

CHAMPAIGN COUNTY BOARD COMMITTEE AGENDA

POLICY, PERSONNEL, & APPOINTMENTS COMMITTEE

Brookens Administrative Center, Lyle Shields Meeting Room

1776 E. Washington, Urbana

Wednesday, September 6, 2006 – 7:00 p.m.

CHAIR: Tom Betz

MEMBERS: Beckett, Fabri, Jones, Knott, Moser, Putman, Schroeder, Wysocki

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Mark Shelden
Champaign County Clerk
Champaign County, Illinois

1776 East Washington Street
Urbana, IL 61802

Email: mail@champaigncountyclerk.com
Website: www.champaigncountyclerk.com

Vital Statistics: (217) 384-3720
Elections: (217) 384-3724
Fax: (217) 384-1241
TTY: (217) 384-8601

County Clerk
Monthly Report
July
2006

Liquor License	0.00
Notary Public Commission	185.00
Tax Sale Redemption Fees	525.00
Tax Mail Fee	14.64
Certificate of Ownership	140.00
Birth, Death, and Marriage Certificates	11,512.00
Marriage License	1,950.00
Miscellaneous Fees	602.25
Non-Refundable Overpayment	2.00
TOTAL	<u>14,930.89</u>
Additional Clerk Fees (Birth, Death, Marriages)	2,462.00

RECEIVED
AUG 09 2006

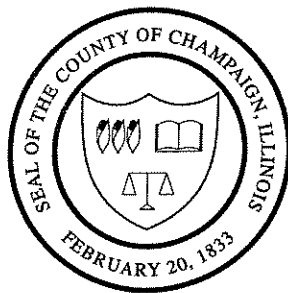
**ADMINISTRATIVE
SERVICES**

FILED
AUG 9 2006

Mark Shelden

Barbara Wysocki
Chair
email: bwysocki@co.champaign.il.us

Steve Beckett
Vice-Chair



Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802
Phone (217) 384-3772
Fax (217) 384-3896

**Office of
County Board
Champaign County, Illinois**

MEMORANDUM

TO: County Board Members
FROM: Steve Beckett, County Board District 9
DATE: August 18, 2006
RE: **PROPOSED RULES CHANGE**

There has recently been discussion regarding the appropriate preparation of County Board Committee Meeting and Regular Meeting Agendas to be in full compliance with the requirements of the Open Meetings Act. As a result of those discussions, I would like to propose the following rules change to the County Board Resolution No. 4070 Establishing the Organization, Duties, Rules, Policies and Procedures of the County Board:

6. Rules

D. Every item listed on a committee or county board agenda is considered to be an item subject to action unless it is listed as DISCUSSION or INFORMATION ONLY on the agenda.

As is required by Section 8 of Resolution No. 4070, this rules change is being presented to all County Board members at least fourteen (14) days prior to any consideration of the change. This item will be placed on the agenda for the September 6th meeting of the Policy, Personnel and Appointments Committee.

Thank you for your consideration of this matter.

xc: Julia Rietz, State's Attorney
Susan McGrath, Senior Assistant State's Attorney
Deb Busey, County Administrator of Finance & HR
Denny Inman, County Administrator of Facilities & Procurement

APPEAL RULES AND PROCEDURES
OF THE
CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

1. If an applicant or recipient of general assistance, or emergency assistance, as defined by the Public Aid Code of Illinois, is dissatisfied with the decision of the township supervisor or the general assistance office in (1) granting an amount of assistance deemed inadequate, or in (2) denying or reducing or terminating assistance, or (3) if his or her application has not been approved within thirty (30) days from the date it was made, he or she has a right to appeal this action or inaction of the general assistance office or township supervisor to the Champaign County Public Aid Appeals Committee. An applicant or recipient of general assistance is allowed to appeal a decision denying or terminating aid, or granting aid in an amount which is deemed inadequate, or changing, canceling, revoking or suspending grants as provided in 305 ILCS 5/11-16, or determining to make a protective payment under the provisions of 305 ILCS 5/3-5a or 305 ILCS 5/4-9, or a decision by an administrative review board to impose administrative safeguards as provided in 305 ILCS 5/8a-8. Applicants or recipients of aid may also file an appeal when an application is not acted upon within the time period after the filing of an application as provided by Rules of the Illinois Department of Human Services.

2. Each township supervisor in Champaign County, Illinois is directed to cooperate fully with and to assist any person seeking to appeal, as is directed by the Public Aid Code, 305 ILCS 5/11-8, and by the adoption of these Appeal Rules and Procedures.

3. Upon making an application, the township supervisor or general assistance office shall fully inform the applicant of his or her right of appeal to the Champaign County Public Aid Appeals Committee.

4. Notice to the Applicant or Recipient

a. Every applicant for assistance has the right to receive a timely written notice of the disposition of his or her application.

b. Every recipient of assistance has the right to receive a timely written notice whenever his or her assistance is reduced, suspended or terminated.

c. In order for a notice of approval or denial to be timely, it must be mailed or delivered to the applicant within ten (10) days after the date the decision was made.

d. In order for a notice of reduction, suspension or termination to be timely, it must be mailed or given to the client at least ten (10) days before the effective date of the change of the affected benefits. Day one of the ten day time period shall be the day following the date of the written notification, absent definitive evidence to the contrary that the notification was mailed or given to the client on a different date.

e. The above notices for denial, termination, suspension, or reduction must contain the following information:

1. A clear statement of the action taken or to be taken.
2. A clear statement of the reason for the action.
3. A specific policy, statute, guideline or rule which supports the action.
4. A complete statement of the applicant's or recipient's rights to appeal.
5. A clear statement that a notice of appeal form can be obtained from the office of the Town Supervisor.
6. A copy of the *Appeals Rules and Procedures of the Champaign County Public Aid Appeals Committee* shall be available at the County Board office upon request.

f. The timely notice to the recipient shall contain, in addition to the above, a statement indicating that assistance will be continued at the previous level during the appeal before the Public Aid Appeals Committee of the County Board if an appeal is filed within ten (10) days of the effective date of any proposed change in benefits to reduce, suspend or terminate a recipient's assistance. If the applicant or recipient initiates his or her appeal within ten (10) days of the effective date of any proposed change in benefits to reduce, suspend or terminate a recipient's assistance, the Township Supervisor or general assistance office shall postpone the action to reduce, suspend or terminate assistance and continue to provide assistance at the level prior to the notice, pending the result of the decision of the Public Aid Appeals Committee.

5. The Notice of Appeal form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The Township Supervisor shall be allowed to use any form Notice of Appeal which supplies the same information as appears in the forms supplied to the Township Supervisor by the Chair of the Champaign County Board. The said form shall be provided by the township supervisor and general assistance office to any applicant or recipient who is dissatisfied with the township supervisor's or general assistance office's action or inaction. The Notice of Appeal form is included in the Forms Appendix of these Rules.

6. The appeal process and hearing shall be without cost to the applicant or recipient. The cost of the appeal process and hearing shall be paid by Champaign County. In the event a judicial review of the Public Aid Appeals Committee's decision is sought, a verbatim record of the proceedings shall be made available to the township, applicant or recipient without cost.

7. The applicant or recipient or his or her representative must notify the supervisor or general assistance office in writing of his or her intent to appeal. The appeal shall be initiated by the delivery or mailing of the written, signed notice of appeal form provided to the applicant or recipient by the township supervisor or general assistance office or by any other written instrument giving notice of appeal. A copy should also be delivered or mailed to the Chair of the County Board, although this is not a requirement for the appellant. The appeal must be initiated within sixty (60) days after the date notice of the action taken or to be taken is received by the applicant. The supervisor or general assistance office shall assist in the completion of the Notice of Appeal form when requested to do so. If assistance is provided, care shall be taken to ensure to the extent possible that the applicant or recipient understands the information requested in the Notice of Appeal form. The Notice of Appeal form must be signed by the applicant or recipient, unless the applicant or recipient has a guardian, conservator or power of attorney who is authorized to act on behalf of the applicant or recipient. In the township case record, all action related to the applicant's or recipient's requests to appeal shall be documented.

A representative of an applicant or recipient can be an attorney, but may also include a family member, spouse, or any persons so designated as representative by the applicant or recipient.

8. Within forty-eight (48) hours of the receipt of the notice of appeal form, the township supervisor or general assistance office shall forward the original to the office of the Chair of the Public Aid Appeals Committee, who is the Chair of the Champaign County Board. A copy of the notice of appeal form must be retained in the township case record.

Upon receipt of the notice of appeal form by the County Board Chair, the Chair shall assign the appeal a case number, which shall be comprised of the last two digits of the calendar year in which the appeal is received, and the consecutive number of the appeal during the said calendar year. The case number shall also include the General Assistance Office from which the appeal is presented in parentheses. For example, if the first appeal during the 2006 calendar year is an appeal from the City of Champaign Township, the case number shall read 06-1 (City of Champaign Township). The case shall also be assigned a caption which shall read "In the Matter of the Appeal of" followed by the appellant or recipient's name. For example, if the appellant or recipient's name is John Doe, the caption would read "In the Matter of the Appeal of John Doe."

