend the hearing.

If you do not attend the hearing, you may call the Residential Recovery Fund Administrative Assistant at: (702) 486-1138 and obtain the results of the Committee meeting.

IS THERE A LIMIT ON PAYMENTS?

The law provides that the maximum amount paid for a claim against the Recovery Fund cannot exceed \$35,000.

For a more complete discussion of the Residential Recovery Fund, visit http://www.nvcontractorsboard.com/pdfs/Brochures/Recovery_Fund_May2012_FINAL.pdf for the brochure.

SENIORS CAN STOP SCOUNDRELS AND SCAMS

FINANCIAL FRAUD CAN BE DIFFICULT TO RECOGNIZE. THIS TYPE OF FRAUD CAN INCLUDE IDENTITY THEFT, FAKE CHECK AND WIRE TRANSFER SCAMS, INVESTMENT AND CREDIT CARD FRAUD, AND BOGUS ONLINE CHARITABLE SOLICITATIONS. UNFORTUNATELY, ONLY ONE IN FIVE OF THESE CRIMES IS REPORTED.

- ✓ It's shrewd, not rude to hang up on a suspicious telemarketer.
- ✓ Don't give personal information to people you don't know unless you initiated the contact.
- ✓ Don't let yourself get pressured into a verbal agreement or signing a contract.
- ✓ Be skeptical of online charitable solicitations and other online offers. If interested, ask to receive the information in the mail and check to be sure the company is legitimate.
- ✓ Never agree to pay for products or services in advance.
- ✓ Get estimates and ask for references on home repair offers and other products or services.
- ✓ If you suspect fraud, contact your local law enforcement agency immediately.



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To learn more about protecting yourself from financial fraud, visit www.ncpc.org



BJA
Bureau of Justice Assistance
U.S. Department of Justice



NATIONAL
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Budgeting for healthcare costs crucial

Alexandria, VA - It's possibly the biggest challenge for people planning retirement — budgeting for the cost of health changes as we age, warns The Senior Citizens League (TSCL). Careful planning is critical, because healthcare takes a significant chunk of most retirees' Social Security benefits right from the start. "But that chunk grows bigger as people's health declines with age," says TSCL Chairman, Ed Cates.

TSCL cites the following example of how healthcare costs can balloon when a new health condition is discovered. "In one case that we know of, a healthy individual, who turned age 59 in 2010, spent \$3,348 in health insurance premiums that year and \$201 in annual out-of-pocket costs," says Cates. "Early the following year the patient's doctor discovered a wheeze and referred the patient to a pulmonologist. In 2011, the patient's premiums had jumped 18 percent to \$3,948, and out-of-

pocket costs were \$1,004 — five times the out-of-pocket costs of 2010. But by 2014 the patient spent \$4,164 on premiums, 24 percent more than 2010, and a total of \$5,867 out-of-pocket, more than 28 times the amount spent in 2010," Cates says.

"Bottom line? Premiums and out of pocket costs jumped 183% in just four years," Cates notes. "And unfortunately there's nothing unusual about this case — it's all too typical," he adds. "There is some good news. This individual should see significantly lower premium costs next year, once 65 and starting Medicare," Cates observes. "But further changes in health could mean similar rounds of rising out-of-pocket costs," he warns.

Growth in healthcare costs occurs two ways. In addition to healthcare cost growth due to age changes, healthcare costs also grow several times faster than overall inflation and annual Social Security cost-of-

living adjustments. That takes a growing share of Social Security income over the course of retirement. According to the 2014 Medicare Trustee's report, in 1970, shortly after the start of Medicare, average Part B benefits were only one-twelfth the amount of average Social Security benefits. But Medicare costs today often consume up to half a retiree's Social Security benefit.

According to a recent annual survey by TSCL, 58 percent of respondents said that they spent 11 to 33 percent of their Social Security benefits on healthcare costs in 2013. Another 18 percent said they spent from 34 to 50 percent of their Social Security on healthcare. "With the average Social Security retirement benefit at \$1,100 per month, that means about one in five Social Security recipients will spend between \$375 — \$550 per month for Medicare premiums and other out-of-pocket costs this year," Cates says.

Contact The Contractors Board!

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