

RESOLUTION #18-0129-07

WHEREAS, Liberty Township Board of Trustees approved a Short Term Disability Insurance program on January 26, 2004 and the minutes from that meeting document the terms of the program were to provide benefits for those injuries and illnesses which occur outside of employment with Liberty Township, and

WHEREAS, approved Resolution #10-1004-12 converts the Short Term Disability Insurance program to an optional payroll deduction insurance program for employees represented by the IAFF and/or the USW collective bargaining agreements, per USW bargaining unit contract 31 and IAFF bargaining unit contract Article 37, and

WHEREAS, in regards to optional payroll deductions, IAFF contract Article 37 and USW contract Article 31 state, "...The decision to consent to the request, or not, shall be at the sole discretion of the...and at the sole discretion of the Fiscal Officer..."; the IAFF Article 37 further states that the vendor providing the services for this optional payroll deduction is "...chosen by the local membership..."

THEREFORE, BE IT RESOLVED, BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY that per the language of the IAFF and USW Collective Bargaining Units, Article 37 and Article 31 respectively, the Township authorizes an optional payroll deduction to continue for Standard Life Insurance to provide Short Term Disability Insurance Coverage,

BE IT FURTHER RESOLVED, as it is a Liberty Township sponsored policy and consent for the program is at the sole discretion of the Fiscal Officer, Liberty Township enters into a contract effective February 1, 2018 for an optional payroll deduction (employee paid), Short Term Disability Insurance program with benefits the same as and compliant to the those approved in 2004 as no other contracts and/or terms have been since approved.

Motion made by Melanie Leneghan and seconded by Mike Gemperline
Vote: NP Mrs. Eichhorn yes Mr. Gemperline yes Mrs. Leneghan

This Resolution shall be in force and become effective immediately upon its execution.

01-29-2018

Date

Melanie Leneghan
Melanie Leneghan, Trustee

CERTIFIED BY:

Nancy Denutte
Nancy Denutte, Fiscal Officer

Mike Gemperline
Mike Gemperline, Trustee

--not present--
Shyra Eichhorn, Trustee

RESOLUTION #10-1004-12

Converting the Short Term Disability Insurance to a voluntary program

WHEREAS, Liberty Township has recently renegotiated benefits with one union and intends to be consistent in the benefits offerings with other employees by converting the Short Term Disability program to a voluntary opt-in program, and

WHEREAS, Liberty Township issued notice in November last year and again early this year of its' intent to change the program and discontinue the payments for the Short Term Disability program which would be in the best interests of the Township financially since these benefits are deemed to be duplicative to sick leave, and

WHEREAS, October payments have been made for the program for all employees and the one union is in the collective bargaining process,

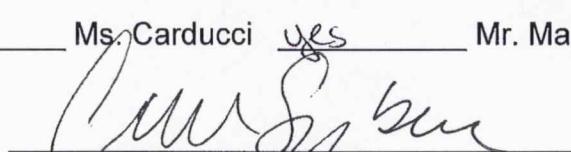
THEREFORE, BE IT RESOLVED, BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY that the Short Term Disability insurance program is converted from an employer paid program to a opt-in insurance program for all "Administrative group" employees and the employees represented by the fire collective bargaining unit effective this month with no further payments to be made by the Township, and the Road and Park Department employees represented by the Steelworkers will continue to have premiums paid for by the Township until that bargaining process resolves the matter, and

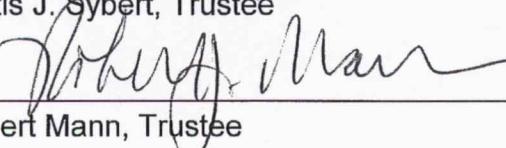
BE IT FURTHER RESOLVED, the brokers shall assist in the sign up process and staff and the broker shall advise employees of their pre-tax and post-tax options and the impact on their premiums and benefits.

Motion made by Sybert and seconded by Mann.

Vote: yes Mr. Sybert NP Ms. Carducci yes Mr. Mann

10/4/10
Date


Curtis J. Sybert, Trustee


Robert Mann, Trustee

CERTIFIED BY:

Mark S. Gerber, Fiscal Officer

Mary Carducci, Trustee

Liberty Township

Delaware County, Ohio

Board of Trustees

10104 Brewster Lane, Suite 125

Powell, OH 43065

Trustees

Peggy Guzzo
Robert J. Mann
Curtis J. Sybert

Administrator

David Anderson
740-938-2000

Fire Chief

Timothy Jensen
740-938-2021

Park Dept.

Andy Curnode
740-881-5432

Road Dept.

John Walkup
740-938-2015

Zoning Dept.
Holly Foust
740-938-2010

IAFF Local 3754
Liberty Township
7761 Liberty Road
Powell, OH 43065

To the IAFF Local 3754,

Please be advised the Liberty Township Board of Trustees has advised me that it will consider the termination of the short term disability insurance coverage currently offered to Township employees including the members of the collective bargaining unit. As required by Article XXV, Section 2, of the collective bargaining agreement, you are hereby notified of the intention of the Board to consider this action not less than 45 days following the date of this correspondence. The Township intends to explore this option through the insurance advisory committee, which shall forward its recommendation to the Board of Trustees within 45 days. As you are aware, the Board may consider but shall not be bound by that recommendation as the determination of what insurance benefits are provided Township employees is entrusted to the sole and absolute discretion of the Trustees.

Should you have any questions or concerns regarding this issue please do not hesitate to contact me. Best regards.