9. Prior to the appeal hearing, the township supervisor or general assistance office shall request and conduct an informal conference with the applicant or recipient, and/or his or her representative. This informal conference shall be used by the township supervisor or general assistance office to explain the basis for the appealed action or inaction, and to allow the applicant or recipient to present any additional information to support his or her position. If necessary, the township supervisor may require the presence of other staff involved in the appealed decision at the informal conference. As a

result of this conference, the township supervisor may modify, reverse or leave unchanged the appealed action or inaction.

If the township supervisor or general assistance office reverses or modifies the appealed action or inaction, he or she will ask the applicant or recipient to sign a written request to withdraw the appeal. However, the township supervisor or general assistance office should take care in such cases not to interfere with the right of the applicant or recipient to continue with the appeal if he or she chooses.

10. The applicant or recipient has the right to withdraw his or her appeal. If the applicant or recipient wishes to withdraw the appeal, a written request to withdraw the appeal will be filled out and signed by the applicant or recipient. The original of the written request will be forwarded immediately to the office of the Chair of the County Board and a copy will be kept for the case record file. The Chair of the County Board shall send a letter to the applicant or recipient acknowledging that the appeal has been withdrawn. Upon withdrawal of the appeal, the appeal process shall be ended. The Request to Dismiss Appeal form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The said form shall be provided by the township supervisor and general assistance office to any applicant or recipient who wishes to withdraw their appeal. The Request to Dismiss Appeal form is included in the Forms Appendix of these Rules.

11. Both the appellant and the General Assistance Office have the right to be represented by legal counsel in an appeal. If appellant represented by legal counsel in the appeal, legal counsel shall be required to file a written entry of appearance on behalf of the appellant. Neither Champaign County nor the township from whom the applicant or recipient has filed an appeal is required to provide the applicant or recipient an attorney for the appeal.

12. Appeals shall be deemed filed with the Public Aid Appeals Committee when filed with the office of the Chair of the Champaign County Board. Within seven (7) calendar days of receipt of the notice of appeal form, the Chair of the Champaign County Board shall set the hearing on the appeal for the next regularly scheduled hearing date of the Public Aid Appeals Committee. The Notice of Appeal Hearing to be used by the Champaign County Board Chair in setting the hearing on the appeal is included in the Forms Appendix of these Rules.

13. The Public Aid Appeals Committee may continue a proceeding to a later date by written agreement of the parties or for good cause shown by any one of the parties. Good cause shall be defined as an illness of any party to the appeal which would prevent that individual from attending the hearing; unavailability of any party's attorney for any party to the appeal which would prevent the witness from attending the hearing, which said unavailability would have to be documented; or the death of a member of the appellant's immediate family. Any request for the continuance of a proceeding, either by written agreement of the parties, or for good cause shown by any one of the parties, shall be made no later than seventy-two (72) hours prior to the scheduled hearing date.

14. The applicant or recipient and his or her representative shall be notified by letter of the time, date and place of the appeal hearing by the office of the Chair of the Champaign County Board, with the said letter to be mailed to the applicant or recipient and his or her representative at the address given by the applicant or recipient on the notice of appeal form. This letter must be mailed no less than ten (10) days prior to the date of the appeal hearing.

15. The township supervisor or general assistance office shall prepare a statement of facts and forward the original copy to the office of the Chair of the Champaign County Board, and a copy to the applicant or recipient and his or her representative no less than seven (7) days prior to the date of the appeal hearing. The statement of facts shall contain a statement of the action or inaction questioned in the appeal, and a clear and specific statement of the facts known and considered by the township supervisor and general assistance office in arriving at its decision. The Statement of Facts form shall be supplied by the Chair of the Champaign County Board to each township supervisor and general assistance office in Champaign County. The Statement of Facts form is included in the Forms Appendix of these Rules.

16. The applicant or recipient and his or her representative have the right prior to the appeal hearing to inspect and copy their case materials on file with the general assistance office, but only in the presence of assistance office personnel.

17. Upon hearing the applicant's or recipient's appeal, the Public Aid Appeals Committee shall apply only such published and consistent standards adopted by the particular township involved in the appeal as were published and in effect at the time the application was made in determining eligibility and the amount of assistance to be given. These published consistent standards will be determined by the township supervisor or general assistance office of each township in the county, with each township supervisor and general assistance office in the county to submit in writing to the Public Aid Appeals Committee its published consistent standards as to eligibility and the amount of assistance given. Each township supervisor and general assistance office shall be required to promptly inform in writing the Public Aid Appeals Committee of any change in these standards. If no published consistent standards were in effect at the time of application from the particular township involved in the appeal, then the Public Aid Appeals Committee shall apply the general assistance standards promulgated by the Illinois Department of Public Aid which were in effect at the time of application, except that in an adult case, full shelter care costs, for items such as utilities and rent, may be awarded.

18. The appellant must appear in person at the scheduled appeal hearing, but the appellant may also be accompanied by legal counsel or a representative. If it is impossible for the appellant to appear in person, the appellant or his or her representative shall notify the Chair of the County Board as soon as possible that the appellant does not plan to attend the scheduled appeal hearing and why attendance is not possible.

Upon receiving such notice, the Chair of the County Board may continue the hearing to a later date or time by written or telephonic notice to all parties in order to secure the attendance of the appellant. If an appellant does not appear in person at the scheduled appeal hearing, and if the Public Aid Appeals Committee deems the appellant's explanation of his or her absence is adequate, the Public Aid Appeals Committee may proceed in the appellant's absence if the appellant's representative so requests, or continue the hearing to a later date or time so that the attendance of the appellant may be secured. If the appellant fails to appear without explanation, or for an insufficient reason, the Public Aid Appeals Committee shall dismiss the appeal. If an appeal is dismissed for the applicant's failure to personally appear, and the applicant has not previously given an explanation, the Public Aid Appeals Committee shall send a Notice of Impending Dismissal of Appeal to the appellant asking if he or she wishes to pursue the appeal further and why the appellant failed to appear at the scheduled hearing. The Notice of Impending Dismissal of Appeal to be used by the Committee is included in the Forms Appendix of these Rules.

If the appellant replies within ten (10) days after mailing and gives a sufficient reason for not appearing in person, the cause shall be reinstated and a hearing rescheduled as for an appeal *de novo*. An appeal *de novo* means the Public Aid Appeals Committee shall consider the matter as if it had not been heard before and as if no decision had previously been rendered. Sufficient reasons for the appellant's absence shall include physical incapacity due to illness and any reason making it physically impossible for the appellant to be present. An appeal shall also be continued if counsel to either party has a conflict due to previously scheduled court or administrative proceedings.

19. Any party to the appeal may compel the presence of the adverse party by serving a written notice upon the party or his or her representative at least three (3) days prior to the scheduled hearing. If the notice is served by mail, it must be mailed at least five (5) days prior to the scheduled hearing.

Any party to the appeal, and/or the Public Aid Appeals Committee, may compel by subpoena the attendance and testimony of witnesses and the production of books, papers and other exhibits before the Public Aid Appeal Committee at a scheduled appeal hearing. The Subpoena form shall be supplied by the Chair of the Champaign County Board to the parties at their request. The Subpoena form is included in the Forms Appendix of these Rules.

The subpoenas may be served as subpoenas in civil court proceedings. The fees of witnesses for attendance and travel shall be the same as the fees of witnesses before the Champaign County Circuit Court, and shall be paid as an expense of administration of the township supervisor or general assistance office. However, no person may be compelled to appear if he or she resides outside of Champaign County, Illinois. Public Aid Appeals Committee subpoenas may be enforced as provided by 305 ILCS 5/11-8.3.

20. The appeal hearing will be conducted before the Public Aid Appeals Committee whenever feasible. A qualified hearing officer appointed by the Public Aid Appeals Committee may conduct hearings and make recommended findings of fact and propose disposition of the appeal. The appeal hearing shall be advertised pursuant to the Illinois Open Meetings Act (5 ILCS 120/1 *et seq.*).

21. In any appeal involving a township whose supervisor is a member of the Public Aid Appeals Committee, he or she shall be replaced for that appeal hearing by an alternate member designated by the Chair of the County Board.

22. The appeal hearing will be informal in nature and the proceedings recorded verbatim. The applicant or recipient shall be entitled to present his or her case or to have a representative present it for him or her, and shall be entitled to present witnesses or other evidence to the Public Aid Appeals Committee. The applicant or recipient and the representative shall have a reasonable opportunity to examine before the hearing material which the supervisor or general assistance office plans to present, including:

- a. The statement of facts form.
- b. Pertinent case information, including all documents presented at the hearing.
- c. Information related to the budgeting process for determining appropriate grant amounts, including the budget calculation form.

23. The appeal hearing shall be conducted to: limit presentation to relevant and material facts and law; explain the purpose and procedure to be followed, and manner in which the decision will be rendered; develop the facts relevant to the issues; clearly identify the policy provision relied on; assist the applicant or recipient to present his or her version of the facts; enable the township supervisor or general assistance office to present the facts and policy supporting his or her action; permit cross-examination by the participants; respect the rights and dignity of all participants to the hearing; and summarize the points developed.

