COLERAIN
EST. 1794

Regular Meeting of the Board of Trustees

July 10, 2018

1. **Opening of Meeting**
2. **Executive Session** 6:00 PM
3. **Pledge of Allegiance** 7:00 PM
4. **Meditation (Moment of Silence)**
5. **Fiscal Office** – Approval of Minutes from June 12, 2018, June 26, 2018 and June 27, 2018
6. **Presentations:** None
7. **Citizens Address: Questions Concerning Today's Agenda**
8. **Administrative Reports**
9. **Trustees' Report**
10. **Public Hearing**
    a. 2019 Tax Budget
11. **New Business**

Public Safety

a. Motion Authorizing Part-Time Employee Change of Pay Status (Fire)
b. Motion to Execute Contract with Stop Stick LTD for the Purchase of Pursuit-Ending Devices (Police)
c. Motion to Execute Contract with T Northgate Mall, LLC for Police Services (Police)
d. Motion to Hire Police Officer Candidate (Police)
e. Motion to Hire Police Officer Candidate (Police)

Public Services

a. Motion to Hire Part-time Community Center Event Attendant

Planning & Zoning

a. Resolution Declaring Nuisance and Ordering Abatement

Administration

a. Motion to Execute Contract with Urban Fast Forward for a Northbrook Strategic Investment Plan
b. Motion to Execute Contract with Dinn Focused Marketing, Inc. for a Housing Market Study
c. Motion to Execute Contract with Anthem Services for Dental, Vision and Life Insurance

COLERAIN

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d. Motion to Execute Contract with Sun Life Financial for Voluntary, Critical Illness and Accident Insurance

12. Fiscal Office Report

a. Resolution Authorizing Statutorily Required Contribution to OPERS for Township Administrator

13. Citizens Address

14. Executive Session - if needed

15. Adjournment

COLERAIN

Public Hearings

Department: Colerain Township Finance Department

Department Head: Emily Randolph, Director of Finance

a. Public Hearing for 2019 Tax Budget
Staff recommends **approval** of the 2019 Tax Budget for a total of $37,530,380.41

Rationale:
The annual budget process includes a review on annual operating expenses, revenue stream, as well as the discussion of upcoming capital needs. Each July, the Township presents the next Fiscal Year's tax budget to the Board of Trustees.

Colerain Township
2019 Projected Fund Detail

ACCOUNT NUMBER	FUND DESCRIPTION	JAN. 1 BALANCE WITH 2019 EST. RECEIPTS	2019 PROJECTED EXPENDITURES	PROJECTED BALANCE 12/31/19
	Balance	$ 7,155,164.64		
	Estimated Receipts	$ 5,767,299.27		
1000	**GENERAL**	$ 12,922,463.91	$ 6,470,247.78	$ 6,452,216.13
	Balance	$ 111,341.53		
	Estimated Receipts	$ 45,635.54		
2011	**MOTOR VEHICLE LICENSE TAX**	$ 156,977.07	$ 54,437.40	$ 102,539.67
	Balance	$ 904,686.99		
	Estimated Receipts	$ 330,256.55		
2021	**GASOLINE TAX**	$ 1,234,943.54	$ 631,689.05	$ 603,254.49
	Balance	$ 217,175.00		
	Estimated Receipts	$ 987,079.05		
2031	**ROAD & BRIDGE**	$ 1,204,254.05	$ 954,652.32	$ 249,601.73
	Balance	$ 2,801,523.42		
	Estimated Receipts	$ 7,800,819.27		
2081	**POLICE DISTRICT**	$ 10,602,342.69	$ 8,389,861.76	$ 2,212,480.93
	Balance	$ 6,922,456.83		
	Estimated Receipts	$ 11,127,491.74		
2111	**FIRE DISTRICT**	$ 18,049,948.57	$ 13,335,882.18	$ 4,714,066.39
	Balance	$ -		
	Estimated Receipts	$ 401,352.05		
2181	**ZONING**	$ 401,352.05	$ 401,352.05	$ (0.00)
	Balance	$ 506,252.45		
	Estimated Receipts	$ 542,617.59		
2231	**PERMISSIVE MOTOR VEHICLE TAX**	$ 1,048,870.04	$ 412,357.20	$ 636,512.84
	Balance	$ 161,251.97		
	Estimated Receipts	$ 63,523.00		
2261	**LAW ENFORCEMENT TRUST**	$ 224,774.97	$ 224,774.97	$ -
	Balance	$ 2,415.37		
	Estimated Receipts	$ 1,500.00		
2271	**ENFORCEMENT & EDUCATION**	$ 3,915.37	$ 1,500.00	$ 2,415.37
	Balance	$ 549,516.19		
	Estimated Receipts	$ 1,476,500.00		
2281	**EMS SERVICE FEES**	$ 2,026,016.19	$ 1,192,125.29	$ 833,890.90
	Balance	$ 172,085.69		
	Estimated Receipts	$ 156,544.35		
2401	**LIGHTING ASSESSMENT**	$ 328,630.04	$ 188,617.70	$ 140,012.34
	Balance	$ 678.86		
	Estimated Receipts	$ 236,275.00		
2901	**Kroger TIF**	$ 236,953.86	$ 236,275.00	$ 678.86

Colerain Township
2019 Projected Fund Detail

ACCOUNT NUMBER	FUND DESCRIPTION	JAN. 1 BALANCE WITH 2019 EST. RECEIPTS	2019 PROJECTED EXPENDITURES	PROJECTED BALANCE 12/31/19
	Balance	92,958.77		
	Estimated receipts	$ 64,000.00		
2902	**RECYCLING INCENTIVE**	$ 156,958.77	$ 54,029.93	$ 102,928.84
	Balance	$ 1,903,019.25		
	Estimated Receipts	$ -		
2903	**Towne Center TIF**	$ 1,903,019.25	$ 92,070.00	$ 1,810,949.25
	Balance	$ 2,446.25		
	Estimated Receipts	$ -		
2907	**Stone Creek TIF**	$ 2,446.25	$ 2,446.25	$ -
	Balance	$ -		
	Estimated Receipts	$ 125,000.00		
2908	**CBDG**	$ 125,000.00	$ 125,000.00	$ -
	Balance	$ 431,654.82		
	Estimated Receipts	$ -		
2910	**TIF Best Buy**	$ 431,654.82	$ 431,654.82	$ -
	Balance	$ -		
	Estimated Receipts	$ 725,922.85		
2911	**Parks & Services**	$ 725,922.85	$ 725,922.85	$ -
	Balance	$ -		
	Estimated Receipts	$ 350,351.25		
2912	**Community Center**	$ 350,351.25	$ 350,351.25	$ (0.00)
	Balance	$ 0.02		
	Estimated Receipts	$ 306,793.74		
3102	**BOND RETIREMENT PARKS**	$ 306,793.76	$ 306,793.76	$ -
	Balance	$ 1.00		
	Estimated Receipts	$ 212,136.50		
3103	**BOND RETIREMENT PW**	$ 212,137.50	$ 212,137.50	$ -
	Balance	$ -		
	Estimated Receipts	$ 178,400.00		
3105	**BOND RETIREMENT STREETSCAPE**	$ 178,400.00	$ 178,400.00	$ -
	Balance	$ 0.74		
	Estimated Receipts	$ 239,918.02		
3301	**BOND RETIREMENT FIRE**	$ 239,918.76	$ 239,918.76	$ (0.00)
	Balance	$ -		
	Estimated Receipts	$ -		
4401	**NSP Funds**	$ -	$ -	$ -
	Balance	$ -		
	Estimated Receipts	$ 2,317,882.58		
4409	**OPWC**	$ 2,317,882.58	$ 2,317,882.58	$ -
	TOTAL ESTIMATED RECEIPTS	$ 33,457,298.35		
GRAND TOTALS		$ 55,391,928.15	$ 37,530,380.41	$ 16,050,598.49

NEW BUSINESS

Department: Colerain Township Department of Fire & Emergency Medical Services

Department Head: Frank Cook, Chief of Department

a. Motion Authorizing Part-Time Employee Change of Pay Status
Request authorization for a *change of pay status* for Brayden Miller from Firefighter Emergency Medical Technician (EMT) - Basic to the *Firefighter Paramedic* classification at a new pay rate of $15.93 per hour retroactive back to Friday, June 1st, 2018.

Rationale:
Firefighter Miller has successfully completed all State of Ohio and Department of Fire and EMS requirements to function as a paramedic. The request to back-date his effective date is the result of the inter-departmental approval process that extended beyond the June 2018 Board of Trustee's agenda due date submission.

Department: Colerain Police Department

Department Head: Mark C. Denney, Chief of Police

Police

a. Motion to Execute Contract with Stop Stick LTD for the Purchase of Pursuit-Ending Devices
Recommend adoption of a motion to permit Colerain Township Administrator Geoff Milz to sign a purchase agreement with Stop Stick LTD in the amount of $10,695.

Rationale:
The Department last purchased these pursuit-ending devices almost two decades ago. The units we have are unserviceable and in need of replacement. This provides each of our marked police cruisers with this important tool.

No other vendor provides a comparable product to this piece of equipment. Two companies manufacture a product that is similar to the Stop Stick brand device (in the dimensions and packaging we require), however, the cost for those devices is $549.00 and $499.00 ($30.00 more than Stop Stick). Stop Stick is based in Harrison, Ohio, which provides us with a drastically reduced cost to train and obtain service. There is no state contract for these types of tools (by any manufacturer).

This purchase was included in the 2018 Capital Budget.

b. Motion to Execute Contract with T Northgate Mall, LLC for Police Services
Recommend adoption of a motion to permit Colerain Township Administrator Geoff Milz to sign an agreement with T Northgate Mall, LLC for police services.

Rationale:
The agreement is for police coverage, staffed by off-duty Colerain Police officers assigned by the Colerain Police Department. The Township will invoice T Northgate Mall LLC monthly at a rate of $52.50 per hour (5% going to the Township) and make all required deductions. It is anticipated that the officers will cover approximately 3,744 hours per year.

While this is an "off-duty" detail, the hours will be assigned by the Police Department, including mandatory assignment if needed.

c. Motion to Hire Police Officer Candidate
Recommend adoption of a motion to appoint Brian Haubiel to the position of Probationary Police Officer. If approved, Brian Haubiel's salary would be $53,000 and he would serve a one-year probationary period. His hiring would be contingent upon the

completion of the Ohio Peace Officer Police Academy and State of Ohio certification exam, and successful passage of a psychological and medical examination. The effective date of his employment would be September 1, 2018.

Rationale:
Brian is a 2004 graduate of Ohio Northern University and is currently attending the Butler Tech Police Academy. Prior to joining the academy, Brian worked in the banking industry for the past 13 years. Brian is a Colerain Township resident and is the father of two children.

