

COUNTY BOARD ADDENDUM

County of Champaign, Urbana, Illinois
Thursday, October 20, 2016 – 6:30 p.m.

Lyle Shields Meeting Room, Brookens Administrative Services
1776 East Washington Street, Urbana, Illinois

Agenda Item

XV. New Business

B. Finance

1. Adoption of Resolution No. 9762 for Employee Insurance Benefits for FY2017
(to be distributed)
2. Adoption of Resolution No. 9763 Establishing Health Insurance Premium Contributions for Non-Bargaining Employees for FY2017-FY2018

C. Policy, Personnel, & Appointments

1. Adoption of Resolution No. 9764 Appointing Robert Zebe to the Champaign County Board of Review

*Roll Call

**Roll call and 15 votes

***Roll call and 17 votes

****Roll call and 12 votes

Except as otherwise stated, approval requires the vote of a majority of those County Board members present.

RESOLUTION No. 9763

RESOLUTION ESTABLISHING HEALTH INSURANCE PREMIUM CONTRIBUTIONS FOR NON-BARGAINING EMPLOYEES FOR FY2017-FY2018

WHEREAS, the Champaign County Board annually determines the amount of premium contributions to be made by the non-bargaining employees, with the exception of the Regional Planning Commission and the Champaign County Nursing Home; and

WHEREAS, the Champaign County Administrator has recommended to the County Board that the non-bargaining employees, with the exception of the Regional Planning Commission and the Champaign County Nursing Home, will contribute 10% of the cost of the single plan premium for health insurance in FY2017, and will contribute 12% of the cost of the single plan premium for health insurance in FY2018; and that the County will contribute \$70/month to the cost of dependent coverage, in addition to the contribution the County makes to the single plan premium, for those employees who enroll in dependent coverage for FY2017 and FY2018;

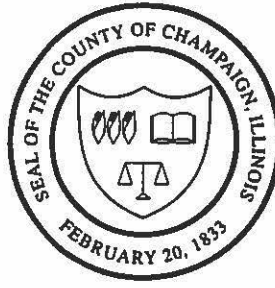
NOW, THEREFORE BE IT RESOLVED by the Champaign County Board that the non-bargaining employees, with the exception of the Regional Planning Commission and the Champaign County Nursing Home, will contribute 10% of the cost of the single plan premium for health insurance in FY2017, and will contribute 12% of the cost of the single plan premium for health insurance in FY2018; and that the County will contribute \$70/month to the cost of dependent coverage, in addition to the contribution the County makes to the single plan premium, for those employees who enroll in dependent coverage for FY2017 and FY2018.

PRESENTED, ADOPTED, APPROVED and RECORDED this 20th day of October, 2016.

Patti Petrie, Chair
Champaign County Board

Attest:

Gordy Hulten, County Clerk and *Ex-Officio*
Clerk of the Champaign County Board



OFFICE OF THE
COUNTY ADMINISTRATOR

3 October 2016

MEMORANDUM

TO: Mr. Chris Alix, County Board Finance Chair; and
Honorable Members of the Champaign County Board

FR: Rick Snider, County Administrator

RE: Recommendation for FY 2017 Health Insurance Premium Contributions for Non-Bargaining Employees

ISSUE

The County Board determines the health insurance premiums for the County's non-bargaining employees, excluding those employed by the Champaign County Nursing Home or the Regional Planning Commission.

NARRATIVE

Over the past several years, the County has worked in partnership with the AFSCME and FOP bargaining units through the Labor Management Health Insurance Committee (LMHIC) to establish health care programs that best serve the needs of both employees and the County. This partnership was especially important this year due to an extremely large and unexpected rate increase proposal from the County's insurance carrier. Through the committee's efforts, we have arrived at a consensus on coverage that will change our carrier selection from Health Alliance to Aetna. The highlights of the proposal are listed on the attachment, along with information on the employee and employer contributions.

In past years, the County has pursued a goal to align the premium contribution rates among the various employee groups to promote equity across the County workforce. The ratification of the AFSCME General Bargaining Unit contract earlier this year represented considerable progress towards this goal to achieve parity in cost-sharing. Additionally, the County adopted both Resolution No. 8673 and Resolution No. 9397 to set contribution rates for non-bargaining employees in FY 2014 through FY 2016. These resolutions established contribution rates that are comparable to those negotiated with the AFSCME and FOP bargaining units.

To maintain consistency with the collective bargaining agreements, it is recommended that for FY2017, non-bargaining employees participating in the health care plan contribute 10 percent of the single coverage premium, with the County contributing 90 percent. It is further recommended that

the contribution percentage increase to 12 percent for FY2018. Employees participating in one of the dependent coverage plans shall pay the full premium less the sum of the County's contribution for single coverage and an additional \$70 per month.

REQUESTED ACTION

The Finance Committee recommends to the County Board that the health insurance premium plan contributions for non-bargaining employees, excluding employees of the Champaign County Nursing Home and Regional Planning Commission, at an amount equal to 10 percent of the single plan premium cost for FY2017, and at an amount equal to 12 percent of the single plan premium cost for FY2018. The additional cost of the dependent plans shall be paid by the employee, less \$70 per month additional contribution by the County.