Admissible evidence at the hearing shall include the following: hearsay evidence, unless objected to by a party; documentary evidence, such as documents from the file of the General Assistance Office; General Assistance and Emergency Assistance Rules and regulations of the General Assistance Office; certified copies of public records; business records if authenticated by a witness familiar with the operation of the business and its record keeping practices; computer general records; medical records of the appellant. All appeals hearings shall be confidential and not open to attendance by the public unless all parties shall agree otherwise. All appeal proceedings and the documents and evidence presented therein shall be confidential to the extent provided by state law. 305 ILCS 5/11-9. All documentary evidence submitted at the appeal hearing shall be retained in the appeal case file.

The general order of proceeding at an appeal hearing shall be as follows:

- a. Call to order by the Committee Chair or Hearing Officer.
- b. Roll Call.
- c. Chair requesting those in attendance to state their names and relationship to the parties in the case.
- d. Chair stating for the record the documents on file in the case.
- e. Chair swearing in the witnesses.
- f. Opening statements by the parties if requested by the committee.
- g. Presentation of evidence by the appellant.
- h. Presentation of evidence by the Township Supervisor.
- i. Presentation of rebuttal evidence by the appellant.
- j. Closing statements by the parties if requested by the committee.
- k. Closed session deliberation by the Committee with the proper motion required by the Illinois Open Meetings Act.
- l. Announcement of the decision by the Committee.
- m. Adjournment of the hearing.

24. The appeal hearing may be continued by the Public Aid Appeals Committee when it appears necessary to obtain additional information, but the additional information must be presented at the continued hearing unless the applicant or recipient and township supervisor or general assistance office consent to the presentation of the additional information outside of the hearing.

25. At the conclusion of the hearing, the Public Aid Appeals Committee shall announce its decision, in open session, setting forth the facts and specific policy supporting its decision. The effective date of the decision shall be the date of the announcement by the Public Aid Appeals Committee. Only evidence and matters presented at the appeal hearing may be considered by the Public Aid Appeals Committee in reaching its decision without the consent of the applicant or recipient and the township supervisor or general assistance office. The decision of the Public Aid Appeals Committee, containing a statement of the facts and specific policy supporting its decision, shall be placed in writing and approved by the Committee within thirty (30) days of the announcement of the decision. Thereafter, the written decision shall be mailed or delivered to the parties within four (4) calendar days of the approval of the written decision by the Committee.

26. If the appeal is denied in full or in any part, the applicant or recipient shall be informed in writing of the right to seek judicial review of the Public Aid Appeals Committee's decision.

27. If the appeal is allowed in full or in part, the Public Aid Appeals Committee shall inform the township supervisor or general assistance office in writing of its decision and direct that the decision be carried out fully. A report within fourteen (14) days of the

decision shall be submitted by the township supervisor or general assistance office to the Public Aid Appeals Committee showing that the appeal decision has been carried out.

28. The Public Aid Appeals Committee shall maintain records of the appeal and its decision, and shall submit a monthly report to the local county department of the Illinois Department of Public Aid, which will conduct periodic reviews of decisions on the basis of such reports.

29. The Public Aid Appeals Committee shall approve the notice of appeal, subpoena and all other forms to be issued by the Chair of the County Board.

If an applicant or recipient of Public Aid, or a township supervisor of general assistance office, shall fail to substantially comply with these rules, the Public Aid Appeals Committee may terminate the proceedings and enter a decision in favor of the other party.

APPENDIX A

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.

NOTICE OF APPEAL

I, _____, hereby appeal to the Champaign County Public Aid Appeals Committee the decision action inaction **(check applicable box)** of the General Assistance Office (GAO) of _____ Township with regard to my application grant **(check applicable box)** for the following reason(s):

I am requesting that the Champaign County Public Aid Appeals Committee order the GAO to _____

My mailing address and telephone number are:

Signature

Date: _____, 20____

NOTE: If you wish, the General Assistance Office will assist you in filing out this Notice of Appeal. Upon completion, file this Notice with the General Assistance Office, the Champaign County Board or the Champaign Public Aid Appeals Committee.

FOR USE OF GENERAL ASSISTANCE OFFICE, PUBLIC AID APPEALS COMMITTEE ONLY

Date Notice of Appeal received: _____

Date of Decision appealed from: _____

Case Name: _____

Case Number: _____

APPENDIX B

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

REQUEST TO WITHDRAW APPEAL

I, _____, the Appellant in the aforementioned appeal, hereby request the withdrawal of my appeal to the Champaign County Public Aid Appeals Committee which was filed on _____, 20____. I understand that no appeal hearing will be held and that the Champaign County Public Aid Appeals Committee will not enter any decision in my appeal other than to allow its withdrawal. I am withdrawing my appeal freely and voluntarily, and I understand the contents and meaning of this Request to withdrawal Appeal.

Dated this ____ day of _____, 20____.

Signature

Witness:

Signature

(Please print the following)

Name of Witness: _____

Address: _____

APPENDIX C

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

NOTICE OF APPEAL HEARING

TO: (Appellant) (Township)

The Champaign County Public Aid Appeals Committee (“Committee”) is in receipt of the Notice of Appeal of the aforementioned Appellant appealing from a decision or action of the Township with respect to General Assistance and /or Emergency Assistance.

(A) Scheduling of Appeal Hearing

You are hereby notified that a hearing on the appeal has been scheduled for _____, 20____, at _____ .m. at _____.

The Appellant must appear *in person* at this appeal hearing. If you fail to appear, your appeal will be dismissed unless you can show good cause for your failure to appear.

(B) Rescheduling of Appeal Hearing

If you cannot be present at the appeal hearing, contact the Committee at the address and telephone number indicated as soon as possible to let the Committee know that you cannot be present and the reason why you cannot be present. By law, appeal hearings must be held within a certain number of days of the filing of your appeal; therefore, hearings will be rescheduled only when good cause is shown for an inability to be present. Any request for a rescheduling of the appeal hearing must be submitted in writing to the Committee no later than 72 hours prior to the appeal hearing with, where appropriate, supporting documentation.

(C) Correspondence regarding appeal and filing of documents with the Committee

All further correspondence relating to your appeal or any questions concerning your appeal should be directed to the Committee, not the Township. In addition, any document or documents you wish to file relating to your appeal should be filed with the Committee, not the Township. Any correspondence or documents should be mailed to or filed with the Committee at the following address:

Champaign County Public Aid Appeals Committee
c/o Champaign County Board Chair
Brookens Administrative Center
1776 E. Washington Street
Urbana, IL 61802
Telephone Number: (217) 384-3772

If you send any correspondence to or file any documents with the Committee, you must at the same time send copies of such correspondence or documents to the Township. Any correspondence or documents you send to or file with the Committee must be accompanied by a signed Proof of Service indicating that you sent a copy of such

correspondence or documents to the Township. Proof of Service forms are available from the Committee.

(D) About the Appeal Hearing

At the appeal hearing you will be given the opportunity of showing why the Township's decision or action is wrong. You have the right to be represented by an attorney or any person of your choice.

If objected to, neither you nor the Township will not be permitted to present hearsay evidence at the hearing. That is, with certain limited exceptions, you may not be able to submit as evidence any written documents or what has been said by someone outside the hearing room and not under oath. You may be required to present evidence, including any documents, though witnesses sworn on oath.

The Rules of Champaign County Public Aid Appeals Committee are available for inspection at the address indicated.

If you have any questions, about any of the above or about your appeal, you should contact the Committee at the address and telephone number indicated.

Dated this ____ day of _____, 20____.

County Board Chair on behalf of the
Champaign County
Public Aid Appeals Committee

APPENDIX D

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

STATEMENT OF FACTS

APPEAL OF _____

GENERAL ASSISTANCE OFFICE: _____ Township

The aforementioned appellant is appealing from the:

decision action inaction **(check applicable box)**

of the General Assistance Office (GAO) on _____, 20____

(date) in which the GAO (describe decision, action or inaction appealed from):

The General Assistance Office considered the following facts with regard to the

foregoing decision action inaction

(attach additional sheets if necessary):

Date: _____, 20____

General Assistance Office

By: _____
_____ Township Supervisor

APPENDIX E

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

NOTICE OF IMPENDING DISMISSAL OF APPEAL

TO: (Appellant) (Township)

A hearing on your appeal was convened on _____, 20____,
at _____ .m. at _____

You failed to appear in person at the appeal hearing. Prior to the appeal hearing you were notified of the date, time and place of the appeal hearing. You were also previously notified that you must appear in person at this hearing and that if you failed to appear, your appeal would be dismissed unless you could show good cause for failing to appear.

Pursuant to Rule 19 of the Rules of the Champaign County Public Aid Appeals Committee, you are hereby notified that your appeal shall be dismissed unless you show good cause for failing to appear at the appeal hearing. You must notify the Champaign County Public Aid Appeals Committee (“Committee”) in writing within ten (10) calendar days of the date of this Notice of the specific reasons why you did not appear at the appeal hearing, and, if appropriate, submit supporting documentation such as a doctor’s statement.

