

RESOLUTION #17-0403-03

Amending Resolution #17-0306-03 and #17-0320-03: Authorizing the Township Cash Payment in lieu of benefits program

***WHEREAS**, Resolution #17-0320-03 which was approved by the Board of Trustees approving the Payment in Lieu program included attachments which listed incorrect benefit amounts, and*

***WHEREAS**, below is the correct Resolution in its' entirety with the only change being the amounts listed on the attachments.*

WHEREAS, Ohio Revised Code 505.603(A) authorizes the Township to provide health benefits to its officers and employees through a cafeteria plan that meets the requirements of section 125 of the Internal Revenue Code of 1986.

WHEREAS, the Township has established such a cafeteria plan as permitted by Ohio Revised Code 505.603(A).

WHEREAS, Ohio Revised Code 505.603(A) authorizes a township to adopt a policy authorizing an officer or employee to receive a cash payment in lieu of a benefit otherwise offered to township officers or employees but only if the cash payment does not exceed twenty-five per cent of the cost of premiums or payments that otherwise would be paid by the board for benefits for the officer or employee under an offered policy, contract, or plan.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO THAT:

1. The Township shall continue to provide a cash payment to officers and employees who opt-out of the township's health benefits;
2. The cash payments in lieu of benefits provided to officers and employees who opt out of the township's health benefits shall be governed by Ohio Revised Code 505.603(A). The Township is not providing an out-of-pocket premium-reimbursement program under Ohio Revised Code 505.60(D).
3. Pursuant to Ohio Revised Code 505.603(A), the cash payment issued to officers and employees who opt-out of the township's health benefits shall not exceed twenty-five per cent (25%) of the cost of premiums or payments that otherwise would be paid by the board of trustees for benefits for the officer or employee under an offered policy, contract, or plan.
4. Further, no cash payment in lieu of a benefit shall be made to officers and employees who opt-out unless the officer or employee first signs a statement affirming that the officer or employee is covered under another health insurance or health care policy, contract, or plan in the case of a health benefit, or a life insurance policy in the case of a life insurance

benefit, and setting forth the name of the employer, if any, that sponsors the coverage, the name of the carrier that provides the coverage, and an identifying number of the applicable policy, contract, or plan. See R.C. 505.603(A)

5. The Township shall administer its payment in lieu/opt-out incentive so as to ensure compliance with the ACA and applicable IRS regulations regarding same.
6. The terms and conditions of this resolution shall apply to all employees and elected officials except where prohibited by law.
7. The Fiscal Officer is authorized to notify impacted employees of the change and to make the necessary adjustments upon the effective date of this Resolution.
8. This will not be effective with IAFF or USW member employees until an Memorandum of Understanding or other form of agreement is agreed upon and approved by the unions and the Township; until that time, the attached Payment-in-Lieu form shall be used for all IAFF and USW member employees.

Motion made by Leneghan and seconded by Eichhorn.

Vote: Yes Mrs. Eichhorn Yes Mrs. Leneghan Yes Dr. Mitchell

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

4-3-2017

Date

Melanie Leneghan
Melanie Leneghan, Trustee

Dr. Thomas Mitchell
Dr. Thomas Mitchell, Trustee

CERTIFIED BY:

Nancy Denutte
Nancy Denutte, Fiscal Officer

Shyra Eichhorn
Shyra Eichhorn, Trustee

2017-2018

Union Members

MEMORANDUM

TO: Firefighters and USW Employees

FROM: Liberty Township Fiscal/Administrative Offices

EFFECTIVE 4/1/2017

RE: Medical Insurance Cash in Lieu per the union contracts

Liberty Township has medical insurance through Anthem, which will renew April 1, 2017. Liberty gives any employee who has other coverage available to them, payment in lieu of medical insurance, if they elect to take that coverage and drop the Liberty medical plan. You are also eligible for payment in lieu of medical insurance if your dependents take other coverage, instead of Liberty insurance. **You must provide documentation that you and/or your dependents are covered on a group plan elsewhere. You will not be eligible for the payment in lieu if you are not covered under a group plan.**

Below is a list of corresponding payment-in-lieu amount. **Please select the appropriate coverage, sign and return (via email is appropriate) to the Fiscal Office.**