Sincerely,



David Anderson
Township Administrator

DA/plm

Cc: Board of Trustees
Insurance Advisory Committee
Craig Paynter, Chester, Willcox & Saxbe

Fiscal Officer
Mark S. Gerber, Ph.D.
740-938-2007

ARTICLE 37 OPTIONAL PAYROLL DEDUCTIONS

A Member may submit written, signed requests for optional payroll deductions to the Fire Chief for approval. Upon approval of the Fire Chief, and with the consent of the Fiscal Officer, the Fiscal Officer shall be permitted to make the payroll deductions called for and to pay those deductions to the indicated recipient(s). The decision to consent to the request, or not, shall be at the sole discretion of the Fire Chief and at the sole discretion of the Fiscal Officer, whose decisions shall be final and not grievable or appealable. Notwithstanding the foregoing, one additional payroll deduction can be taken out of a Member's check for supplemental insurance provided by the vendor chosen by the local membership. A Member may submit written, signed request for optional payroll deduction to the Fire Chief. The Fiscal Officer shall be permitted to make the payroll deduction called for and to pay the deduction to the indicated recipient.

I.A.F.F.

ARTICLE 31. OPTIONAL PAYROLL DEDUCTIONS

An Employee may submit written, signed requests for optional payroll deductions to the Administrator for approval. Upon approval of the Administrator, and with the consent of the Fiscal Officer, the Fiscal Officer shall be permitted to make the payroll deductions called for and to pay those deductions to the indicated recipient(s). The decision to consent to the request, or not, shall be at the sole discretion of the Administrator and at the sole discretion of the Fiscal Officer, whose decisions shall be final and not grievable or appealable.

U.S.W.

STANDARD INSURANCE COMPANYGroup Underwriting & Policy Issue Case Control
900 SW Fifth Ave. Portland, OR 97204-1282

Please type or print.

**Application for Group Insurance
For Use in AR, CO, DC, KY, LA, ME, NJ, NM, OH, PA.****REQUESTED EFFECTIVE DATE**

2/1/04

APPLICANT — Full Legal Name of Group (Exactly as it is to be shown in the policy.)*Liberty Township*Street Address *7761 LIBERTY RD*City *Powell*State *OHIO*Zip Code *43065*Phone Number *(740) 881-4467*FAX Number *(740) 881-5431*Group Contact *John Bernans*Contact's Title *Administrator*

Contact's Phone No. if different ()

Contact's FAX No. if different ()

Nature of Business *Township Government***INSURANCE COVERAGE REQUESTED**

<input type="checkbox"/> Life Only	<input type="checkbox"/> Supplemental Life	<input type="checkbox"/> Dental/Employees	<input type="checkbox"/> LTD
<input type="checkbox"/> Life & AD&D	<input type="checkbox"/> Additional Life	<input type="checkbox"/> Dental/Employees and Dep(s)	<input checked="" type="checkbox"/> STD
<input type="checkbox"/> Dependent Life	<input type="checkbox"/> Stand Alone AD&D	<input type="checkbox"/> Dental/Orthodontia	

OTHER INSURANCE

A. Does this insurance supplement other insurance? Yes No

If yes, specify for each line of coverage and Insurance Carrier: *Health- Anthem EC/BS, DENTAL-Delta Dental,**Vision-VSP, Life Ins.-Anthem Life*

B. Does this insurance replace existing insurance? Yes No

If yes, specify for each existing line of coverage: *Replace Existing Standard Ins. LTD policy*

- Please submit a copy of each in force policy, certificate or plan document.

Effective date of Prior Plan: *2/1/04* Termination date of Prior Plan: *2/1/04***ACTIVE WORK REQUIREMENT:** A person must meet an Active Work requirement to become insured. Will all proposed insureds meet the Active Work requirement? Yes No (Does not apply to Dental.)**APPLICANT AGREES THAT: I hereby apply for Group Insurance as provided in the attached proposal.**

The above information is true and correct to the best of the Applicant's knowledge and belief. It forms the basis for this request for group insurance.

If the requested insurance is acceptable to Standard Insurance Company under its current rules and practices and is legally permissible, a Group Policy will be issued in the language customarily used by Standard. It will be effective on the date determined by Standard. No agent or broker has the authority to guarantee the acceptability of the requested insurance.

Standard may issue separate Group Policies if more than one coverage is requested in this Application. The insurance, if approved, will be subject to Standard Insurance Company's usual underwriting requirements, including the exclusions and limitations in the Group Policy and, if applicable, Evidence Of Insurability. The effective date of insurance for which a person is required to submit satisfactory Evidence Of Insurability will be determined in accordance with the terms of the Group Policy, subject to the Active Work requirement. No premiums will be collected or paid by the Applicant for such insurance until notification of approval.

No material describing coverage under the Group Policy will be distributed by the Applicant to any person to be insured without the prior written consent of Standard Insurance Company.

Premium rate quotations were based on data submitted to Standard. Final premium rates will be determined by the actual composition of the group.

The consideration for any Group Policy which may be issued is this Application and the payment of premiums. Payment of premium after receipt of the Group Policy is acceptance of the terms of the Group Policy.

This Application, including the attached proposal, is made a part of the Group Policy.

I acknowledge that I have read and understood the Fraud Notice on the back of this form.

Marcia Rush
Signature and Title of Applicant's Authorized Representative*Rollie J. Bernans*
Signature of Witness

1/26/04

Frank Hahn
Signature of Licensed Agent (where required by law)

Date

License #

(Must be signed prior to the requested date.)

Initial Deposit \$ *962.00*