If you fail to notify the Committee within ten (10) calendar days of the date of this notice or if you did not have good cause for failing to appear at the appeal hearing, your appeal will be dismissed.

The address and telephone number of the Committee are as follows:

Champaign County Public Aid Appeals Committee
c/o Champaign County Board Chair
Brookens Administrative Center
1776 E. Washington Street
Urbana, IL 61802
Telephone number: (217) 384-3772

Dated this _____ day of _____, 20____.

Champaign County Board Chair on
behalf of the Champaign County
Public Aid Appeals Committee

APPENDIX F

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF,)
)
) NO.
)
)

PROOF OF SERVICE

I, _____, the undersigned, hereby certify that on the _____
day of _____, 20____, I served a true and correct copy of the _____
_____ (name of the document or other paper served)
upon _____

(name and address of person or entity served)

by (check applicable box and complete if necessary):

hand delivering a true and correct copy to the aforementioned person or entity at the above address.

depositing a true and correct copy in the United States mail, first class postage fully prepaid, addressed as above, at _____, Illinois.

depositing a true and correct copy in the United States mail by certified mail, return receipt requested, addressed as above, at _____, Illinois.

Dated this _____ day of _____, 20_____.

Signature

APPENDIX G

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF,)
)
) NO.
)

SUBPOENA

TO:

YOU ARE HEREBY COMMANDED to appear to testify before the **CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE** at _____

_____ in the City

of _____, Illinois, on the _____ day of _____,

20____, at _____ .m.

YOU ARE COMMANDED ALSO to bring the following:

in your possession and control.

YOUR FAILURE TO APPEAR IN RESPONSE TO THIS SUBPOENA WILL

SUBJECT YOU TO PENALTIES PRESCRIBED BY LAW.

Witness _____, 20____

Champaign County Board Chair on behalf
of the Champaign County
Public Aid Appeals Committee

APPENDIX H

BEFORE THE CHAMPAIGN COUNTY PUBLIC AID APPEALS COMMITTEE

IN RE THE MATTER OF THE)
APPEAL OF)
)
) NO.
)

SUBPOENA RETURN

I served this Subpoena as follows (check applicable box and complete):

by handing the original to (name and address):

_____ on _____, 20 _____. I also served a check payable to the witness in the amount of \$ _____ for witness and mileage fees.

by mailing the original to (name an address):

_____ on _____, 20 _____. I also served a check payable to the witness in the amount of \$ _____ for witness and mileage fees.

I am over 18 years old and not a party to this proceeding.

Subscribed and sworn to before me this _____ day of _____, 20 _____.

Notary of Public

(To the officer or person making service): Serve the witness with the original of this Subpoena and any check for witness fees and mileage. On a true and correct copy complete the Return, have your signature notarized and file with the Champaign County Public Aid Appeals Committee.

Fees for Service

Service Fee	\$ _____
Photocopying (_____ copies @ _____ per copy)	\$ _____
Mileage (_____ miles @ _____ per mile)	\$ _____
Postage	\$ _____
Total Fees for Service	\$ _____

PROCLAMATION

DESIGNATING THE MONTH OF SEPTEMBER AS NATIONAL ALCOHOL AND DRUG ADDICTION RECOVERY WEEK

WHEREAS, 74% of Americans say that addiction to alcohol has had impact on them at some point in their lives, whether it was their own personal addiction, that of a friend or family member, or any other experience with addiction; and

WHEREAS, 63% of Americans also say that addiction to either drugs or alcohol has had some impact on them at some point in their lives, whether it was their own personal addiction, that of a friend or family member, or any other experience with addiction; and

WHEREAS, stigma and discrimination present obstacles and can be a mark of disgrace to those with substance abuse disorders who need access to treatment facilities, and for those who want to reestablish their place in the community by entering the workforce; and

WHEREAS, educating our community about how substance abuse disorders affect children, families, and all community members is essential to overcoming stigma and discrimination; and

WHEREAS, we must recognize the achievement of those who seek out treatment services and ensure that such services are readily available to those who need assistance; and

WHEREAS, substance abuse disorders are treatable, yet serious health care problems, and we can take steps to address them to build a stronger, healthier community; and

WHEREAS, to help achieve this goal, the U.S. Department of Health and Human Services, the Substance Abuse and Mental Health Services Administration, the White House Office of National Drug Control Policy, and Prairie Center Health Systems invite all residents of Champaign County, Illinois to participate in National Alcohol and Drug Addiction Recovery Month this September.

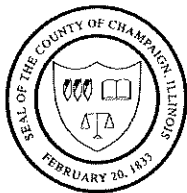
NOW, THEREFORE, IT IS PROCLAIMED that the Champaign County Board does hereby proclaim the month of September 2006 as **National Alcohol and Drug Addiction Recovery Month** and calls upon the citizens of Champaign County to observe this month with appropriate program, activities, and ceremonies supporting this year's theme "Join the Voices of Recovery: Build a Stronger, Healthier Community."



Barbara Wysocki, Chair
Champaign County Board

ATTEST:

Mark Shelden, County Clerk and
Ex-officio Clerk of the County Board



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 EAST WASHINGTON
URBANA, IL 61802
(217) 384-3776
(217) 384-3765 – PHYSICAL PLANT
(217) 384-3896 – FAX
(217) 384-3864 – TDD
Website: www.co.champaign.il.us

ADMINISTRATIVE SUPPORT
DATA PROCESSING
MICROGRAPHICS
PURCHASING
PHYSICAL PLANT
SALARY ADMINISTRATION

MEMORANDUM

TO: Tom Betz, Chair & POLICY, PERSONNEL & APPOINTMENTS COMMITTEE

FROM: Deb Busey, County Administrator of Finance & HR *Deb*

DATE: March 27, 2006

RE: REQUEST REGARDING ASSIGNMENT OF PAYROLL ADMINISTRATION

I am writing to request your consideration of re-assignment of the County's payroll administration functions from the Auditor's Office to Administrative Services. This would require moving one full-time position – Accountant/Payroll – from the Auditor's Office to Administrative Services, and changing the designation of the County's IMRF Agent from the Auditor to the County Administrator of Finance and HR Management. Following is a summary of the benefits, as identified by the members of the HR Team within Administrative Services, in support of this change.

1. CENTRALIZATION

- a. Records - All payroll records maintained in one location with other confidential HR records – confidentiality and security enhanced
- b. Services – One office for all HR services – benefits administration, payroll, identification badges, policy information, parking registration, new employee registration, existing employee interviews, etc. benefiting:
 - i. Employees
 - ii. Department liaisons
 - iii. Outside requests for confidential personnel information
- c. Location – Physical location of all HR functions in one place

2. ORGANIZATIONAL CLARITY

- a. Clarification of roles with responsibility for County HR placed with one department head – establishes clear line of accountability for all HR functions
- b. Payroll issues are directly tied to budgeting and management of labor contracts which are issues coordinated and managed through Administrative Services

- c. Reporting and Planning – EEO reports, market surveys, and long term planning for salary administration, labor negotiations, etc. are coordinated and enhanced through consolidation of entire County HR group
 - d. IT Support – Easier collaboration with, access to and support from IT division when all HR functions are consolidated/centralized
3. **CREATION of COUNTY HR TEAM**
- a. Cross-training and back-up of HR functions – With all County HR employees in one office, they can cover for each other through cross-training – a benefit not currently available to the payroll function
 - b. County’s HR employees have the opportunity to function as a team, rather than having one piece isolated from the rest
 - c. Greater communication and resulting consistency in procedure can be achieved when all HR employees work together as a team
4. **FACILITY BENEFITS**
- a. Office space currently available in Administrative Services for the Payroll Administrator in the same corridor with the Insurance Specialist, Salary Administrator Assistant and Deputy County Administrator/HR
 - b. Frees up office space for the Auditor
5. **KRONOS** – Payroll go-live date anticipated for October 1, 2006 – total system go-live date anticipated for January 1, 2007 – Kronos operations are designed for a system where HR functions are centralized.

In addition to the benefits as stated above, we have also obtained comparable information from other Illinois counties with whom we routinely do surveys to determine how they are managing the HR and payroll functions within their organizational structure. The comparables are as follows:

Rock Island County – County Board in FY2006 created a Human Resources Department directly under the direction of the County Board. This department handles payroll, benefits administration and all other personnel related matters. The County’s IMRF Agent is the County Clerk. *(Note-Rock Island County has a full-time elected County Board Chair, but no County Administrator.)*

McLean County – County Administration manages pay plan and compensation, recruiting, training, benefits design and administration, most disciplinary and termination matters, labor negotiations, etc. Payroll registers are submitted by each department to the Treasurer’s Office. County Administration pre-approves any rate changes due to promotions, merit increases, etc. No changes are accepted to payroll by the Treasurer’s Office without County Administration authorization. Authority for all payroll issues is clearly assigned to the County Administrator/County Board. The Treasurer is the designated IMRF agent, however County Administrator manages disability, retirement, and counsel for employees regarding IMRF issues and options.