	Annual	Bi-Weekly
<input type="checkbox"/> Waive Employee Only Coverage	\$3285.10	\$126.35
<input type="checkbox"/> Waive Employee & Spouse Coverage	\$7220.46	\$277.71
<input type="checkbox"/> Waive Employee & Child(ren) Coverage	\$5545.44	\$213.29
<input type="checkbox"/> Waive Family Coverage	\$10141.04	\$390.04
<input type="checkbox"/> Employee Only Waiving Spouse	\$3935.36	\$151.36
<input type="checkbox"/> Employee Only Waiving child(ren)	\$2260.44	\$86.94
<input type="checkbox"/> Family Waiving Spouse & Children	\$6855.94	\$263.69
<input type="checkbox"/> Family Waiving Child(ren)	\$2920.58	\$112.33
<input type="checkbox"/> Family Waiving Spouse	\$4595.50	\$176.75
<input type="checkbox"/> I have no other coverage available and would like to keep my coverage as is.		
<input type="checkbox"/> I would like to add/remove myself and/or dependents from/to the policy (complete this form).		

I, _____ (employee name) have elected the above coverage and have attached the proof of coverage. I also understand that if I drop my coverage I cannot change my election without a qualifying event (i.e., loss of other coverage).

Employee Signature

Date

Fiscal/Administrative Office Signature

Date

2017-2018

Liberty Non-Union Employees

MEMORANDUM

TO: All Liberty Non-Union Employees

FROM: Liberty Township Fiscal/Administrative Offices

EFFECTIVE 4/1/2017

RE: Medical Insurance Cash in Lieu per ORC 601.03

Liberty Township has medical insurance through Anthem, which will renew April 1, 2017. Liberty gives any employee who has other coverage available to them, payment in lieu of medical insurance, if they elect to take that coverage and drop the Liberty medical plan. You are also eligible for payment in lieu of medical insurance if your dependents take other coverage, instead of Liberty insurance. **You must provide documentation that you and/or your dependents are covered on a group plan elsewhere. You will not be eligible for the payment in lieu if you are not covered under a group plan.**

Below is a list of corresponding payment-in-lieu amount. **Please select the appropriate coverage, sign and return (via email is appropriate) to the Fiscal Office.**

	<u>Annual Payment</u>	<u>Bi weekly Payment</u>	<u>Monthly Payment</u>
___ Waive Employee Only Coverage	\$1314.04	\$50.54	\$109.50
___ Waive Employee & Spouse Coverage	\$2888.08	\$111.08	\$240.68
___ Waive Employee & Child(ren)Coverage	\$2218.06	\$85.31	\$184.85
___ Waive Family Coverage	\$4056.52	\$156.02	\$338.03
___ Employee Only Waiving Spouse	\$1574.30	\$60.55	\$131.18
___ Employee Only Waiving child(ren)	\$904.28	\$34.78	\$75.35
___ Family Waiving Spouse & Child(ren)	\$2742.48	\$105.48	\$228.53
___ Family Waiving Child(ren)	\$1168.18	\$44.93	\$97.35
___ Family Waiving Spouse	\$1838.20	\$70.70	\$153.19

___ I have no other coverage available and would like to keep my coverage as is.

___ I would like to add/remove myself and/or dependents from/to the policy (complete this form).

I, _____ (employee name) have elected the above coverage and have attached the proof of coverage. I also understand that if I drop my coverage I cannot change my election without a qualifying event (i.e., loss of other coverage).

Employee Signature

Date

Fiscal/Administrative Office Signature

Date

Correction
made
3/27/2017

RESOLUTION #17-0320-03

Amending Resolution #17-0306-03: Authorizing the Township Cash Payment in lieu of benefits program

***WHEREAS**, Resolution #17-0306-03 which was approved by the Board of Trustees did not address the payment in lieu options available to the IAFF and USW member employees, and*

***WHEREAS**, below is the correct Resolution in its' entirety with the addition of Article 8, which shall supersede Resolution #17-0306-03.*

WHEREAS, Ohio Revised Code 505.603(A) authorizes the Township to provide health benefits to its officers and employees through a cafeteria plan that meets the requirements of section 125 of the Internal Revenue Code of 1986.

WHEREAS, the Township has established such a cafeteria plan as permitted by Ohio Revised Code 505.603(A).