This appointment fills one of four current vacancies within the Police Department and does not increase the approved staffing level.

d. Motion to Hire Police Officer Candidate
Recommend adoption of a motion to appoint Robert Nash III to the position of Probationary Police Officer. If approved, Robert Nash's salary would be $53,000 and he would serve a one-year probationary period. His hiring would be contingent upon the completion of a psychological and medical examination. The effective date of his employment would be July 15, 2018.

Rationale:
Robert is a 2014 graduate of Harrison High School and a 2017 graduate of the Great Oaks Police Academy. Robert is currently employed by the Hamilton County Sheriff's Office.

This appointment fills one of four current vacancies within the Police Department and does not increase the approved staffing level

STOP STICK®

Quotation

Quote Number	2018-246
Terms	Net 30 Days
Date	03/02/2018
Sales Person	Joey Himmelstein
Valid Until	04/01/2018
Shipping	
Contract Number	
Cooperative	

Ship To

Michael Owens
Colerain Township Police Department.
4200 Springdale Rd.
Cincinnati, OH 45251
United States
513-321-2677
mowens@colerain.org

Bill To

Colerain Township Police Department.
United States

#	Qty.	Product	Item Code	Unit Price	Ext. Price
1	23	9' Stop Stick Rack Kit - Red	S3011K	$ 465.00	$ 10,695.00

Quotation Totals

Currency:	US Dollar
Subtotal:	$ 10,695.00
Total:	$ 10,695.00

Quotation Accepted By

Quote Number	2018-246
Print Name	_____
Title	_____
Signature	_____
Date	_____

CONTRACT FOR POLICE SERVICES
BETWEEN THE COLERAIN POLICE DEPARTMENT AND T NORTHGATE MALL, LLC

THIS CONTRACT FOR POLICE SERVICES ("**Contract**") is made as of this ____ day, of July, 2018, by and between Colerain Township ("**Township**") and T Northgate Mall, LLC, a Texas limited liability company ("**Landlord**"), collectively referred to herein as the "Parties" and, each, a "Party".

THAT, FOR AND IN CONSIDERATION of the mutual covenants and agreements herein contained, Township and Landlord do hereby agree to the terms regarding Northgate Mall (the "**Shopping Center**"), located in Cincinnati OH as follows:

1. Township shall provide all necessary labor, supervision, vehicle, equipment, and supplies to maintain and provide the police & security services described herein including but not limited to monitoring the Shopping Center security cameras from off-site Police headquarters on a periodic basis.

2. The Township shall schedule one (1) police officer ("**1st Officer**") to patrol the Shopping Center pursuant to Attachment "A". The start time for the schedule will be determined by the Chief of Police for Colerain Police Department and the onsite management ("**Management**") at the Shopping Center. The Officer shall also thoroughly investigate reports of crime, proactively address issues related to the safety and security of the Shopping Center and its tenants with Management and provide or solicit qualified persons or police personnel as a means of providing resources on requested law enforcement related issues ("**Police Duties**").

3. In addition to the Police Duties, detailed responsibilities of the Officer that patrols shall be included in a job description for each position ("**Job Description**"), written by the Chief of Police and Management. The Job Description shall be completed five (5) days prior to the Commencement Date.

4. The Cost and Expenses, as herein after defined, of the Police Duties shall be borne by Landlord as follows:

   a. "Attachment A" sets forth the Cost and Expenses for the provision of the Police Duties. The Township will invoice the Landlord on a monthly basis to reflect the actual hours worked.

   b. Both Parties have reviewed the Cost and Expenses of this Police Duties attached to and made a part of this Contract. The Parties agree that the Landlord is responsible only for the costs provided in "Attachment A."

6. The Officers and equipment hereby under contract will, at all times, be under the direct supervision and control of the Colerain Police Department (to perform those tasks and duties set out in the Job Description) and of the Chief of Police of Colerain

Township, and subject to the rules, regulations and policies of the Colerain Police Department, and the laws of the State of Ohio and the United States Government. The Parties agree that the Officers shall be assigned to Police Duties at the Shopping Center that benefit the mission of the Police Department and Shopping Center while not being contradictory to police procedure or policies of the Colerain Police Department.

7. All records of performance of services will be maintained by the Colerain Police Department. The Colerain Police Department will conduct quarterly and yearly evaluations of Officers assigned to provide Police Duties to Shopping Center and its properties. Colerain Police supervisors will seek input from Shopping Center personnel while preparing these reviews.

8. The term of this Contract shall be for one (1) year (the "**Term**"), commencing on July 15, 2018 (the "**Commencement Date**"), through June 30, 2019 (the "**Expiration Date**").

9. Either Party may request a meeting to review or revise this Contract if needed. All portions of this Contract shall be reviewed by both Parties on a yearly basis. Either Party may request a revision of the Contract, or terminate this Contract, by service of written notice upon the other Party, at least thirty (30) days prior to cancellation of the Contract.

10. Colerain Township reserves the right to assign the Officers who patrol Shopping Center, in accordance with the contract; provided, however, nothing herein prevents Shopping Center from requesting any replacement of who it believes is not adequately performing his/her duties. All Officers patrolling the Shopping Center, in accordance with this Contract will remain, at all times, employees of Colerain Township.

11. All notices and demands required or permitted to be given pursuant to this Contract shall be in writing. Any notice or document required or permitted to be delivered hereunder shall be deemed to be delivered when (i) actually received by the designated addressee or, if earlier and regardless of whether actually received or not, (ii) three (3) days after having been deposited in the United States mail, postage prepaid, certified mail, return receipt requested, or (iii) one (1) business day after being sent by overnight delivery or personal delivery to Landlord or Township, addressed to the Parties hereto at the respective addresses set out below, or at such other addresses as they have theretofore specified by written notice. Township agrees that notices to Township may be given by Landlord's attorney, property manager or other agent.

LANDLORD: T Northgate Mall, LLC, a Texas limited liability company
Northgate Mall Management Office
Attn: Office Manager
9501 Colerain Avenue
Cincinnati, OH 45251

with a copy to: T Northgate Mall, LLC
16600 Dallas Pkwy, Suite 300
Dallas, TX 75248

Township: Colerain Township
Attn: Administrator
4200 Springdale Road
Cincinnati, Ohio 45251

11. Each Party shall be liable for its own acts to the extent provided by law.

12. The Township agrees that all insurance required to adequately cover vehicles, personnel, and equipment used by the Township in the provision of the selected services will be provided by the Township. Township shall procure and maintain from the Commencement Date throughout the Term, a policy or policies of insurance, at its sole cost and expense, the following insurance coverages with respect to the operation of its business:

(i) Workers' Compensation Insurance covering all Officers employed, directly or indirectly, by Township and all employees and agents of Township with respect to whom death or bodily injury claims could be asserted against Landlord or Township, as required by the laws of the State in which the Premises are located; and

(ii) Commercial automobile liability insurance for hired, owned/registered under Township's name and non-owned vehicles, including contractual liability with a single limit of liability not less than $1,000,000 per accident for bodily injury and property damage combined.

[Signature Page to Follow]

IN WITNESS WHEREOF, the Parties have executed this Contract effective as of the Effective Date.

_____
Mr. Zeshan Tabani,
Vice President

_____
Geoff Milz, Township Administrator

Resolution prepared by and approved as to form:

_____
Lawrence E. Barbiere (0027106)
5300 Socialville-Foster Road, Suite 200
Mason, Ohio 45040
(513) 583-4200
Colerain Township Law Director

Attachment "A"

COLERAIN POLICE DEPARTMENT CONTRACT SERVICE COSTS

Costs and Expenses as defined in Colerain Police Department proposal:

The Cost and Expense for Police Duties provided to **Landlord** in the Contract is $52.50 per hour. The Township will invoice Landlord monthly and will keep a record of hours worked by each officer.

The Township shall be responsible for paying the officers and shall be responsible for all deductions as required.

NEW BUSINESS

Department: Public Services

Department Head: Kevin Schwartzhoff, Director of Public Services

Public Services

a. Motion to Hire Part-Time Community Center Event Attendant
Recommend the Board of Trustee hire Samantha Lang as a part-time Event Attendant effective July 13, 2018 at an hourly rate of $15.00 per hour contingent upon the successful completion of a background check. This will fill an open position at the Community Center.

Rationale:

NEW BUSINESS

Department: Planning & Zoning

Department Head: Jenna M. LeCount, AICP

a. Resolution Declaring Nuisance and Ordering Abatement
Recommend adoption of a Resolution to remove uncontrolled vegetation and/or refuse at the listed properties.

Rationale:
This Resolution is recommended to allow the Trustees to abate and assess properties with the Ohio Revised Code nuisance violations.

The Board of Trustees of Colerain Township, County of Hamilton, State of Ohio, met in regular session at 7:00 p.m., on the 10th day of July, 2018, at the Colerain Township Administration Building, 4200 Springdale Road, Cincinnati, Ohio 45251, with the following members present:

Greg Insco, Raj Rajagopal, Dan Unger

Mr. _____ introduced the following resolution and moved its adoption:

RESOLUTION NO. _____

RESOLUTION DECLARING NUISANCE AND ORDERING ABATEMENT

WHEREAS Uncontrolled vegetation and/or refuse and debris were reported at the properties listed below:

Address	Book-Page-Parcel No.
2499 Banning	510-0073-0090-00
2966 Cranbrook	510-0014-0158-00
3082 Libra	510-0054-0236-00
7209 Longwood	510-0072-0282-00
2511 Mariposa	510-0051-0023-00
3254 Niagara	510-0102-0019-00
8406 Pippin	510-0063-0370-00
8812 Planet	510-0062-0063-00
4519 Poole	510-0202-0006-00
6840 Schuster	510-0074-0362-00
9076 Trinidad	510-0053-0424-00

WHEREAS Ohio Revised Code Section 505.87 provides that, at least seven days prior to providing for the abatement, control or removal of any vegetation, garbage, refuse or debris, the Board of Trustees shall notify the owner of the land and any holders of liens of record upon the land; and

WHEREAS Ohio Revised Code Section 505.87 provides that, if the Board of Trustees determines within twelve consecutive months after a prior nuisance determination that the same owner's maintenance of vegetation, garbage refuse, or other debris on the same land in the township constitutes a nuisance, at least four days prior to providing for the abatement, control or removal of the nuisance, the Board must send notice of the subsequent nuisance determination to the landowner and to any lienholders of record by first class mail; and

WHEREAS In accordance with Ohio Revised Code Section 505.87, the Township Trustees have the authority to contract to abate the nuisances and have the costs incurred assessed to the property tax bills; therefore

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Colerain Township, Hamilton County, Ohio, as follows:

1. That this Board specifically finds and hereby determines that the uncontrolled growth of vegetation and/or the refuse and debris on each of the said properties listed above constitute a nuisance within the

meaning of Ohio Revised Code Section 505.87, and the Board directs that notice of this action be given to owners of the said property and lienholders in the manner required by Ohio Revised Code Section 505.87;

2. That this Board hereby orders the owners of said property to remove and abate the nuisances within seven days after notice of this order is given to the owners and lienholders of record, and within four days after notice of this order is given to the owners and lienholders of record for properties previously determined to be a nuisance. If said nuisances are not removed and abated by the said owners, or if no agreement for removal and abatement is reached between the Township and the owners and lienholders of record within four or seven days after notice is given, the Zoning Inspector shall cause the nuisances to be removed, and the Township shall notify the County Auditor to assess such cost plus administrative expense to the property tax bills for the said parcel, as provided in Ohio Revised Code Section 505.87;

3. That it is hereby found and determined that all formal actions of this Board concerning and relating to the passage of this Resolution were taken in an open meeting of this Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were taken in meetings open to the public, in compliance with all legal requirements including §121.22 of the Ohio Revised Code; and

4. That the Board by a majority vote hereby dispenses with the requirement that this Resolution be read on two separate days and hereby authorizes the adoption of the Resolution upon its first reading.