Peoria County – County Administrators' Office is responsible for all HR functions, including payroll. Auditor is the County's designated IMRF agent.

Sangamon County – HR Director working for the County Board coordinates all personnel management. County Auditor processes payroll and is designated as County's IMRF Agent.

As you can see, with the exception of Sangamon County, payroll administration in each of the counties is directly linked to the County Administrator's or HR Department's function. Each of the counties does, however, designate an elected official as the IMRF agent. I am requesting the IMRF designation be changed to the County Administrator because management of IMRF for the County and its employees is closely linked with other areas of human resource management which would be managed by Administrative Services if the payroll function is moved. In speaking with Michael Frerichs regarding this recommendation, I am aware that he is not in agreement with the proposal to move payroll administration. However, if the County Board does decide to move payroll administration, Mr. Frerichs would agree that it makes sense to change the designated IMRF Agent for the County.

RECOMMENDED ACTION:

The Policy, Personnel and Appointments Committee recommends to the County Board the re-assignment of one full-time Payroll Accountant from the Office of the County Auditor to the Administrative Services Department, and the associated responsibilities of payroll administration for Champaign County, effective upon approval by the County Board.

The Policy, Personnel and Appointments Committee further recommends a change in the designated IMRF Agent for Champaign County from the County Auditor to the County Administrator of Finance and HR Management, effective upon the County Board's formal notification to IMRF.

Thank you for your consideration of this recommendation. Please feel free to contact me if you have additional questions or concerns regarding this issue.

BRAY, DRAKE, LILES & RICHARDSON LLP
Certified Public Accountants

KARL E. DRAKE, CPA
CURTIS D. LILES, CPA
R. NEIL RICHARDSON, CPA

1606 N. Willow View Road, Suite 1E
Urbana, Illinois 61802-7446

Phone 217/337-0004
Fax 217/337-5822

CONSULTANT:
JAMES P. BRAY, CPA

August 2, 2006

**Mr. Steve Beckett and the Policy,
Personnel, and Appointments Committee
Champaign County Board
1776 East Washington
Urbana, Illinois 61802**

Dear Steve and Committee Members:

In a letter dated July 14, 2006, Mr. Beckett asked me to provide an analysis of the proposed move of payroll management personnel from the Auditor's office to Administrative Services, as well as recommendations regarding the issue.

It should be noted that a prior letter from me on this matter dated March 31, 2006, should be considered void and withdrawn. As a result of 2 meetings subsequent to that time, involving at least at one of those meetings Deb Busey, myself, Steve Beckett, Jerry Preston, Mike Frerichs, and Carol Wadleigh, it became apparent that insufficient information had been presented to me to come to a reasonable conclusion.

On July 31, 2006, I met with Jerry Preston and Ron Gremore and discussed the Kronos® payroll system, its implementation, and controls. The purpose of the meeting was for me to gather as much information about the system as was possible in one meeting, and to particularly discuss built-in controls in the system.

As represented and demonstrated to me by Jerry, the system has many built-in controls. Each employee has password protection for their own access to their "punch-ins" and "punch-outs" on a daily basis, as well as the ability to review their time activity and even print out certain data regarding their own time entries. In addition, certain employees, such as department heads, are given authority to perform certain management functions within their own department. Certain persons, such as Jerry and other computer personnel have additional higher access authority as needed to perform their jobs. It was demonstrated to me that the system leaves a trail of activity providing information as to who entered original time data, and who approved the data before payroll checks are processed. As demonstrated to me, it appears that a reasonable audit trail exists within the system.

As a result of this information, I have come to the following conclusions:

- 1) There are sufficient built-in controls (as represented to me but not tested by me) that makes the location of and office affiliation of the payroll person a personnel decision by your Committee. Input from Deb Busey and Mike Frerichs should be considered in that decision.

- 2) It does not appear, based on the additional information provided to me, that this is an issue that affects internal control.
- 3) It should be noted that normal internal controls will not prevent collusion between employees attempting to commit fraud. It should also be noted that levels of authority and actions granted to department heads and other management personnel in any manual or computer system always leave open the possibility of misuse and abuse. Even audits are not designed or expected to detect such misuse, abuse or fraud.

Having made the previous statements, I would also like to make the following recommendation:

If the payroll position is moved from the Auditor's office to Administrative Services, I believe strongly that a full-time replacement accountant should be budgetarily provided to the Auditor's office. That office would be losing a well-trained, well-qualified person with much experience in the Auditor's office, leaving a vacuum in that office. My experience during the independent outside audit leads me to believe that such a loss would negatively affect daily activity, the ability to cover for sick time and vacations, and may even affect the ability of that office to support our independent audit process. I have over thirty years of experience with the process of replacing qualified accountants, and I know the detrimental affects of losing a good accountant. The Auditor's office will need more than a simple clerical person; they will need a qualified, experienced accountant.

Sincerely,
BRAY, DRAKE, LILES & RICHARDSON LLP

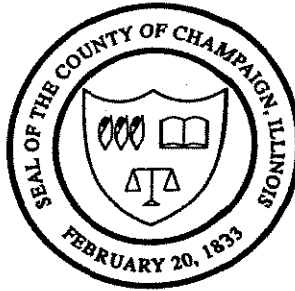


Karl E. Drake, CPA
Partner

CC: Deb Busey, County Administrator
of Finance & HR Management
Michael Frerichs, County Auditor

Barbara Wysocki
Chair
email: bwysocki@co.champaign.il.us

Steve Beckett
Vice-Chair



Brookens Administrative Center
1776 East Washington Street
Urbana, Illinois 61802
Phone (217) 384-3772
Fax (217) 384-3896

**Office of
County Board
Champaign County, Illinois**

MEMORANDUM

TO: Tom Betz, Chair and Members of the POLICY, PERSONNEL & APPOINTMENTS COMMITTEE

FROM: Steve Beckett, Member of Policy, Personnel & Appointments Committee

DATE: July 31, 2006

RE: *Assignment of Payroll Administration*

At the April meeting of the Policy, Personnel & Appointments Committee, there was a recommendation from the County Administrator of Finance & HR to move the payroll administration function to the HR division of the Administrative Services Department, and a correlating memo from the County Auditor with stated objections to that proposal. I requested this matter be deferred, to allow me time to meet with all parties and formulate an opinion with regard to this issue.

After several meetings with all the interested parties, I have concluded the following:

1. There is substantial benefit to the long-term operation of the County if all personnel and human resource functions are centralized in the Administrative Services Department, an office which is directly accountable to the County Board.
2. I believe that there is no audit function disadvantage to the reassignment of the payroll administration function. I have asked the County's outside auditor Karl Drake to provide insight on this issue and expect to receive a report from him in mid-August.
3. There is a disadvantage to the Auditor's Office if payroll administration is moved, because of the small staff size of that office. The Auditor's Office currently operates with five full-time equivalent positions in addition to the position of the elected Auditor. If the full-time equivalents are downsized to four positions, it will create some difficulty for that staff to provide full

coverage of daily functions when one or more staff members is using benefit time.

Based on these conclusions, my recommendation is that the County Board re-assign payroll administration to the Administrative Services Department, effective December 1, 2006. I also recommend that an additional ½ time accountant position be budgeted for the Auditor's Office staff effective December 1, 2006. The annual salary cost for this position is \$16,879.20.

I look forward to further discussion of this issue at our meeting on August 9th. Thank you for your consideration of this information.

xc: Michael Frerichs, Auditor
Deb Busey, County Administrator of Finance & HR Management

Closed Meeting Minutes Review – Policy, Personnel, & Appointments Committee – September 6, 2006

Is it necessary to protect the public interest or privacy of an individual?

Date of Minutes	Yes, Keep Confidential	No, Place in Open Files
June 4, 1990 <i>Performance Appraisal Subcommittee</i>		
February 8, 1991 <i>Performance Appraisal Subcommittee</i>		
March 7, 1991 <i>Performance Appraisal Subcommittee</i>		
February 20, 1992 <i>Performance Appraisal Subcommittee</i>		
February 24, 1992 <i>Performance Appraisal Subcommittee</i>		
February 26, 1992 <i>Performance Appraisal Subcommittee</i>		
March 10, 1992 <i>Performance Appraisal Subcommittee</i>		
April 14, 1992 <i>Performance Appraisal Subcommittee</i>		
May 12, 1992 <i>Performance Appraisal Subcommittee</i>		
December 9, 1992		
May 14, 1993 <i>Search Subcommittee</i>		
May 21, 1993 <i>Search Subcommittee</i>		
June 24, 1993 <i>Search Subcommittee</i>		
January 7, 1994 <i>Performance Appraisal Subcommittee</i>		
February 17, 1995 <i>Performance Appraisal Subcommittee</i>		
August 7, 1996 <i>Performance Appraisal Subcommittee</i>		
June 10, 1997		
July 14, 1998		
March 22, 1999		
November 8, 1999 <i>Performance Appraisal Subcommittee</i>		