WHEREAS, Ohio Revised Code 505.603(A) authorizes a township to adopt a policy authorizing an officer or employee to receive a cash payment in lieu of a benefit otherwise offered to township officers or employees but only if the cash payment does not exceed twenty-five per cent of the cost of premiums or payments that otherwise would be paid by the board for benefits for the officer or employee under an offered policy, contract, or plan.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO THAT:

1. The Township shall continue to provide a cash payment to officers and employees who opt-out of the township's health benefits;
2. The cash payments in lieu of benefits provided to officers and employees who opt out of the township's health benefits shall be governed by Ohio Revised Code 505.603(A). The Township is not providing an out-of-pocket premium-reimbursement program under Ohio Revised Code 505.60(D).
3. Pursuant to Ohio Revised Code 505.603(A), the cash payment issued to officers and employees who opt-out of the township's health benefits shall not exceed twenty-five per cent (25%) of the cost of premiums or payments that otherwise would be paid by the board of trustees for benefits for the officer or employee under an offered policy, contract, or plan.
4. Further, no cash payment in lieu of a benefit shall be made to officers and employees who opt-out unless the officer or employee first signs a statement affirming that the officer or employee is covered under another health insurance or health care policy, contract, or plan in the case of a health benefit, or a life insurance policy in the case of a life insurance

benefit, and setting forth the name of the employer, if any, that sponsors the coverage, the name of the carrier that provides the coverage, and an identifying number of the applicable policy, contract, or plan. See R.C. 505.603(A)

5. The Township shall administer its payment in lieu/opt-out incentive so as to ensure compliance with the ACA and applicable IRS regulations regarding same.
6. The terms and conditions of this resolution shall apply to all employees and elected officials except where prohibited by law.
7. The Fiscal Officer is authorized to notify impacted employees of the change and to make the necessary adjustments upon the effective date of this Resolution.
8. This will not be effective with IAFF or USW member employees until an Memorandum of Understanding or other form of agreement is agreed upon and approved by the unions and the Township; until that time, the attached Payment-in-Lieu form shall be used for all IAFF and USW member employees.

Motion made by Leneghan and seconded by Mitchell

Vote: N/P Mrs. Eichhorn yes Mrs. Leneghan yes Dr. Mitchell

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

March 20, 2017
Date

Melanie Leneghan
Melanie Leneghan, Trustee

CERTIFIED BY:

Dr. Thomas Mitchell
Dr. Thomas Mitchell, Trustee

Nancy Denditte
Nancy Denditte, Fiscal Officer

--not present--
Shyra Eichhorn, Trustee

2017-2018

Union Members

MEMORANDUM

TO: Firefighters and USW Employees

FROM: Liberty Township Fiscal/Administrative Offices

EFFECTIVE 4/1/2017

RE: Medical Insurance Cash In Lieu per the union contracts

Liberty Township has medical insurance through Anthem, which will renew April 1, 2017. Liberty gives any employee who has other coverage available to them, payment in lieu of medical insurance, if they elect to take that coverage and drop the Liberty medical plan. You are also eligible for payment in lieu of medical insurance if your dependents take other coverage, instead of Liberty Insurance. You must provide documentation that you and/or your dependents are covered on a group plan elsewhere. You will not be eligible for the payment in lieu if you are not covered under a group plan.

Below is a list of corresponding payment-in-lieu amount. Please select the appropriate coverage, sign and return (via email is appropriate) to the Fiscal Office.

	Annual	Bi-Weekly
<input type="checkbox"/> Waive Employee Only Coverage	\$3285.00	\$126.35
<input type="checkbox"/> Waive Employee & Spouse Coverage	\$7220.46	\$277.71
<input type="checkbox"/> Waive Employee & Child(ren) Coverage	\$5545.44	\$213.29
<input type="checkbox"/> Waive Family Coverage	\$10141.02	\$390.04
<input type="checkbox"/> Employee Only Waiving Spouse	\$3935.46	\$151.36
<input type="checkbox"/> Employee Only Waiving child(ren)	\$2260.44	\$86.94
<input type="checkbox"/> Family Waiving Spouse & Children	\$6195.90	\$238.30
<input type="checkbox"/> Family Waiving Child(ren)	\$2260.44	\$86.94
<input type="checkbox"/> Family Waiving Spouse	\$3935.46	\$151.36
<input type="checkbox"/> I have no other coverage available and would like to keep my coverage as is.		
<input type="checkbox"/> I would like to add/remove myself and/or dependents from/to the policy (complete this form).		

I, _____ (employee name) have elected the above coverage and have attached the proof of coverage. I also understand that if I drop my coverage I cannot change my election without a qualifying event (i.e., loss of other coverage).