5. That this Resolution shall be effective at the earliest date allowed by law.

Mr._____ seconded the Resolution, and the roll being called upon the question of its adoption, the vote resulted as follows:

Vote Record: Mr. Insco_____, Mr. Rajagopal_____, Mr. Unger_____

ADOPTED this 10th day of July, 2018.

BOARD OF TRUSTEES:

_____
Greg Insco, Trustee

_____
Raj Rajagopal, Trustee

_____
Dan Unger, Trustee

ATTEST:

_____
Heather E. Harlow,
Colerain Township Fiscal Officer

Resolution prepared by and approved as to form:

_____
Lawrence E. Barbiere (0027106)
5300 Socialville Foster Rd., Suite 200
Mason, OH 45040 (513) 583-4200
Colerain Township Law Director

AUTHENTICATION

This is to certify that this Resolution was duly passed and filed with the Colerain Township Fiscal Officer this 10th day of July, 2018.

_____
Heather E. Harlow
Colerain Township Fiscal Officer

NEW BUSINESS

Department: Administration

Department Head: Geoff Milz

a. Motion to Execute Contract with Urban Fast Forward for a Northbrook Strategic Investment Plan

Recommend approval of the motion to execute a contract with Urban Fast Forward to produce a Strategic Investment Plan for Northbrook at a cost of $25,000

Rationale:

As part of its Community Development Block Grant application for 2018-2020, Colerain Township applied for and received a grant for $25,000 to produce a Strategic Investment Plan for the Northbrook Neighborhood. Proposals were requested from consultants interested in working on the project and the township received three proposals. The Core Group of the A Greater Northbrook organization were invited to interview the three interested consultants and they determined that Urban Fast Forward was the consultant that they would like to work with.

This contract will be paid for entirely with grant funds.

b. Motion to Execute Contract with Dinn Focused Marketing, Inc. for a Housing Market Study

Recommend approval of the motion to execute a contract with Dinn Focused Marketing, Inc. to produce a Housing Market Analysis for the Northgate Mall Site at a cost not to exceed $20,000.

Rationale:

As part of its Planning Mini-Grant application for 2018, Colerain Township applied for and received a grant from the Hamilton County Planning Partnership in the amount of $20,000 to produce a Housing Market Study for the Northgate Mall Site.

For 18 years, Dinn Focused Marketing has provided unique, housing market advisory amid a range of new housing, distressed market and repurposed development projects across the region. Principle Michael Dinn is a certified Counselor of Real Estate®, one of 1,000 of the most respected real estate advisors in the nation.

This contract will be paid for entirely with grant funds.

c. Motion to Execute Contract with Anthem Services for Dental, Vision and Life Insurance

Recommend approval of the motion to execute a contract with Anthem Services for the provision of Dental, Vision and Life Insurance for Township Employees.

Rationale:

As part of our annual review of insurance costs, we were able to save $83,000 by moving our Dental, Vision and Life insurances from Superior Dental, National Vision Administrators and Standard Life Insurance, respectively, to Anthem. Coverages remain the same.

d. Motion to Execute Contract with Sun Life Financial for Voluntary, Critical Illness and Accident Insurance

Recommend approval of the motion to execute a contract with Sun Life Financial for the provision of Voluntary, Critical Illness and Accident Insurance for Township Employees.

Rationale:

As part of our annual review of insurance, we were able to improve our insurance offering without increasing costs by moving our Voluntary, Critical Illness and Accident Insurance from Humana to Sun Life Financial.

Agreement for Provision of Limited Professional Services

Date: June 27, 2018

Client: Colerain Township, Ohio

Project: Northbrook Reinvestment Plan

Scope of Services: Attached

Charges:
Stipulated sum of $25,000.00, fixed price.
Payment will be on the following schedule:

At contract signing:	$6250.00
September 1:	$6250.00
October 1:	$6250.00
Submission of Final Report:	$6250.00

Schedule: Substantially per the schedule attached with adjustments as dictated by availabilities and client requirements.

Deliverable: A Final Report, with a summary of findings and proposed initiatives, to be supplied electronically in Adobe Acrobat PDF format and with 3 bound hard copies.

Special Conditions: As attached and made part of this agreement.

Accepted and Agreed to:

_____

Kathleen Norris
Managing Principal, Urban Fast Forward, LLC

_____

Geoff Milz
Township Administrator, Colerain Township

Terms and Conditions

Form of Agreement: These terms and conditions apply to any agreement to furnish professional services to which they are attached or referenced, including but not limited to letter agreements, standard contract forms, service agreements, whether oral or written.

Reimbursable expenses: this contract does not contain a provision for reimbursable expenses.

Payment, invoices will be submitted 15 days before the agreed payment date, if stipulated, and are due on the agreed date.

Standard of Care: In providing services under this agreement, Consultant will endeavor to perform in a manner consistent with that degree of skill and care ordinarily exercised by members of the same profession under similar circumstances. Consultant will perform its services as expeditiously as is consistent with the skill and care and the orderly progress of Consultants's part of the project. Regardless of any other term or condition of this agreement, Consultant makes no express or implied warranty of any sort. All warranties, including warranty of merchantability or warranty of fitness for a particular purpose are expressly disclaimed.

Indemnifications: Consultant and Client mutually agree, to the fullest extent permitted by law, to indemnify and hold each other harmless from damage, liability or cost to the extent caused by their own negligent acts and/or errors or omissions or those of anyone for whom they are legally liable, and arising from the project that is the subject of this agreement. Neither party is obligated to indemnify the other in any manner whatsoever for the other's own negligence.

Disputes: Any dispute of any kind between the Consultant and the Client shall be submitted to non-binding mediation subject to the parties agreeing to a mediator. Unless otherwise stipulated, the laws of the Consultant's principal place of business shall govern this agreement.

Ownership of documents and electronic files: Except as noted below in re final report, all documents or electronic files produced by the Consultant under this agreement are instruments of service and shall remain the property of the Consultant and may not be used by the Client for any purpose without the written consent of the Consultant. Electronic files and other work are furnished solely for the convenience of the Client. The Client agrees, to the fullest extent permitted by law, to indemnify and hold Consultant harmless from any claims, damages, losses and expenses, including attorneys fees arising out of or resulting from Consultants reports, files or other work product.

The Final Report produced by Consultant for Client will be jointly the property of both parties and may be used by either in any way.

At-Will: It is the explicit understanding of the parties that no offer of employment or subsequent engagement is implied or offered by this agreement.

Entire Agreement: This agreement constitutes the entire agreement between the parties and these Terms and Conditions may only be amended by the written agreement of both parties. Should any portion of this agreement be found to be illegal or unenforceable, such portion shall be deleted while leaving the entirety of the balance in effect.
END TERMS AND CONDITIONS

Northbrook Reinvestment Plan

1.) Public Engagement
- Review of available materials and previous findings
- 2 Stakeholder Engagement Sessions
    - Key community perceptions
    - Stakeholder preferences and recommendations

2.) Strategy Development
- Housing
    - Strengthen Appeal to Millennial Homeowners
    - Protect existing owners and asset value
        - Public Improvements
        - Private Improvements
        - Public/Private Partnership
        - Financing/Refinancing/Foreclosure Remediation
        - Access to Resources
    - Branding
        - Positioning Northbrook as a desirable place
        - Building on unique community character
            - Assets to enhance
            - Deficits to cure
            - History

3.) Implementation recommendations
- Placemaking and Activation
    - Increase community engagement
    - Raise community profile
        - Internally
        - Externally
    - Programming
        - Short term tactical
        - Ongoing
- Implementation Strategy and To Do List

4.) Final Report and Summary of Findings and Recommendations

REAL ESTATE CONSULTING PROJECT ENGAGEMENT

Colerain Township (Client) and Dinn Focused Marketing, Inc. (DFM) enter into this real estate project engagement (Engagement) to provide real estate consulting services to Client per the following terms and conditions. DFM is a CVE certified Veteran-Owned Small Business.

Project Scope of Work. Client and DFM agree that DFM shall provide a detailed attached housing market assessment, household profiles, housing product analyses and qualified real estate counseling (Project) in support of Client's support in the redevelopment of the Northgate Mall (Site) and their Northgate Redevelopment Study (Study). The initial Project Scope of Work is described in the attached Addendum One and shall be delivered in up to four Stages, while other Scope of Work may be included as agreed with subsequent Addenda under this Engagement.

Format and Presentation. DFM shall use all means available, both public and private, as allowed, to obtain the housing market research, trends and verification for its analyses. Per the Scope of Work, certain market boundaries, drivers and metrics would be approved by Client prior to launching the Project. The research from Stage One shall then be integrated into a proprietary DFM Platform (Platform) for ongoing assessment and the agreed outcomes compiled in a mix of personal or remote briefings, executive summaries and presentations as directed by Client.

Consulting Fee. Client and DFM agree a fee (Fee) for each Stage under a two-tiered consulting hourly rate based upon the level of DFM consulting activity. For professional and market research work (Professional work), the fee shall be $250.00 per hour; for advisory discussion, meetings and presentations (Advisory work), the fee shall be $175.00 per hour. The expected fees for each Stage of the Project are detailed in the attached Addendum One.

A retainer payment (Retainer) shall be sixty percent (60%) the Stage One fees or $4,275.00 as described in Addendum One and its receipt by DFM shall engage the Project. DFM shall later invoice Client monthly, as time and Scope of Work may require, for progress Fees on Project work and the Fees shall be due upon receipt. The balance of outstanding Fees plus any approved expenses is due upon delivery of the last Stage of the Project. DFM shall have the right to require a late payment charge of 10.0% on the balance of any payment(s) received after twenty-one (21) days.

Confidentiality. Client may grant DFM access to sensitive information regarding Client's business structure, and competitive marketing plans. With this access, DFM is bound under strict confidentiality not to disclose this information to anyone outside Client's company, or as allowed by Client on a case-by-case basis. DFM will only discuss such confidential information with Client, Client's approved representatives, and within DFM itself. All principals, employees and/or affiliates of DFM are bound by this confidentiality, and DFM pledges to limit the information passed within DFM to those on a "need to know" basis. Additionally, Client and DFM may execute a separate Confidentiality Agreement.