Date of Minutes	Yes, Keep Confidential	No, Place in Open Files
January 13, 2000		
February 16, 2000 <i>Performance Appraisal Subcommittee</i>		
June 12, 2000		
August 21, 2000		
May 9, 2002		
September 16, 2003		
March 30, 2004		
April 27, 2004		
May 18, 2004		
September 21, 2004		
June 8, 2005		
October 5, 2005		
*April 5, 2006 (Green)		

***Minutes not previously approved in semi-annual review.**

Prepared By: E. Boatz
8/30/2006

**VACANT POSITIONS LISTED ON DATA BASE
AS OF August 30, 2006**

FUND	DEPT.	POSITION TITLE	HOURLY RATE	REGULAR ANNUAL HOURS	REGULAR ANNUAL SALARY	FY2006 ANNUAL HOURS	FY2006 ANNUAL SALARY
80	22	DEPUTY COUNTY CLERK	\$9.36	624	\$5,840.64	626.4	\$5,863.10
80	30	LEGAL CLERK	\$9.36	1040	\$9,734.40	1044	\$9,771.84
80	40	CAPTAIN--SUPPORT SERVICES	\$39.37	2080	\$81,889.60	2088	\$82,204.56
80	40	CLERK	\$9.36	1950	\$18,252.00	1957.5	\$18,322.20
80	40	CLERK	\$9.36	1950	\$18,252.00	1957.5	\$18,322.20
80	40	SERGEANT-PATROL	\$31.42	2080	\$65,353.60	2088	\$65,604.96
80	51	ASSISTANT SUPERINTENDENT	\$21.61	1950	\$42,139.50	1957.5	\$42,301.58
80	51	COURT SERVICES OFFICER	\$17.26	1950	\$33,657.00	1957.5	\$33,786.45
80	51	COURT SERVICES OFFICER	\$17.26	1950	\$33,657.00	1957.5	\$33,786.45
80	51	COURT SERVICES OFFICER	\$17.26	1950	\$33,657.00	1957.5	\$33,786.45
80	51	COURT SERVICES OFFICER	\$17.26	1950	\$33,657.00	1957.5	\$33,786.45
80	52	COURT SERVICES OFFICER	\$15.43	1950	\$30,088.50	1957.5	\$30,204.23
80	52	COURT SERVICES OFFICER	\$15.43	1950	\$30,088.50	1957.5	\$30,204.23
80	52	COURT SERVICES OFFICER	\$15.43	1950	\$30,088.50	1957.5	\$30,204.23
80	52	COURT SERVICES OFFICER	\$15.43	1950	\$30,088.50	1957.5	\$30,204.23
80	71	MAINTENANCE WORKER	\$9.89	2080	\$20,571.20	2088	\$20,650.32
80	140	CLERK	\$9.36	1950	\$18,252.00	1957.5	\$18,322.20
80	140	SERGEANT--CORRECTIONS	\$28.82	2080	\$59,945.60	2088	\$60,176.16
80	140	LIEUTENANT--CORRECTIONS	\$31.99	2080	\$66,539.20	2088	\$66,795.12
83	60	HIGHWAY MAINTENANCE WORKER	\$18.40	2080	\$38,272.00	2088	\$38,419.20
83	60	MECHANIC	\$19.32	2080	\$40,185.60	2088	\$40,340.16
83	60	SENIOR ENGINEER	\$21.61	2080	\$44,948.80	2088	\$45,121.68
671	30	LEGAL CLERK	\$9.36	1950	\$18,252.00	1957.5	\$18,322.20
			\$409.35		\$803,410.14		\$806,500.20

Identification Presented:
Type: _____ : ID# _____ File Date _____
Type: _____ : ID# _____

REGISTRATION OF DOMESTIC PARTNERSHIP AFFIDAVIT

[County of Champaign, Illinois]

WE DO HEREBY CERTIFY OURSELVES TO BE DOMESTIC PARTNERS AS DEFINED BY THE COUNTY OF CHAMPAIGN, ILLINOIS DOMESTIC PARTNER REGISTRY ORDINANCE. WE FURTHER DECLARE:

- We are engaged in a committed relationship and intend to remain together indefinitely.
- We are at least 18 years of age and have the capacity to enter into a contract.
- We share a common permanent residence and are jointly responsible to each other for the necessities of life.
- We are not related by blood closer than permitted for married couples under Illinois marriage laws.
- Neither of us has another domestic partner.
- Neither of us is legally married.
- Neither of us may lawfully be claimed as a dependent on any other person's federal income tax return.
- We understand that the registration of this Domestic Partnership Affidavit creates a domestic partnership of continuous duration until either of us files an Affidavit of Termination or upon the death of either of us.
- Each of us agrees to file jointly or separately an Affidavit of Termination with the Deputy County Administrator of Human Resources within 30 days of a change in this domestic partnership such that we no longer meet the criteria herein.

WE CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Applicant's signature _____
(print) (written)

Address: (street) _____ (city/state) _____ (zip) _____

Proof of Age Verified

Applicant's signature _____
(print) (written)

Address _____ (city/state) _____ (zip) _____

Proof of Age Verified

SUBSCRIBED and SWORN to before me by
_____ and _____
this _____ day of _____, 20_____.

Notary Public

For Office Use Only
File Date: _____

**AFFIDAVIT OF TERMINATION OF REGISTERED
DOMESTIC PARTNERSHIP**
Champaign County Administrative Services

I/We filed a Registration of Domestic Partnership Affidavit on _____,
I/We hereby state that the domestic partnership has been terminated.

I/WE CERTIFY THAT THE INFORMATION BELOW IS TRUE AND CORRECT.

Applicant's signature _____
(print) (written)

Address: (street) _____ (city/state) _____ (zip) _____

Applicant's signature _____
(print) (written)

Address: (street) _____ (city/state) _____ (zip) _____

**At least one signature is required. If this affidavit is executed by only one partner, a copy must be sent to the other partner by registered mail, return receipt requested, at the partner's last known mailing address. Proof of mailing must be presented before this form can be filed with the Deputy County Administrator of Human Resources.*

SUBSCRIBED and SWORN to before me by

_____ and _____
on this _____ day of _____, _____.

(Notary Public)

DECLARATION OF DOMESTIC PARTNERSHIP

[County of Champaign, Illinois]

I, _____ AND I, _____ **DO HEREBY DECLARE** that we have thoroughly read and fully understand this Declaration and the Domestic Partnership Registry Ordinance (attached hereto and made a part thereof) upon which it is based, and that we are in full compliance with all the requirements for a domestic partnership and that we hereby declare under oath to be DOMESTIC PARTNERS as defined in An Ordinance Establishing A Domestic Partner Registry, and enacted pursuant to a vote of the Champaign County Board as Resolution No. 5208.

WE FURTHER DECLARE, as domestic partners, that we have chosen to share one another's lives in a committed relationship of mutual caring and that we are jointly responsible and obligated for the necessities of life incurred during our domestic partnership.

THE UNDERSIGNED AUTHORIZE the County of Champaign acting pursuant to Resolution No. 5208 to issue certified copies of said Declarations to members of the public upon request and payment of the required fees as required under the Freedom of Information Act.

THE UNDERSIGNED AGREE to file an Affidavit of Termination of Registered Domestic Partnership within 30 days of any change in the partnership which causes it not to satisfy any one of the requirements for a domestic partnership as set forth in Resolution No. 5208 of the County of Champaign.

THE UNDERSIGNED UNDERSTAND that any person, including any employer, who relies upon a registered Declaration of Domestic Partnership to the person's or employer's detriment as a result of a false statement contained therein or a false assertion of family membership; or as a result of a failure to notify the Deputy County Administrator of Human Resources, or any person or employer previously notified of the Domestic Partnership of a change in the status of the Domestic Partnership or family membership, shall have the right to bring a civil action in any court of competent jurisdiction against the appropriate Domestic Partner(s) to recover damages for such detrimental reliance.

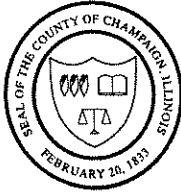
THE UNDERSIGNED FURTHER UNDERSTAND that the execution of this Declaration may further be construed by a court of law as creating enforceable, legal obligations between the persons executing the same.

**ATTACHMENTS GIVEN
TO THE COMMITTEE
AT THE MEETING**

**POLICY, PERSONNEL, &
APPOINTMENTS COMMITTEE
SEPTEMBER 6, 2006**

Contents:

1. Recommendations for Employee Insurance Benefits for FY2007 –
Agenda Item IX C



CHAMPAIGN COUNTY ADMINISTRATIVE SERVICES

1776 EAST WASHINGTON
URBANA, IL 61802
(217) 384-3776
(217) 384-3765 – PHYSICAL PLANT
(217) 384-3896 – FAX
(217) 384-3864 – TDD
Website: www.co.champaign.il.us

ADMINISTRATIVE SUPPORT
DATA PROCESSING
MICROGRAPHICS
PURCHASING
PHYSICAL PLANT
SALARY ADMINISTRATION

MEMORANDUM

TO: Tom Betz, Chair, and Members of the Policy, Personnel & Appointments Committee

FROM: Deb Busey, County Administrator of Finance & HR Management
Debbie Chow, Insurance Specialist

DATE: September 6, 2006

RE: **RECOMMENDATIONS FOR EMPLOYEE INSURANCE BENEFITS FOR FY2007**
– Health, Life, Dental & Optional Life

The following recommendations are for employee insurance benefits for the December 1, 2006 to November 30, 2007 benefit plan year. These recommendations, if approved by the Policy, Personnel & Appointments Committee, are to be forwarded to the full Board for final approval. We request that you forward your recommendation to the County Board to the September 21st, 2006 meeting to enable open enrollment to take place during the month of October.