RESOLUTION NO. 9764

RESOLUTION APPOINTING ROBERT ZEBE TO THE
CHAMPAIGN COUNTY BOARD OF REVIEW

WHEREAS, the Champaign County Board of Review is appointed by the Champaign County Board pursuant to Article 6 of the Illinois Property Tax Code, 35 ILCS 200/6-5; and

WHEREAS, the Champaign County Board has been unable to fill a vacancy for a qualified, full-time member of the Champaign County Board of Review; and

WHEREAS, Article 6, Section 25 of the Illinois Property Tax Code authorizes the appointment of additional qualified members to a board of review when a county board declares by resolution that the number of complaints filed with the board of review has created an emergency situation and caused a need for additional members to be appointed to the board of review, 35 ILCS 200/6-25; and

WHEREAS, the number of complaints filed with the Champaign County Board of Review has created an emergency situation and caused a need for an additional Board of Review member appointed pursuant to Section 6-25; and

WHEREAS, Robert Zebe has successfully completed the examination required and is qualified to serve as an additional member on the Champaign County Board of Review; and

WHEREAS, County Board Chair Patsi Petrie hereby submits to the County Board the appointment of Robert Zebe to the Champaign County Board of Review as said additional member;

NOW, THEREFORE, BE IT RESOLVED By the Champaign County Board that there is an emergency situation and need for an expanded board of review and that the Champaign County Board does hereby consent to the appointment of Robert Zebe to the Champaign County Board of Review as an additional member for an unexpired term ending March 31, 2017 or until said Board of Review is out of session for 2016; and

BE IT FURTHER RESOLVED That the County Clerk transmit a certified copy of this resolution to: Robert Zebe 905 Hartwell Apt. 6, Savoy, IL 61874

PRESENTED, ADOPTED, APPROVED, AND RECORDED this 20th day of October A.D. 2016.

Patsi Petrie, Chair
Champaign County Board

ATTEST: _____
Gordy Hulten, County Clerk
and ex-officio Clerk of the
Champaign County Board

CHAMPAIGN COUNTY APPOINTMENT REQUEST FORM
PLEASE TYPE OR PRINT IN BLACK INK

NAME: Zebo Zebe
ADDRESS: 905 Hartwell Apt 6 Savoy IL 61874
EMAIL: zebozebe1@gmail.com **PHONE:** 217-898-2378

Check Box to Have Email Address Redacted on Public Documents

PARTY AFFILIATION: (Please check one) Democrat Republican Other, please explain:

NAME OF APPOINTMENT BODY OR BOARD: Board Of Review

BEGINNING DATE OF TERM: _____ **ENDING DATE:** _____

The Champaign County Board appreciates your interest in serving your community. A clear understanding of your background and philosophies will assist the County Board in establishing your qualifications. Please complete the following questions by typing or legibly printing your response. **IN ORDER TO BE CONSIDERED FOR APPOINTMENT, OR REAPPOINTMENT, A CANDIDATE MUST COMPLETE AND SIGN THIS APPLICATION.**

1. What experience and background do you have which you believe qualifies you for this appointment/ reappointment?
I have been a licensed associate appraiser in Illinois for 1 1/2 years and have undergone over 150 hours of valuation training coursework. In addition to the appraisal coursework, I am also a licensed Realtor in Illinois. Through my coursework and working experience as an appraiser realtor, I have developed property valuation skills.

2. What do you believe is the role of a trustee/commissioner/board member and how do you envision carrying out the responsibilities of that role?
I believe the role of a trustee/commissioner/board member is to review tax assessment appeals. I envision carrying out the responsibilities of this role by reviewing assesement appeals and coming to a final decision in determining the validity of the appeals.

3. What is your knowledge of the appointed body's operations, specifically property holdings and management, staff, taxes, fees?

I do not know of any property holdings or management of the appointed body's. I believe the

body's operations include properly filing appeals, determining the validity of the appeals,

and if necessary, presenting cases to have their assessment changed.

4. Can you think of any relationship or other reason that might possibly constitute a conflict of interest if you are selected to serve on the body for which you are applying? (This question is not meant to disqualify you; it is only intended to provide information.) Yes No If yes, please explain:

5. Would you be available to regularly attend the scheduled meeting of the appointed body?

Yes No If no, please explain:

The facts set forth in my application for appointment are true and complete. I understand this application is a document of public record that will be on file in the County Board Office.



Signature

10/17/2016

Date



Illinois Department of Revenue
 Office of Local Government Services
 101 West Jefferson Street
 Springfield, Illinois 62702
 Phone: 217 785-6636
 FAX: 217 782-9932
adrienne.bailey@illinois.gov

FILED

JUN 13 2016

Andy Miller
 CHAMPAIGN COUNTY CLERK

Statewide Board of Review Examination Certification
For
Champaign County

We, the undersigned, certify that the person(s) listed below passed the statewide Board of Review examination administered in Champaign County by the Illinois Department of Revenue on June 8, 2016. In accordance with Chapter 1, Part 110-155 of the 86th Illinois Administrative Code, a passing score remains valid for a period of three years from the date of the examination (barring the retaking and failure of this examination before the three-year period expires).

Robert Z. Zebe

Adrienne Suits Bailey *6/8/16*
 Certifying Signature Date

Rhonda McCombs *6-8-2016*
 Certifying Signature Date