Exclusive Work Product. The Project compiled by DFM is produced for the exclusive use of the Client, their associates, financing and potential partners. The Project is not to be reproduced by Client for any other external commercial purposes. Although the Project is confidential and exclusive to Client, the analyses compiled by DFM will be obtained from either licensed data exclusive to DFM or public domain sources that anyone can reasonably access and therefore are not proprietary to Client.

Errors and Omissions. DFM will take great care to gather, compile and document the information for the Project to the best of its abilities within the time and information constraints available. The conclusions drawn from the Project, if any, are based upon reasonable professional assumptions and DFM's thirty-year experience in housing market research, housing development and design. However, Client must make its own assumptions and impart its own experience on the information presented by DFM in order to validate any conclusions drawn.

Conflict of Interest. In the event that any scope or stage of the Project would pose a conflict of interest with another DFM client, at the exclusive and professional discretion of DFM, DFM shall have the right to declare the conflict without breaching the confidentiality of the other client and without violating the terms and spirit of the Agreement, and to cease work on the Project or portion of the Project that is the source of conflict. DFM will acknowledge the conflict in writing and work to provide Client another source of marketing information or representation to the best of its abilities within the time allowed.

Access to DFM Platform. The scope of Stages One and Two will create a Site-specific Platform and dynamic market access to the relevant housing marketplace with the ability to quickly import other housing, economic, zoning, target household, engineering and general market data and imagery. Once completed, the Platform will remain relevant and available for subsequent Stages under the Project Engagement, however market performance data may be updated as frequent as quarterly, once deemed necessary and as later directed by Client.

Reimbursable Expenses. The Fee covers all reasonable time, technology and materials to accomplish the Project. The following expenses, only if required by the Scope of Work or other Client direction, are additional and shall be agreed to by both parties prior their expense:

Travel	Driving beyond a round trip of 100 miles for approved meetings or market reviews at $.60 per mile; airline travel and automobile rental as required for Client presentations or regional market research as detailed in the Scope of Work and/or by Client direction.
Lodging	As required for any overnight stays, either for Client meetings or regional market research as detailed in the Scope of Work and/or by Client direction.
Luncheons and Entertainment	Any extraordinary expenses relating to meals or entertainment with Client managers, key research contacts or marketing information sources.
Data, Technology and Printing Expenses	Other household, property record or specialty data, and technology purchases above that required by the Scope of Work, plus reproduction costs and delivery charges for any published work product.

Governing Law. Any disputes arising under this agreement shall be settled in accordance with the State of Ohio, in courts located in Hamilton County.

Severability; Reformation. If any part of this Agreement is found by as court of law to be illegal or unenforceable, such clause shall be stricken from the agreement or reformed to most closely effect the parties' intent without such illegality or unenforceability. The rest of the agreement will remain in full force and effect.

Effective Date. The effective engagement date (Effective Date) is the date of Client's execution below, along with receipt of fee Retainer per Consulting Fee above.

Engagement. DFM has executed this Engagement as of June 19, 2018. In the event Client has not executed below within five (5) working days to establish the Effective Date above, this Engagement shall be deemed to be an offer not accepted by Client, shall thereupon terminate and be of no force and effect.

DINN FOCUSED MARKETING, INC.

By: _____ Dated: June 19, 2018

Michael J. Dinn, CRE®
President

COLERAIN TOWNSHIP

By: _____ Dated: _____

Geoff Milz, AICP | LEED AP
Township Administrator

ADDENDUM ONE
Project Scope of Work

Project Scope of Work. Client and DFM agree that DFM shall provide a detailed attached housing market assessment, household profiles, housing product analyses and qualified real estate counseling (Project) in support of Client's Colerain Northgate Redevelopment Study (Study). The Project shall be delivered in up to four Stages.

Stage One. DFM shall review the Study and supporting data, then draft a Strategic Market Assessment (SMA) within a baseline market Platform in which to access and measure the most relevant housing market drivers, household profiles, plus adjacent and competitive housing supply metrics. Submarket boundaries and initial outcomes suggested below will be reviewed and approved by Client in advance.

Market Capacity information will suggest, identify and locate by current concentration the optimal submarket households that will create target household profiles. A mix of demographic and market segmentation data will be gathered within concentric household areas (Demand Areas) and later aggregated to US Census block group in the baseline Platform. Outcomes will include local attached rental and for-sale demand modeling. The expectation is an early basis for attached housing user profiles to gauge adjacent market's depth for new attached housing. Location of the suggested market boundaries are shown as Exhibit A.

Attached Market Performance information will be integrated for all competitive attached housing communities within a defined competitive submarket (Competitive Housing Area). DFM will also assess the non-owner occupied, for-sale housing within the Housing Area that also serves the target households and competes with existing attached housing choices. The combined data will be sorted for rents, sales, market trends, lifestyle connections and other key metrics. As agreed, DFM will incorporate any relevant Client dataset(s) available. Outcomes will include local attached housing supply modeling. The expectation is a comprehensive view of the subject attached market presence, unmet demand and trends over the relevant timeline.

SMA Outcomes. DFM will complete the SMA outcomes and be available to brief Client and Associates as directed by personal and/or secure online presentation within ten (10) working days from the Effective Date and per mutually agreed scheduling. The objective is to evaluate the potential market position of the Site against the recent submarket attached housing performance and refine the market assessment with Client feedback for a published Summary (see below) to support developer negotiations, Site design considerations, investor or other lender evaluation, and presentations to Colerain Township officials or other collaborators.

Consulting Fee. DFM estimates a mix of twenty (25) Professional hours and five (5) Advisory hours required for Stage One, a resulting Fee not to exceed $7,125.00. At Engagement, Client shall forward sixty percent (60%) of said fee as a retainer (Retainer) to launch the Project.

Data Allowance. DFM will license proprietary data for the Project and have access to other, deeper data metrics as may later be requested in subsequent Stages. DFM will share data access, Platform and outcomes as allowed by existing licenses. DFM and Client agree on an initial data allowance for Stage One of $1,950.00 to be billed with the Retainer above.

Once directed by Client in writing, DFM will proceed with Stage Two. If Client elects not to proceed, also noticed in writing, the Project shall halt and no other work shall be performed or consulting fees due beyond the Retainer above.

Stage Two. With Client approval to proceed, Stage Two shall refine the baseline data integrations and advance the Platform for a formal Client review and a series of internal, public Township or private sector presentations. Stage Two outcomes will be organized into briefing exhibits and dynamic slideshows. The expectation is to align early SMA outcomes with the Study, Township leadership and early private-sector feedback.

Client Presentation. DFM will ready the presentations as directed and scheduled by Client once Stage Two is authorized.

Consulting Fee Allowance. DFM cites an allowance mix of six (6) Professional hours and six (6) Advisory hours for Stage Two, billing as directed, up to a resulting Fee not to exceed $2,550.00 without additional Client authorization.

Stage Three. With Client approval to proceed, Stage Three shall combine the outcomes of Stages One and Two to complete the Platform for formal Client review and continued market presentation. Stage Three outcomes will be published into a detailed SMA Summary (Summary). Unless otherwise directed by Client, the Summary shall be provided in press-quality electronic (PDF) file format. The expectation is a detailed, published outlook on the current Township attached housing opportunities and appropriate, data-driven forecast of the optimal market positions for the Site's potential rental and for-sale attached housing components going forward.

Client Presentation. DFM will present the completed and published Summary to Client within eight (8) working days from the authorization of Stage Three and mutually agreed scheduling.

Consulting Fee. DFM estimates a mix of fourteen (14) Professional hours and two (2) Advisory hours required for Stage Two, a resulting Fee not to exceed $3,850.00.

Stage Four. After the presentation of any previous Stages and only at Client direction, Stage Four of the Project will be any supplemental market data, outcomes, online or personal presentations, publishing or counseling in support of the Project not detailed in a separate attached addendum with Fees at the hourly consulting rates cited in Consulting Fee above plus any approved expenses.

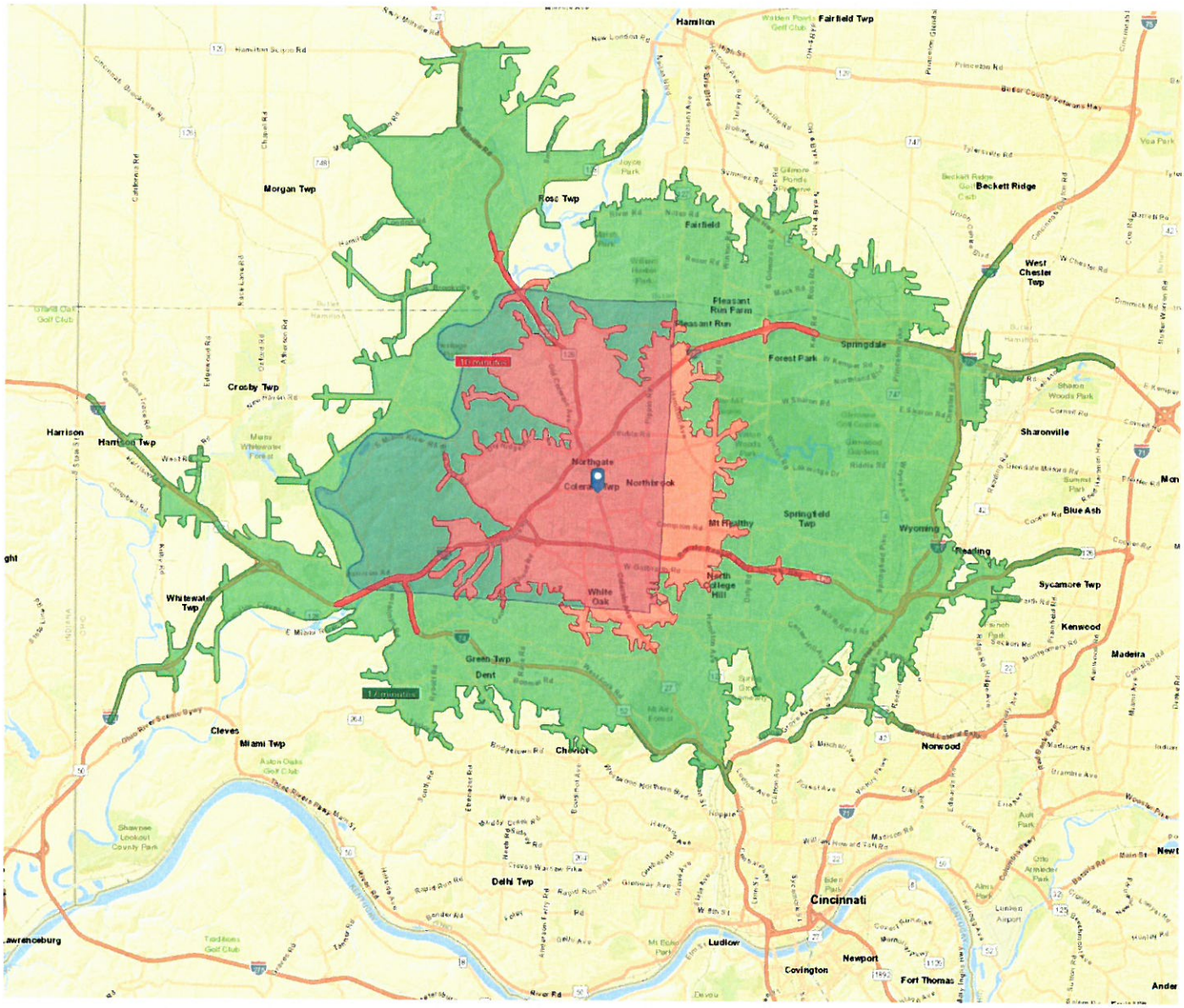
DFM Requirements. Client to provide DFM with the following:

- As available, copy of the initial Study objectives, other current market studies or strategic planning outcomes relative to Township housing stock and new housing development
- As available, current redevelopment planning, architectural designs, pro forma financial models and early marketing plans to evaluate or to be used as exhibits in the Project

- As may already be engaged, access to Client's current land planners, residential designers, private or public development firms and other development resources
- Any time-specific planning periods, objectives or specific liaison with financiers or agencies that may influence the Project while in progress
- Liaison with Client principals for market boundary approvals and metrics, plus Client payables manager for retainer and completion fee arrangements

Exhibit A: Project Trade Area Boundaries. On the following page.