RECOMMENDATION FOR FY2007 HEALTH INSURANCE PLANS

We recommend the following health insurance plans be made available to all non-bargaining county employees:

Health Alliance Plans -

Health Alliance Custom HMO 90/10 Plan with Prescription drug benefit \$10/\$20/\$40
Health Alliance Custom HMO 80/20 Plan with Prescription drug benefit \$10/\$20/\$40
Health Alliance Custom HRA PPO Plan with Prescription drug benefit \$10/\$20/\$40

PersonalCare Plans –

PersonalCare HMO 13 – 90/10 Plan with Prescription drug benefit \$10/\$20/\$50
PersonalCare HMO 21 – 80/20 Plan with Prescription drug benefit \$10/\$20/\$50
PersonalCare HRA PPO Plan with Prescription drug benefit \$10/\$20/\$50

We further recommend the County's contribution for non-bargaining employee health insurance for FY2007 be equal to the cost of the least expensive 80/20 Plan – for FY2007, this is the Health Alliance Custom HMO 80/20, with individual premium at \$424/month, \$5,088/year.

With the six plans offered, there is a new option being made available to County employees by both Health Alliance and Personal Care. This new option is a high deductible health plan, with a lower premium than the HMO 80/20 plans. Participation in a high deductible health plan creates the opportunity for the County to establish an HRA or Health Reimbursement Account for its employees. With the HRA, the County is able to contribute to the deductible expense the employee will assume when changing to this type of insurance plan. Our recommendation is that the County Board cover a portion of the employee's deductible expense for employees who select these plans, so that the County's total annual contribution is still equal to the annual contribution for the HMO 80/20 plan.

We recommend that for employees selecting the HRA Plans, the County establish an HRA and after the first \$100.00 of deductible has been paid by the employee, the County will pay the next \$800.00 in deductible expense for employees on the Health Alliance HRA Plan, and the next \$500.00 in deductible expense for employees on the Personal Care HRA.

Plans made available to the County's bargaining employees will be consistent with current contract language, until new language has been negotiated and agreed upon.

Summary sheets regarding the benefits provided with each of these plans are attached to this Memorandum for your information.

RECOMMENDATION FOR FLEXIBLE SPENDING ACCOUNT/HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATION

The following recommendation is for third party administration of the county's flexible spending and health reimbursement accounts. Benefit Planning Consultants (BPC) is a local company, which has been in business in Champaign County for 25 years. BPC has an excellent reputation with numerous local clients. BPC is the current third party administrator of the county's flexible spending accounts.

We recommend approval of a contract with Benefit Planning Consultants, Inc. as the county's third party administrator for flexible spending and health reimbursement accounts for the plan year December 1, 2006 to November 30, 2007 at a rate of \$5.50/participant/month with data download and a rate of \$6.00/participant/month without data download, anticipated annual cost of \$14,400.

RECOMMENDATION FOR FY2007 LIFE INSURANCE

We recommend renewal of the life insurance benefit program through Lafayette Life Insurance Company for the policy period December 1, 2006 to November 30, 2007 at a rate of \$.13 per \$1,000 of coverage per employee per month.

Lafayette Life provided the county with a two year rate guarantee at last year's renewal. This recommendation is for the second year of the two year rate guarantee.

RECOMMENDATION FOR DENTAL INSURANCE

We recommend approval of the dental insurance benefit program through Trustmark Insurance Company for the policy period January 1, 2007 to December 31, 2008. The entire premium is paid by the employee. The renewal of dental insurance is offered with an average 5% decrease for the PPO coverage and 17% decrease for the fee for service plan.

<u>Trustmark PPO MONTHLY Premium</u>		<u>Trustmark Premier MONTHLY Premium</u>	
Single	\$13.94	Single	\$24.98
Employee + child(ren)	\$39.74	Employee + child(ren)	\$50.32
Employee + Spouse	\$28.32	Employee + Spouse	\$49.94
Family	\$63.94	Family	\$93.04

Due to the diligent work of Barham Benefit Group the county is able to offer a dental plan with increased benefits and a decrease in premium for the dental programs offered to county employees with premium rates guaranteed for 24 months.

RECOMMENDATION FOR OPTIONAL LIFE INSURANCE

We recommend the following be offered to county employees for FY2007:

1. **Optional Term Life Insurance through Lafayette Life Insurance Company – premiums to be paid by the employee.**
2. **Optional Universal Life Insurance through AllState Insurance Company – premiums to be paid by the employee.**

RECOMMENDATION FOR OPTIONAL VOLUNTARY INSURANCE

We recommend the following be offered to county employees for FY2007:

1. **Voluntary Group Accident Insurance through AllState Insurance Company – premiums to be paid by the employee.**
2. **Voluntary Group Cancer Insurance through AllState Insurance Company – premiums to be paid by the employee.**
3. **Voluntary Critical Illness Insurance through AllState Insurance Company – premiums to be paid by the employee.**

Thank you for your consideration of the Employee Benefits Package for FY2007. We will be present at your meeting to further address questions or concerns you may have.

attachments

PersonalCare Benefit Analysis For Champaign County

	PersonalCare 90/10	PersonalCare 80/20	PersonalCare HRA
	12/1/06 - 11/30/07	12/1/06 - 11/30/07	12/1/06 - 11/30/07
Benefit Highlights	HMO - In-Network	HMO - In-Network	PPO - In/Out-of-Network
Deductible:			
Single	N/A	N/A	\$1,000 In/\$2,000 Out of Net.
Family	N/A	N/A	\$2,000 In/\$4,000 Out of Net.
Lifetime Maximum	Unlimited	Unlimited	\$5,000,000
Coinsurance	90% Coinsurance	80% Coinsurance	80% In/60% Out of Net.
Max. Out-of-Pocket (after Deductible)	\$1,500	\$1,500	\$2,500 In/\$3,500 Out of Net.
Family Max. Out-of-Pocket (after Ded.)	\$3,000	\$3,000	\$5,000 In/\$7,000 Out of Net.
	Enrollee Pays:	Enrollee Pays:	Enrollee Pays:
Maternity	10% Coinsurance	20% Coinsurance	20% In/\$500 Copay then 40% Out
Supp. Accident/ER	10% Coinsurance	20% Coinsurance	\$175 Copay (No Ded. Applies)
Ground/Air Ambulance to Nearest Hosp.	10% Coinsurance (Waived If Admitted)	20% Coinsurance (Waived If Admitted)	\$0 Copay (No Ded. Applies)
Hospitalization	10% Coinsurance	20% Coinsurance	20% In/\$500 Copay then 40% Out
OutPatient Procedures	10% Coinsurance	20% Coinsurance	20% In/40% Out of Net.
Organ & Tissue Transplants	10% Coinsurance	20% Coinsurance	\$20 In / Not Covered Out
Office Visits	\$20 Copay/Visit	\$20 Copay/Visit	\$20 Copay/Visit / 40% Out
Specialist Care	10% Coinsurance	20% Coinsurance	\$30 Copay/Visit / 40% Out
X-rays and Lab Services	10% Coinsurance	20% Coinsurance	20% In/40% Out of Net.
Preventative Care	\$20 Copay/Visit	\$20 Copay/Visit	\$20 Copay/Visit / 40% Out
Well Baby Care	10% Coinsurance	20% Coinsurance	\$20 Copay/Visit / 40% Out
Routine Immunizations	10% Coinsurance	20% Coinsurance	\$0 Copay In / 40% Out
Rehabilitation			
InPatient (max. days combined w/ SNF)	10% Coinsurance	20% Coinsurance	20% In/\$500 Copay then 40% Out (30 Days)
OutPatient	10% Coinsurance (60 Day Period/Yr.)	20% Coinsurance (60 Day Period/Yr.)	20% In/40% Out of Net. (\$3,000 Max. Ben.)
OutPatient Back/Neck/Spine Treatment	\$20 Copay (Preauth.)	\$20 Copay (Preauth.)	20% In/40% Out of Net. (\$1,000 Max. Ben.)
Skilled Nursing Facility (max. days comb. w/ IP Rehab)	10% Coinsurance (120 Days/Yr.)	20% Coinsurance (120 Days/Yr.)	20% In/40% Out of Net. (120 Days/Yr.)
Hospice Care	10% Coinsurance	20% Coinsurance	20% In/40% Out of Net.
Home Health Care	10% Coinsurance (Preauth.)	20% Coinsurance (Preauth.)	20% In/40% Out of Net.
Medical Equipment & Supplies	10% Coinsurance	20% Coinsurance	20% In/40% Out of Net.
Mental Illness			
InPatient	10% Coinsurance (10 Days/Yr.)	20% Coinsurance (10 Days/Yr.)	20% In/\$500 Copay then 40% Out (45 Days/Yr.)
OutPatient	10% Coinsurance (20 Visits/Yr.)	20% Coinsurance (20 Visits/Yr.)	\$30 Copay/Visit In / 40% Out (35 Visits/Yr.)
Prescription Drugs:			
Copay (Generic/Brand Name)	\$10/\$20	\$10/\$20	\$10/\$20
Non-preferred Brand Name	\$50	\$50	\$50
Specialty Pharmacy			
Maximum Out of Pocket			
Maximum Annual Benefit			
	Employee Only	Family	
	\$454.61	\$841.02	\$383.82
		\$807.32	\$710.07