Employee Signature

Date

Fiscal/Administrative Office Signature

Date

2017-2018

Liberty Non-Union Employees

MEMORANDUM

TO: All Liberty Non-Union Employees

FROM: Liberty Township Fiscal/Administrative Offices

EFFECTIVE 4/1/2017

RE: Medical Insurance Cash in Lieu per ORC 601.03

Liberty Township has medical insurance through Anthem, which will renew April 1, 2017. Liberty gives any employee who has other coverage available to them, payment in lieu of medical insurance, if they elect to take that coverage and drop the Liberty medical plan. You are also eligible for payment in lieu of medical insurance if your dependents take other coverage, instead of Liberty insurance. **You must provide documentation that you and/or your dependents are covered on a group plan elsewhere. You will not be eligible for the payment in lieu if you are not covered under a group plan.**

Below is a list of corresponding payment-in-lieu amount. **Please select the appropriate coverage, sign and return (via email is appropriate) to the Fiscal Office.**

	<u>Annual Payment</u>	<u>Bi weekly Payment</u>
___ Waive Employee Only Coverage	\$1335.60	\$51.36
___ Waive Employee & Spouse Coverage	\$2909.78	\$111.91
___ Waive Employee & Child(ren) Coverage	\$2239.17	\$86.14
___ Waive Family Coverage	\$4078	\$156.84
___ Employee Only Waiving Spouse	\$1574.18	\$60.54
___ Employee Only Waiving child(ren)	\$904.17	\$34.77
___ Family Waiving Spouse & Child(ren)	\$2478.36	\$95.32
___ Family Waiving Child(ren)	\$904.17	\$34.77
___ Family Waiving Spouse	\$1574.18	\$60.54

___ I have no other coverage available and would like to keep my coverage as is.

___ I would like to add/remove myself and/or dependents from/to the policy (complete this form).

I, _____ (employee name) have elected the above coverage and have attached the proof of coverage. I also understand that if I drop my coverage I cannot change my election without a qualifying event (i.e., loss of other coverage).

Employee Signature

Date

Fiscal/Administrative Office Signature

Date

RESOLUTION #17-0306-04

Authorizing the Township Cash Payment in lieu of benefits program

WHEREAS, Ohio Revised Code 505.603(A) authorizes the Township to provide health benefits to its officers and employees through a cafeteria plan that meets the requirements of section 125 of the Internal Revenue Code of 1986.

WHEREAS, the Township has established such a cafeteria plan as permitted by Ohio Revised Code 505.603(A).

WHEREAS, Ohio Revised Code 505.603(A) authorizes a township to adopt a policy authorizing an officer or employee to receive a cash payment in lieu of a benefit otherwise offered to township officers or employees but only if the cash payment does not exceed twenty-five per cent of the cost of premiums or payments that otherwise would be paid by the board for benefits for the officer or employee under an offered policy, contract, or plan.

NOW THEREFORE, BE IT RESOLVED BY THE BOARD OF TRUSTEES OF LIBERTY TOWNSHIP, DELAWARE COUNTY, OHIO THAT:

1. The Township shall continue to provide a cash payment to officers and employees who opt-out of the township's health benefits;
2. The cash payments in lieu of benefits provided to officers and employees who opt out of the township's health benefits shall be governed by Ohio Revised Code 505.603(A). The Township is not providing an out-of-pocket premium-reimbursement program under Ohio Revised Code 505.60(D).
3. Pursuant to Ohio Revised Code 505.603(A), the cash payment issued to officers and employees who opt-out of the township's health benefits shall not exceed twenty-five per cent (25%) of the cost of premiums or payments that otherwise would be paid by the board of trustees for benefits for the officer or employee under an offered policy, contract, or plan.
4. Further, no cash payment in lieu of a benefit shall be made to officers and employees who opt-out unless the officer or employee first signs a statement affirming that the officer or employee is covered under another health insurance or health care policy, contract, or plan in the case of a health benefit, or a life insurance policy in the case of a life insurance benefit, and setting forth the name of the employer, if any, that sponsors the coverage, the name of the carrier that provides the coverage, and an identifying number of the applicable policy, contract, or plan. See R.C. 505.603(A)
5. The Township shall administer its payment in lieu/opt-out incentive so as to ensure compliance with the ACA and applicable IRS regulations regarding same.

6. The terms and conditions of this resolution shall apply to all employees and elected officials except where prohibited by law.

7. The Fiscal Officer is authorized to notify impacted employees of the change and to make the necessary adjustments upon the effective date of this Resolution.

Motion made by Leneghan and seconded by Eichhorn.

Vote: yes Mrs. Eichhorn yes Mrs. Leneghan yes Dr. Mitchell

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

Mar. 6, 2016
Date

Melanie Leneghan
Melanie Leneghan, Trustee

CERTIFIED BY:

Nancy Deputte
Nancy Deputte, Fiscal Officer

Dr. Thomas Mitchell
Dr. Thomas Mitchell, Trustee
Shyra Eichhorn
Shyra Eichhorn, Trustee