Exhibit A: Project Trade Area Boundaries



*The graphic above plots the proposed household trade areas for Project demographic and market segmentation metrics (Demand Areas). The center point (CP) is located at the Mall Drive entry to the Northgate Mall and shown as the **blue pin**. The **Core Area** of **red shade** is a ten-minute drive in any direction under normal traffic and speed limit conditions from the CP, with access to most of the Township, plus portions of Springfield Township and Mount Healthy. The **Outer Area** of **green shade** is a similar, additional seven-minute drive beyond the Core Area or a total 17-minute drive from the CP that extends to all the Township, south into Green Township, east through Springfield Township to I-75 and north into portions of Fairfield. For reference, the Township is seen in light blue shade.*

Fully Insured Rate Quotation For: **Colerain Township**

Effective Date: August 1, 2018

Domicile State: Ohio

7/6/18

Anthem BlueCross BlueShield

DEDUCTIBLES

	In-Network	Out-of-Network
Annual Deductible	$25	$25
Family Deductible Multiple	2X Individual	2X Individual
Deductible Waived - Diag/Prev	Yes	Yes
Deductible Waived – Orthodontics	Yes	Yes

COST-SHARES	In-Network	Out-of-Network
Diagnostic & Preventive	100% Coinsurance	100% Coinsurance
Basic Restorative	80% Coinsurance	80% Coinsurance
Non Surgical Endodontics	80% Coinsurance	80% Coinsurance
Surgical Endodontics	80% Coinsurance	80% Coinsurance
Non Surgical Periodontics	80% Coinsurance	80% Coinsurance
Surgical Periodontics	80% Coinsurance	80% Coinsurance
Simple Oral Surgery	80% Coinsurance	80% Coinsurance
Complex Oral Surgery	80% Coinsurance	80% Coinsurance
Major Restorative & Prosthetics	80% Coinsurance	80% Coinsurance
Prosthetic Repairs & Adjustments	80% Coinsurance	80% Coinsurance
Orthodontics	60% Coinsurance	60% Coinsurance
Orthodontic Covers	Dependent Children Only	Dependent Children Only

MAXIMUMS	In-Network	Out-of-Network
Annual Maximum	$1,000	$1,000
Annual Maximum Carryover/Carry in	No/No	No/No
Out of Pocket Maximum Individual/Family	Not Applicable	Not Applicable
Lifetime Orthodontic Maximum	$1,500	$1,500

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QUOTE DETAILS

Product and Network	Essential Choice and Complete Network
Participation Requirement	As Currently Enrolled
SIC	9199 - General Government, N.E.C.
OON Reimbursement	90th percentile
Dependent Age	Children to Age 26
Contract Length	24 Months
Posterior Composites	Covered as Composites
Implants	Covered, 1 per tooth per 96 months
Brush Biopsy	Not Covered
Cosmetic Teeth Whitening	Not Covered
Sealants	Covered as Basic - 1 per 60 months; through age 15
Full Mouth X-Rays	1 per 60 months
Bitewing X-Rays	1 set per 12 months
Prior Coverage	With Prior Coverage
Waiting Periods - Bas/Maj	No Waiting Period
Waiting Periods - Ortho	No Waiting Periods
Waived (Initial Enrollees only)-Bas/Maj/Ortho	N/A / N/A / N/A
Child Ortho Dep Age	Through Age 19

FULLY INSURED RATES

Tier	Premium Rates	ACA Fees	Rates w/ ACA Fees	Contracts	Total Monthly Bill
Employee	$20.15	$0.29	$20.44	50	$1,021.87
Employee + Family	$63.59	$0.89	$64.48	105	$6,770.79
Totals				155	$7,792.66
					$93,511.95

Accepted By:

Signature _____ Date _____

Printed Name _____ Title _____

Underwriting Signoff:

Signature _____

Printed Name _____ Title _____

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

7/9/18

Fully Insured Rate Quotation For: **Colerain Township**

Effective Date: August 1, 2018

Assumptions:

Note 1:	The above quoted rates are based on information received by Anthem. If at the time of enrollment there is a significant change in any of the information, Anthem reserves the right to withdraw or modify the quoted rates.
Note 2:	5.00% broker commission is included in this rate quote.
Note 3:	This Anthem plan assumes no underlying funding of any type including, but not limited to, copays, deductibles and other cost-shares.
Note 4:	If actual enrollment varies by more than 10% from the assumed contract counts indicated, Anthem reserves the right to modify the quoted rates.
Note 5:	Premium discounts may apply if dental coverage is combined with other Anthem lines. Please contact your Anthem sales representative for details. This quote is valid for 60 days.

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A minimum of 90% of net eligible employees must enroll in this plan. If 50% or more of the employees are located outside the employer's state of domicile, acceptance is contingent upon underwriting approval. Dental offices are not eligible for coverage. DHMO is not considered comparable coverage.

Dual Option (employer can select two plans to offer to employees) available for employer-paid and voluntary plans: A dual option is available if the group has at least 15 net enrolled employees. If the group has 14 or fewer net enrolled employees, dual option is not available. If the group has 15 or more net enrolled employees and chooses dual option, a minimum of 5 employees must enroll in each option, and the two plans offered must have at least a 10% premium differential.

Final rates are subject to underwriting approval and verification of all assumptions used in the proposal rating.
This quotation includes amounts for the ACA Insurer Fee. Since the fees change each year in January for all business regardless of renewal date, we have calculated the amounts on a prorated basis across your full coverage period.

Please note: Cosmetic benefits, such as teeth bleaching, in an insurance policy may have income tax implications for both employer groups and plan members. For example, the dollar value of the cosmetic benefit may be considered part of an individual's taxable income. For more information concerning the tax ramifications of cosmetic insurance benefits, please consult a legal or tax advisor.

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

UW LG Rating tool ver 80.0.xlsm
QuoteID: 12143792

Underwriter: Nick Amrhein
Sales Rep: Kyle Goldsberry

Summary of Benefits
Anthem Dental Essential Choice
Colerain Township
Anthem Dental Complete Network

Anthem BlueCross BlueShield

WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your policy.

		In-Network	Out-of-Network
Annual Benefit Maximum	Calendar Year		
· Per insured person		**$1,000**	**$1,000**
D&P applies to Annual Maximum		**Yes**	**Yes**
Annual Maximum Carryover / Carry in		**No/No**	**No/No**
Orthodontic Lifetime Benefit Maximum			
· Per eligible insured person		**$1,500**	**$1,500**
Annual Deductible (Does not apply to Orthodontic Services)			
· Per insured person/Family maximum	Calendar Year	**$25/2X Individual**	**$25/2X Individual**
Deductible Waived for Diagnostic/Preventive Services		**Yes**	**Yes**
Out-of-Network Reimbursement:		**90th percentile**	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services		100% Coinsurance	100% Coinsurance	No Waiting Period
· Periodic oral exam	2 per 12 months			
· Teeth cleaning (prophylaxis)	2 per 12 months; w/periodontal maintenance			
· Bitewing X-rays:	1 set per 12 months			
· Full-mouth or Panoramic X-rays:	1 per 60 months			
· Fluoride application:	1 per 12 months; through age 15			
Basic Services		80% Coinsurance	80% Coinsurance	No Waiting Period
· Consultation (second opinion)	1 per 12 months			
· Space Maintainer	1 per lifetime through age 18; posterior teeth			
· Amalgam (silver-colored) Filling	1 per tooth per 36 months			
· Composite (tooth-colored) Filling	1 per tooth per 36 months			
posterior (back) fillings covered as composites				
· Brush Biopsy (cancer test)	Not Covered			
·Sealants	1 per 60 months; through age 15			
Endodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Root Canal and retreatments	1 per tooth per 36 months			
Endodontics (Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Apicoectomy and apexification	1 per tooth per 36 months			
Periodontics (Non-Surgical)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Maintenance	2 per 24 months; w/teeth cleaning			
· Scaling and root planing	1 per quadrant per 24 months			
Periodontics (Surgical)	1 per quadrant per 36 months	80% Coinsurance	80% Coinsurance	No Waiting Period
· Periodontal Surgery (osseous, gingivectomy, graft procedures)				
Oral Surgery (Simple)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Simple Extractions	1 per tooth per lifetime			
Oral Surgery (Complex)		80% Coinsurance	80% Coinsurance	No Waiting Period
· Surgical Extractions	1 per tooth per lifetime			
Major (Restorative) Services & Prosthodontics		80% Coinsurance	80% Coinsurance	No Waiting Period
· Crowns, veneers, dentures, and bridges	1 per tooth per 96 months			
· Dental implants	Covered, 1 per tooth per 96 months			
· Cosmetic teeth whitening	Not Covered			
Prosthodontic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	No Waiting Period
· Crown, denture, bridge repairs	1 per 24 months; 6 months after placement			
· Denture and bridge adjustments:	2 per 12 months; 6 months after placement			
Orthodontic Services				
·Dependent Children Only*		60% Coinsurance	60% Coinsurance	No Waiting Periods

*Child orthodontic coverage begins at age eight and runs through age 19. This means that the child must have been banded between the ages of 8 and 20 in order to receive coverage.

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Additional Services and Programs

Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy for a full list.

Services provided before or after the term of this coverage - Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) including orthodontic braces, appliances and all related services

Cosmetic dentistry (unless included as part of your dental plan benefits) provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions of third molars (wisdom teeth) that do not exhibit pathology symptoms or impact the oral health of the member

Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan. There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

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Proposal for Blue View Vision℠ FS.B.10.10.130.130

COLERAIN TOWNSHIP
8/1/2018
101-249

Anthem. BlueCross BlueShield

We have a unique perspective on vision care

As part of one of the largest health carriers in the United States, Blue View Vision will give your employees a vision plan that really does care for their health. We recognize the importance of overall health management. In fact, when our medical and vision plans are packaged together, our members' entire health care team can work together to share information, even identify gaps in care. That's a real advantage and it's something that strongly differentiates us from stand-alone vision carriers. After all we're not just a vision plan, we're Anthem.