*This is only an outline. Actual contract provisions will be determined by specific carrier. Please consult formal proposal for actual

Health Alliance Benefit Analysis For Champaign County

	Health Alliance 90/10	Health Alliance 80/20	Health Alliance HRA
Benefit Highlights	12/1/06 - 11/30/07	12/1/06 - 11/30/07	12/1/06 - 11/30/07
	HMO - In Network	HMO - In Network	PPO - In/Out of Network
Deductible:			
Single	N/A	N/A	\$1,000 In/\$2,000 Out of Net.
Family	N/A	N/A	\$2,000 In/\$4,000 Out of Net.
Lifetime Maximum	Unlimited	Unlimited	\$5,000,000
Coinsurance	90% Coinsurance	80% Coinsurance	80% In/60% Out of Net.
Max. Out-of-Pocket (after Deductible)	\$1,500	\$1,500	\$2,500 In/\$3,500 Out of Net.
Family Max. Out-of-Pocket (after Ded.)	\$3,000	\$3,000	\$5,000 In/\$7,000 Out of Net.
	Enrollee Pays:	Enrollee Pays:	Enrollee Pays:
Maternity	10% Coinsurance	20% Coinsurance	20% In / 40% Out of Net.
Supp. Accident/ER	10% Coinsurance	\$125 Copay/Visit (Waived if Admitted)	\$150 Copay (No Ded. Applies)
Ground/Air Ambulance to Nearest Hosp.	10% Coinsurance		\$100 Copay (No Ded. Applies)
Hospitalization	10% Coinsurance	20% Coinsurance	20% In / 40% Out of Net.
Outpatient Procedures	10% Coinsurance	20% Coinsurance	20% In / 40% Out of Net.
Organ & Tissue Transplants	10% Coinsurance	80% Coinsurance (Preauth)	20% In / 40% Out of Net.
Office Visits	10% Coinsurance	\$20 Copay/Visit	\$20 Copay In / 40% Coins. Out
Specialist Care	10% Coinsurance	\$20 Copay/Visit	\$20 Copay In / 40% Coins. Out
X-rays and Lab Services	10% Coinsurance	20% Coinsurance	20% In / 40% Out of Net.
Preventative Care	10% Coinsurance	\$20 Copay/Visit	\$0 Copay In / 40% Coins. Out
Well Baby Care	10% Coinsurance	\$0 Copay	\$20 Copay In / 40% Coins. Out
Routine Immunizations	10% Coinsurance	\$0 Copay	\$0 Copay In / 40% Coins. Out
Rehabilitation			
InPatient (max. days combined w/ SNF)	10% Coins. (120 Days/Year)	20% Coins. (120 Days/Year)	20% In/40% Out (120 Days/Year)
OutPatient	10% Coins. (60 Visits/Cond./Year)	20% Coins. (60 Visits/Cond./Year)	20% In. 40% Out (60 Visits/Cond./Year)
OutPatient Back/Neck/Spine Treatment	10% Coinsurance (Preauth)	\$20 Copay/Visit (Preauth)	50% Coins. (No Ded. Applies)
Skilled Nursing Facility (max. days comb. w/ IP Rehab)	10% Coins. (120 Days/Year)	20% Coins. (120 Days/Year)	20% In / 40% Out of Net. (120 Days/Yr.)
Hospice Care	10% Coinsurance (Preauth)	20% Coinsurance (Preauth)	20% In / 40% Out of Net.
Home Health Care	10% Coinsurance (Preauth)	20% Coinsurance (Preauth)	20% In / 40% Out of Net.
Medical Equipment & Supplies	10% Coinsurance (Preauth)	20% Coinsurance (Preauth)	20% In / 50% Out of Net.
Mental Illness			
InPatient	10% Coins. (10 Days/Year)	20% Coins. (10 Days/Year/Service)	20% In/40% Out (45 Days/Year)
OutPatient	10% Coins. (20 Visits/Year)	20% Coins. (20 Visits/Year/Service)	20% In. 40% Out (60 Visits/Year)
Prescription Drugs:			
Copay (Generic/Brand Name)	\$10/\$20	\$10/\$20	\$10/\$20 In / 50% Out of Net.
Non-preferred Brand Name	\$40	\$40	\$40 In / 50% Out of Net.
Specialty Pharmacy	20% Coins	20% Coins	20% / 50% Out of Net.
Maximum Out of Pocket	\$1,500 (3x Family)	\$1,500 (3x Family)	\$1,500 (3x Family) / Unlimited Out
Maximum Annual Benefit	\$300,000	\$300,000	\$300,000 Preferred Provider
Employee Only	\$564.00	\$424.00	\$357.00
Family	\$1,037.00	\$780.00	\$655.00

*This is only an outline. Actual contract provisions will be determined by specific carrier. Please consult formal proposal for actual



Fee Proposal

**Combined HRA & Flex Plans
with Direct Deposit (ACH)
For:
Champaign County
September 5, 2006**

One-Time Design & Set-up of The Plan

- **Initial Set-up:** **Fee Waived**
- **Plan Document:** **Fee Waived**
 - Up-to-date Plan Document
 - Summary Plan Description (SPD)
 - Master enrollment and claim forms provided to Employer for copying
 - Customized Web Page (gateway) on BPC's website designed specifically for employees. Includes Reimbursement Forms, SPD, list of eligible expenses, educational materials, and instructions.
 - Establishment of the plan on the system
 - Participant data entry
 - Online Participant Balances available via the web 24x7

Ongoing Monthly Administration Services

• **Monthly Administration Charges for plan starting Dec. 1, 2006**

<u>Based on Number of Employee on Health Plan</u>	<u>Charge per participant/per month</u>
Per Participant Per Month	\$5.50 with data download
Per Participant Per Month	\$6.00 without data download

***Monthly fees include Flex & HRA Administration and Direct Deposit**

- **Assumptions:**
 - BPC sends transfer register to Employer
 - BPC reimburses employees **weekly** for paper claims
 - BPC produces reports to Employer on a monthly basis
 - BPC produces quarterly statements for employees
- **Additional Services:**
 - Enrollment support services quoted upon request

Annual Administration Services

- Annual new year data set-up and Discrimination Testing \$200.00 (after the first Plan Year)
- Optional: - IRS Form 5500 preparation and filing (per plan) \$150.00 plus \$25 per Schedule A

Accepted by (signature) _____ **Title** _____ **Date** _____
Good for 30 days from date of proposal. Always ask for an updated fee schedule.

County of Champaign Trustmark Dental Benefit/Cost Analysis

	Trustmark Network Plan		Trustmark Premier Plan
Benefits	In Network	Out of Network	
Deductible:			
Individual	\$50	\$100	\$50
Family	\$150	\$300	\$150
Annual Maximum	\$1,000		\$1,000
Lifetime Orthodontia Max.	\$1,000		\$1,000
Services & % Covered	Out of Net. UCR at 50th Percentile		Out of Net. UCR at 90th Percentile
<u>Diagnostic & Preventive:</u>			
Oral Examination	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
Prophylaxis	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
Topical Fluoride	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
Sealants	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
Space Maintainers	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
Harmful Habit Appliances	100% (No Ded.)	70% (No Ded.)	100% (No Ded.)
<u>Basic Services:</u>			
X-rays	80%	40%	100% (No Ded.)
Simple Restorative / Fillings	80%	40%	80%
Emergency Exams	80%	40%	80%
<u>Major Services:</u>			
Oral Surgery / Extractions	50% (12 Month. W.P.)	30% (12 Month W.P.)	80%
Denture/Bridge/Crown Repair	50%	30%	50%
Endodontics	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
Periodontics	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
Stainless Steel Prefab Crowns	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
Major Restorative / Crowns	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
Prosthetics	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
<u>Orthodontia</u>	50% (12 Month. W.P.)	30% (12 Month W.P.)	50% (12 Month W.P.)
Rates	24 Month Rate Guarantee		24 Month Rate Guarantee
Single	\$13.94		\$24.98
Family	\$63.94		\$93.04
Employee/Spouse	\$28.32		\$49.94
Employee/Child(ren)	\$39.74		\$50.32
Monthly Premium	\$5,581.50		\$6,387.64
Annual Premium	\$66,978.00		\$76,651.68

Note: This is only an outline. Actual contract provisions will be determined by specific carrier.

9/4/2006

W.P. - Waiting Period Applies to New Hires Only

Monthly & Annual Rates based on Census