Vision care doctors are often the first to identify chronic health conditions

During an exam, vision care doctors are able to see signs of a number of eye and other health conditions. This can lead to early detection of major health problems before they become more serious.

When your employees have our medical and vision plans...

- Network doctors can see relevant medical diagnoses, lab results and prescription drug history in a secure and HIPAA-compliant online format
- Doctors have access to patient health profiles and can view care alerts in advance of the appointment, so they're better informed
- Nearly 100% of the vision care doctors we surveyed said having this data results in better care

Enrollment and referrals into care management programs

Vision claims data is included in the risk categories that can trigger enrollment in disease management programs. Whether enrolled in a program or not, members can always access our nurse hotline 24/7.

What else makes us better?

Combined administration

We can offer the power of packaging multiple product lines, such as health and vision. This allows for the convenience of one bill, one ID card, and one point of contact.

Award winning customer service

BenchmarkPortal bestows their Center of Excellence Certification, one of the most esteemed recognitions in the customer service arena, only to call centers that rank in the top 10% of those surveyed. Our members can reach the award winning customer care center – staffed by U.S. based representatives – 7 days a week.

Provider Network

Over **36,000 doctors** at more than **27,000 locations** nationwide, with independent doctors, convenient retail stores and online options that are **all in-network,** makes it easy for employees to take care of their vision needs and they can even do it outside of work hours. Plus, retail or independent, **every** network provider is contracted to extend the same valuable discounts to our members.

INDEPENDENT PROVIDER NETWORK + LENSCRAFTERS PEARLE VISION OPTICAL sears JCPenney | optical

GLASSES.COM contactsdirect 1800contacts

Monthly Tier 4 Rates 3 year rate guarantee

☒ **Employer Paid** ☐ **Voluntary** **10% Commission**

Employee Only: $5.32
Employee + Spouse: $10.65
Employee + Child(ren): $10.91
Employee + Family: $16.24

Accepted on behalf of Group

Print Name	*Signature*	*Date*

COLERAIN TOWNSHIP

Proposed Blue View Vision plan design

Blue View Vision plan benefits	In-network	Out-of-network	Frequency
Routine Eye Exam			
A comprehensive eye examination	$10 copay	Up to $42 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	$130 allowance, then 20% off any balance	Up to $45 allowance	Once every two calendar years
Eyeglass Lenses *(instead of contact lenses)*			
One pair of standard plastic prescription lenses:			
• Single vision lenses	$10 copay	Up to $40 allowance	Once every calendar year
• Bifocal lenses	$10 copay	Up to $60 allowance	
• Trifocal lenses	$10 copay	Up to $80 allowance	
Eyeglass Lens Enhancements[1]			
• Transitions Lenses (for a child under age 19)	$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
• Standard polycarbonate (for a child under age 19)	$0 copay		
• Factory scratch coating	$0 copay		
Contact Lenses[2] ***(instead of eyeglass lenses)***			
• Elective conventional (non-disposable); OR	$130 allowance, then 15% off any balance	Up to $105 allowance	Once every calendar year
• Elective disposable; OR	$130 allowance *(no additional discount)*	Up to $105 allowance	
• Non-elective (medically necessary)	Covered in full	Up to $210 allowance	

[1] When obtaining covered eyewear from a Blue View Vision provider, members may choose to add any of the listed lens enhancements at no extra cost.

[2] Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.

Additional savings available from in-network providers

When obtaining covered eyewear from a Blue View Vision provider, members may choose to upgrade their new eyeglass lenses at a discounted cost. Costs shown are after any applicable eyeglass lens copayment.

Description	Member cost
• Progressive Lenses	
• Standard	$65
• Premium Tier 1	$85
• Premium Tier 2	$95
• Premium Tier 3	$110
• Anti-Reflective Coating	
• Standard	$45
• Premium Tier 1	$57
• Premium Tier 2	$68
• UV Coating	$15
• Tint (Solid and Gradient)	$15

Description	Member cost
• Transitions lenses (Adults)	$75
• Standard Polycarbonate lenses (Adults)	$40
• Other lens upgrades and add-ons	20% off retail price
• Retinal Imaging (obtained at same time as covered eye exam)	Up to $39
• Standard contact lens fitting and follow-up after comprehensive eye exam	Up to $55
• Premium contact lens fitting and follow-up after comprehensive eye exam	10% off retail price
• Additional supplies of conventional contact lenses after benefits have been used	15% off retail price
• Additional complete pairs of eyeglasses	40% off retail price
• Eyeglass materials purchased separately	20% off retail price
• Other items including most non-prescription sunglasses, eyewear accessories such as lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price

Other discount offers on LASIK surgery and much more are available through Anthem's SpecialOffers program.

This information is intended to be a brief outline of plan benefits. The most detailed description of benefits, exclusions, and restrictions can be found in the Certificate of Coverage. Discounts are subject to change without notice. Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan. Discounts will not apply when a manufacturer has imposed a no discount policy on the item.

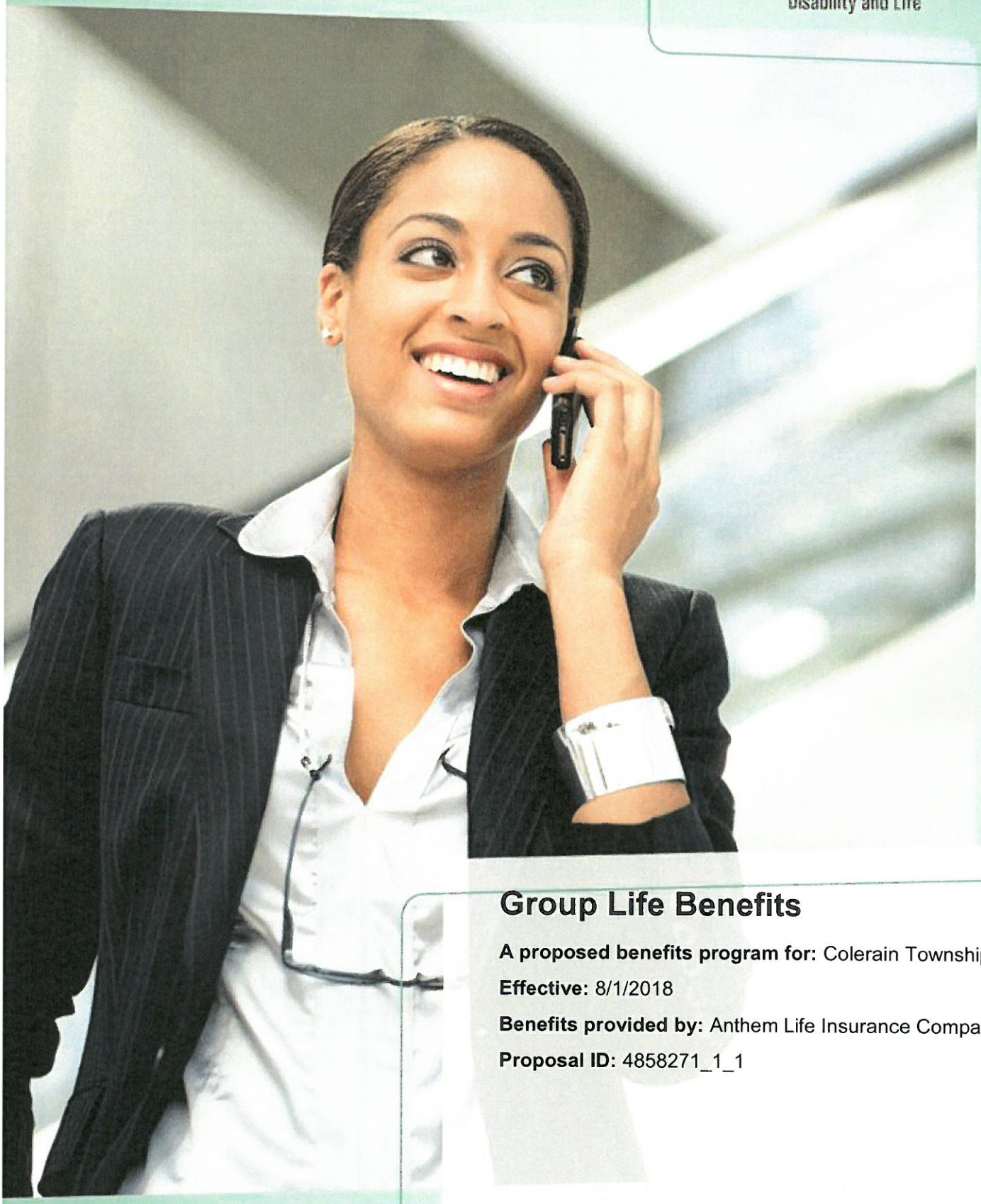
Transitions and the *swirl* are registered trademarks of Transitions Optical, Inc.

Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Company (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

65702MUEENABS CR 02/17

AnthemLife

Disability and Life



Group Life Benefits

A proposed benefits program for: Colerain Township

Effective: 8/1/2018

Benefits provided by: Anthem Life Insurance Company

Proposal ID: 4858271_1_1

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Rate and Premium Summary

Basic Coverage	Number of Lives	Monthly Rate	Volume	Monthly Premium
Basic Group Term Life	174	$0.10 per $1000	$8,652,500.00	$865.25
AD&D	174	$0.020 per $1000	$8,652,500.00	$173.05
			Total Monthly Group Premium	$1,038.30
			Total Annual Group Premium	$12,459.60

Voluntary Coverage	Number of Lives	Monthly Premium	Volume	Annual Premium
Optional Supplemental Life - Employee	76	$1,894.68	$11,080,000.00	$22,736.16
Optional Supplemental Life - Spouse	32	$354.20	$1,610,000.00	$4,250.40
Optional Supplemental AD&D - Employee	76	$387.80	$11,080,000.00	$4,653.60
Optional Supplemental AD&D - Spouse	32	$56.35	$1,610,000.00	$676.20
Optional Supplemental Life - Dependent Child	37 (units)	$89.60	$560,000.00	$1,075.20
			Total Monthly Group Premium	$2,782.63
			Total Annual Group Premium	$33,391.56

The number of lives, volume and premiums displayed are based on assumptions. Actual number of lives, volume and premium totals may vary at enrollment.

Optional Supplemental Group Term Life, Accidental Death and Dismemberment, Dependent Life Rates*

Coverage	Age bands	Monthly Rate per $1,000
Optional Supplemental Life Employee and Spouse (based on employee age)	Under 25	$0.060
	25-29	$0.060
	30-34	$0.070
	35-39	$0.090
	40-44	$0.139
	45-49	$0.220
	50-54	$0.350
	55-59	$0.528
	60-64	$0.688
	65-69	$1.148
	70-74	$2.508
	Over 74	$5.268
Optional Supplemental AD&D (employee)		$0.035 per $1000
Optional Supplemental AD&D (spouse)		$0.035 per $1000
Optional Supplemental Dependent Child(ren)		$0.160 per $1000 (covers all dependent children)

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

***DEVIATION:** Current carrier applies a separate Spouse rate table; Anthem list-billed administration provides one rate table for Employee and Spouse.

Contact your Anthem Life representative today to discuss the features of this proposal and hear more about Anthem Life's valuable programs.

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Plan Design

Basic Group Term Life, Accidental Death and Dismemberment

Class 1: All Eligible Employees
Eligibility: All Eligible Employees Working 30 Hours per Week

Benefit Schedule

Feature	Description
Basic Life benefits	
Basic life benefit	$50,000
Guaranteed issue limit	$50,000
Living benefit (accelerated death benefit)	75% up to $250,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Included with basic life insurance. Although there may be some exclusions, generally, this feature allows employees to keep group term life insurance for themselves and their families in force under a group trust after a job loss, until they turn age 70. Rates for coverage for employees who elect portability coverage are based on the coverage for all individuals covered by portability coverage, provided under the portability pool. Employees pay premium directly to us.
Age reductions	Benefit reduces by 35% at age 65; 60% at age 70; 80% at age 75. All coverage terminates at retirement.
Employee contribution	Non-contributory
Participation requirement	100% of eligible employees must be enrolled for coverage
Accidental Death and Dismemberment benefits	
AD&D benefit	Same as basic life
Guaranteed issue limit	All amounts are guaranteed issue
Age reductions	Same as basic life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to $10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to $15,000 maximum
Repatriation benefit	Up to $5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of $5,000 or actual expense. $40,000 combined maximum for all children.
Coma benefit	1% of AD&D benefit for each full month of coma, up to 8 years
Common carrier benefit	25% of AD&D benefit

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Line of duty accident rider	Included
General Provisions	
Resource Advisor	Included
Travel Assistance	Included
SpecialOffers	Included
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Plan Design

Optional Supplemental Group Term Life, Accidental Death and Dismemberment, Dependent Life

Class 1: All Eligible Employees
Eligibility: All Eligible Employees Working 30 Hours per Week
Earnings Definition: Base Salary

Benefit Schedule

Feature	Description
Optional Supplemental Employee Life benefits	
Optional Supplemental employee life benefit	Increments of $10,000
Maximum benefit	$500,000 or 5X annual earnings, whichever is less
Guaranteed issue limit*	$150,000 *Grandfather valid in-force amounts*
Living benefit (accelerated death benefit)	75% up to $250,000
Waiver of premium	Premiums can be waived for employees who become totally disabled before age 60, after the 6 month elimination period. Coverage terminates at age 65 or retirement, whichever is earlier.
Conversion	Included
Portability	Included with Optional Supplemental life insurance. Although there may be some exclusions, generally, this feature allows employees to keep group term life insurance for themselves and their families in force under a group trust after a job loss, until they turn age 70. Rates for coverage for employees who elect portability coverage are based on the coverage for all individuals covered by portability coverage, provided under the portability pool. Employees pay premium directly to us.
Age reductions	Benefit reduces by 35% at age 65; 60% at age 70; 80% at age 75. All coverage terminates at retirement.
Accidental Death and Dismemberment benefits	
Optional Supplemental employee AD&D benefit	Benefit is automatically provided to all employees who elect Optional Supplemental Life; amount is the same as the elected Optional Supplemental Life amount.
Guaranteed issue limit	Same as Optional Supplemental Life
Age reductions	Same as Optional Supplemental Life
Table of losses	Standard table included
Airbag benefit	10% of AD&D benefit, up to $10,000 maximum
Seatbelt benefit	10% of AD&D benefit, up to $15,000 maximum
Repatriation benefit	Up to $5,000 for transportation and related expenses
Child education benefit	5% of AD&D benefit per year for each child's post-secondary education expenses; annual maximum of $5,000 or actual expense. $40,000 combined maximum for all children.

Coma benefit	1% of AD&D benefit for each full month of coma, up to 8 years
Common carrier benefit	25% of AD&D
Line of duty accident rider	Included
Optional Supplemental Dependent Life benefits	
Optional Supplemental dependent life benefit*	Spouse: Employees may choose a Spouse Benefit in increments of $5,000 up to $250,000 Children: Employees may choose a Child Benefit in increments of $5,000 up to $15,000 *Grandfather valid in-force amounts* Coverage begins at 15 days from birth. Children are eligible until they reach age 26.
Guaranteed issue limit	Spouse: $30,000 Child(ren): $15,000 *Grandfather valid in-force amounts*
Age reductions	Reduces in accordance with employee's age and reduction schedule; Terminates at employee's retirement.
Benefit limitation	Dependent benefits may not exceed 100% of the employee Optional Supplemental Life benefit amount
Spouse Rate Basis	Spouse rates are based on employee's age
Portability	Included
General Provisions	
Employee contribution	100% employee paid
Participation requirement	Greater of 5 enrolled lives or 20% of Eligible Employees
Rate guarantee	Rates in this Proposal are guaranteed for 24 months

***DEVIATIONS:** Current carrier Employee Guaranteed Issue limit is $200,000. Current carrier Child benefit is $2,500 to $20,000.

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Proposal Assumptions

The rates are guaranteed from the effective date on this proposal for the number of months stated in the Rate Guarantee. A fully insured funding arrangement has been quoted.

If the census of enrolled employees changes by more than 10% from the census used for this proposal, we reserve the right to revise the rates based on the final enrolled census.

Groups must be in business for at least 1 year to be eligible for Disability benefits; no restriction for Life benefits.

This proposal assumes list-billing services.

SIC Code assumed for this proposal: 9199

Broker Commission for Basic Life is: 15%
Broker Commission for Optional Supplemental Life is: 15%

The master policy will be issued and will reflect the laws and requirements of OH. Product features and provisions of this proposal can vary based on state requirements.

Proposal issued on: 06/25/2018. This proposal expires 90 days from the date quoted or the proposed effective date, whichever is later.

Employees whose wages are reported on Form 1099 in lieu of Form W-2 are not eligible for coverage.

Employees must be actively at work, at least 17 years of age and working in the United States, in order to become insured. Employees not actively at work on their effective date will become eligible for insurance after completing the waiting period specified in the policy unless otherwise noted on the schedule of benefits.

We generally will consider a "no-loss/no-gain" basis of insurance for employees who are not actively at work:

- This means that no employees will lose or gain coverage solely as a result of the change in carriers.
- Employees who are not actively at work due to disability, injury or illness remain the liability of the prior carrier.
- All others not actively at work on the effective date may be covered under this policy, provided the required premium is paid and they were covered by the prior carrier's policy up to the effective date of our policy.
- In order to consider "no-loss/no-gain" coverage, we require information on all employees who are non-actives immediately prior to the effective date of this policy. This listing must include: names, birthdates, benefit amounts, last date worked, reason for not working, and the expected return to work date. We will review this information for our determination of liability and rate review.

This Proposal is not the Contract. This proposal provides coverage highlights only, and does not modify, expand or interpret any provisions of the policy. Unless otherwise stated, this proposal and subsequent policy will be issued using Anthem Life Insurance Company's standard policy wording. The policy to be issued will contain complete details of benefits, policy provisions, limitations, etc. A specimen copy is available upon request. In case of a conflict between the proposal and policy, the terms of the policy will govern.

Timely enrollment is required for new employees. Employees hired after the effective date of the plan will become eligible for insurance after completing the waiting period specified in the policy.

If employees do not enroll in any contributory program within 31 days of first becoming eligible, they will be required to furnish evidence of insurability at their own expense.

A minimum of 20% participation is required for the Optional Supplemental Life/Optional Voluntary Life Guaranteed Issue amount to be valid. If participation is less than this minimum, all enrollees are subject to Evidence of Insurability on all amounts of coverage, with no Guaranteed Issue amount. Current participation is 44% which allows the Guaranteed Issue amounts shown in the Plan Design and Rates sections.

Currently insured and late entrant employees may elect Optional Supplemental or Optional Voluntary Life coverage up to **$100,000** (Spouse $30,000); for elections in excess of this amount, satisfactory evidence of insurability must be provided.

We will grandfather the current enrolled employees' benefit amounts as long as:

- We receive a list of the current insured employees and their benefit amounts
- Our Underwriting staff approves this list.

After the one-time open enrollment period, Evidence of Insurability will be required for all benefit amounts for late entrants who did not elect coverage when they were initially eligible and for current insureds electing an increased benefit amount. The Guaranteed Issue amount will only apply to newly hired employees who were not eligible for Optional Supplemental or Optional Voluntary Life benefits prior to the effective date.

COST ASSUMPTIONS:

The rates included in this proposal are based on the plan design as specified herein and on the Proposal Assumption page. We reserve the right to modify the quoted costs as deemed appropriate by Anthem Life Insurance Company if the plan design is modified or any of these assumptions are incorrect. The proposal and rates appearing in this Proposal are based upon the data submitted and its accuracy. The actual rates charged will be based upon the ages, amounts and experience data of the persons insured. The above rates assume that coverage will be provided on a non-participating (i.e. non-retention) basis.

Not all benefits are available in all states; benefits and features may vary by state. The benefit descriptions contained in this Proposal are intended to be a brief outline of coverage and are not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

I acknowledge these benefits have been selected for employees and eligible dependents, if applicable. Benefits are subject to the terms and conditions of this proposal and the application to which it is attached. Commissions are paid at the rate set forth above.

Authorized Employer Signature	Title	Date
Broker Signature		Date

Group Name: Colerain Township **Proposal ID:** 4858271_1_1

Benefit Highlights

Group Basic Life, Optional Supplemental Life & Accidental Death and Dismemberment Benefit Highlights

All benefits are subject to all provisions, exclusions and limitations of the Policy and Certificate.

Living benefit (accelerated death benefit) Employees can ask for up to 75% of their life benefit to be paid while living if they are terminally ill with less than 12 months to live.

Basic, Optional Supplemental accidental death and dismemberment (AD&D) insurance pays a benefit to the beneficiary if death is caused by an accident. Also pays part of the benefit if an accident results in the loss of sight, a limb, certain fingers or toes, speech, hearing, or paralysis. AD&D coverage includes extra benefits that also pay for certain losses:

- *Seat Belt Benefit* pays an extra 10% of the benefit amount up to $15,000 if employees die in an auto accident while wearing a seatbelt.
- *Air Bag Benefit* pays an extra 10% of the AD&D benefit amount up to $10,000 if employees die in an auto accident while wearing a seatbelt in a car that has an airbag.
- *Child Education Benefit* helps pay eligible child's college costs if an employee dies in an accident; up to 5% of the AD&D benefit per year for each child's post-secondary education, up to an annual maximum of $5,000 or actual expense. There is a maximum combined benefit of $40,000 for all eligible children.
- *Repatriation Benefit* helps pay costs, up to $5,000, to prepare and transport the body if an employee dies in an accident more than 75 miles from home.
- *Common Carrier Benefit* pays up to 25% of the AD&D benefit if an employee dies in a public transportation accident.
- *Coma Benefit* pays up to 1% of the AD&D benefit for each full month in a coma up to 8 years, if an employee is in a coma due to an accident.
- *Line of Duty Benefit* is available for Public Safety groups and increases the accidental death benefit by 50% if an employee dies from an accident in the line of duty.

Optional Supplemental group term life
Employees can add extra life insurance coverage and have it deducted from their paychecks.
This coverage allows you to offer higher life benefits without increasing your benefits budget. This also includes optional supplemental accidental death and dismemberment and optional supplemental dependent life coverage.

Guaranteed issue limit is the amount of life coverage an employee can choose without submitting evidence of insurability (medical information that must be reviewed and approved).

If an employee elects a coverage amount greater than the guaranteed issue limit, he or she must give satisfactory health evidence to us and we must approve it before the amount of coverage over the guaranteed issue limit will become effective.
This applies:

- When the employee first becomes covered;
- When the employee's class changes;
- If the insurance amount is changed by an amendment or endorsement to the group policy.

When we approve the evidence and the employee meets the actively-at-work requirement, the amount of employee life insurance will be increased on the first of the following month.

Optional Supplemental dependent life insurance
Employees may select dependent life insurance coverage for their spouse and children.

Continuation - Employees can keep their life insurance in place if they leave or lose their job, by converting the life coverage to an individual life policy and paying the premiums directly to us.

Portability - Included with basic life and optional supplemental life insurance. Although there may be some exclusions, generally, this feature allows employees to keep group term life insurance for themselves and their families in force under a group trust after a job loss, until they turn age 70. Rates for coverage for employees who elect portability coverage are based on the coverage for all individuals covered by portability coverage, provided under the portability pool. Employees pay premium directly to us.

Enrollment type at group effective date - Open enrollment during the established 30 day enrollment window - Currently insured and late entrant employees may elect coverage up to **$100,000**; for amounts in excess of **$100,000**, satisfactory evidence of insurability must be provided.

For new hires, Evidence of Insurability will be required for all benefit amounts in excess of the Guaranteed Issue amount shown in the Plan Design.

D&L Underwriter: A. Darling

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Sun Life Assurance Company of Canada

One Sun Life Executive Park, Wellesley Hills, MA 02481

Application for Group Insurance

1 Applicant organization information

Full legal name (As it is to be shown in the Group Policy) Colerain Township			
Main office address 4200 Springdale Road			
City Cincinnati	County	State OH	Zip code 45251

Type of Organization: ☐ Corporation ☐ S Corporation ☐ Partnership ☐ Sole Proprietor ☐ LLC/LLP

Subsidiaries or Affiliates to be Included. An affiliate or subsidiary is a separate firm owned or controlled by the Applicant.

1.	Legal name			
	Street address	City	State	Zip code

2.	Legal name			
	Street address	City	State	Zip code

☐ If you need more space, check here and attach a separate page.

2 Requested insurance information

If any requested coverage is to have a different effective date than the date indicated at right, please note the effective date next to the coverage.

Requested effective date (mm/dd/yy)
08/01/2018

- ☐ Life
- ☐ Accidental Death & Dismemberment
- ☐ Voluntary Life/AD&D
- ☐ Long-Term Disability
- ☐ Voluntary Long-Term Disability
- ☐ Short-Term Disability
- ☐ Voluntary Short-Term Disability
- ☐ Customized Disability
- ☐ Dental*
- ☐ Vision
- ☑ Critical Illness
- ☐ Cancer
- ☑ Accident
- ☐ Other _____

* If DHMO or Prepaid Dental is selected, the separate Group Dental Service Agreement must be completed.

3 Fraud warnings

General fraud warning: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

AL: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or who knowingly presents false information in an application for insurance is guilty of a crime and may be subject to restitution fines or confinement in prison, or any combination thereof.

AR, LA, NM, RI, and WV: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

CO: It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, denial of insurance and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.

DC: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

FL: Any person who knowingly and with intent to injure, defraud or deceive any insurer files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a felony of the third degree.

KS: Any person who knowingly and with intent to defraud any insurance company or other person files an Application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto may be guilty of insurance fraud as determined by a court of law.

KY: Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.

MA: Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

MD: Any person who knowingly OR willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly OR willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.

ME: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

NJ: Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.

OH: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement is guilty of insurance fraud.

OK: WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

OR: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

PR: Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars ($5,000) and not more than ten thousand dollars ($10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.

TN: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

3 **Fraud warnings**, continued

VA: Any person who, with intent to defraud or knowing that he is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may have violated state law.

VT: Any person who knowingly presents a false statement in an application for insurance may be guilty of a criminal offense and subject to penalties under state law.

WA: It is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties include imprisonment, fines and denial of insurance benefits.

4 Terms of agreement

The Applicant hereby applies for Group Insurance as specified in the Sun Life Assurance Company of Canada (Sun Life) proposal. The undersigned Applicant has read, understands and agrees that:

1. The insurance requested in this Application for Group Insurance will not become effective until it has been approved by Sun Life.
2. The requested group insurance will:
   - be issued only if the requested insurance is accepted by Sun Life and is legally permissible;
   - be issued under a Group Policy or Policies in the language customarily used by Sun Life;
   - be subject to Sun Life's standard underwriting requirements; and
   - take effect on the date determined by Sun Life.
3. All information given in connection with this Application for Group Insurance is true and complete to the best of the Applicant's knowledge, information and belief.
4. Premium rate quotes are based on the data previously submitted to Sun Life. Final premium rates will be determined based on the final census submitted. Sun Life reserves the right to re-rate any coverage retroactively to the effective date or take other appropriate actions if any information provided to us is not true or is incomplete.
5. If Sun Life approves an Applicant's request for group insurance coverage, employees who are not actively at work on the group insurance policy's effective date will only be insured if they satisfy the policy's "Continuity of Coverage" provision or are required to be covered by law.
6. No producer, agent or broker can make or modify a contract for Sun Life and all coverage will be as stated in Sun Life policies. No agent or broker has the authority to guarantee the acceptability of the requested insurance.
7. When you purchase insurance from us, we pay compensation to the producer and/or to the agency through which the producer works. If the producer works through an agency, the agency may pay compensation directly to the producer. Compensation may include commissions when a policy is purchased or renewed, and fees for other services. The compensation may vary by the type of insurance purchased. Additionally, bonuses and incentive trips or awards associated with sales may be paid based on the overall sales volume or persistency of business. The compensation that we pay to producers may differ from that paid by other insurance companies. If you have questions, contact your producer directly.
8. This Application is made a part of the Group Policy.

5 Authorization

I acknowledge that I have read or had read to me and understand the Terms of Agreement above and the Fraud Warnings for my state.

Name and title of Applicant organization's Authorized Representative	
Signature of Authorized Representative X	
Place of signing	Date

6 Producer information

The following information must be fully completed and signed before processing can be completed. Box Number 2 should only be completed if a Commission split has been approved.

1.

☐ Individual ☐ Agency ☐ Broker's Broker			Commission split
Name of Agent/Broker/Agency (Please print legal name) Thomas R. Binzer - USI Insurance LLC		Agent/Broker license no. 29368	
Street address 312 Elm Street, Suite 2400	City Cincinnati	State OH	Zip code 45202
Email address thomas.binzer@usi.com		Phone number 513-852-6415	
Signature of Agent/Broker X			Date
Countersigned by licensed resident agent (where required by law) X		Agent license no.	

2.

☐ Individual ☐ Agency ☐ Broker's Broker			Commission split
Name of Agent/Broker/Agency (Please print legal name)		Agent/Broker license no.	
Street address	City	State	Zip code
Email address		Phone number	
Signature of Agent/Broker X			Date
Countersigned by licensed resident agent (where required by law) X		Agent license no.	

Contact us

By mail
Sun Life Assurance Company of Canada
One Sun Life Executive Park
Wellesley Hills, MA 02481

www.sunlife.com/us

Customer Service **800-247-6875** M–F 8:00 a.m. – 8:00 p.m., ET

Sun Life Financial

Employer Information form

Sun Life Assurance Company of Canada and wholly owned Prepaid Dental companies are referred to as "Sun Life" throughout this form.

Your company information

Full legal name of employer (to appear on contract/policy documents) Colerain Township	
Website address (if applicable) www.colerain.org	Employer Tax ID Number

Are you currently insured with a Sun Life company for Life, Disability, Worksite, Dental or Vision? ..... ☐ Yes ☑ No

If "Yes," please provide the policy numbers: _____

Previous coverage information

Please indicate below which Sun Life benefit(s) will replace your current coverage at another carrier.

- ☐ Life
- ☐ Accidental Death & Dismemberment (AD&D)
- ☐ Voluntary Life/AD&D
- ☐ Long-Term Disability
- ☐ Voluntary Long-Term Disability
- ☐ Short-Term Disability
- ☐ Voluntary Short-Term Disability
- ☐ Dental
- ☐ Vision
- ☑ Critical Illness
- ☑ Accident
- ☐ Cancer Indemnity

A copy of the prior carrier contract and prior carrier bill is required for each benefit selected above.

Information contained in the prior carrier contract is essential to help protect your employees' benefit levels and minimize claims issues during a change of insurer. The prior carrier contract also helps us configure your plan accurately when transitioning to your new group policy.

Benefits administrators and plan administration

Please let us know who you would like to have access to our online employer web portal.

The head administrator automatically has access to all locations (if multiple) and all areas of the site:

- Membership and billing—for online billing customers only
- Claims—available to customers with Sun Life Disability Products
- Evidence of Insurability
- Policy documents (contracts, booklets, general forms, and benefits administration guides)

Primary benefits administrator

Name of **primary** benefits administrator			Title	
Emily Randolph			Director of Finance	
Street address	City		State	Zip code
4200 Springdale Road	Cincinnati		OHIO	45251
Phone number	Fax number	E-mail address	☑ Head web administrator (Access to ALL capabilities)	
513-923-5003	513-245-6503	ERANDOLPH@COLERAIN.ORG		

Please add any additional web administrators below along with the type of access required. After registering online, head administrators may also add additional users to the employer web portal. Please see the Manage Users section of the site for more information.

Additional Web Administrators

Name of benefits administrator			Title	
Renetta Edwards			HR Assistant	
Street address	City		State	Zip code
4200 Springdale Road	Cincinnati		Ohio	45251
Phone number	E-mail address	Type of access		
513-923-5003	redwards@coleraing.org	☑Billing ☑ Member Changes ☑ EOI ☑ Claims ☑ Documents		

Name of benefits administrator			Title	
Street address	City		State	Zip code
Phone number	E-mail address	Type of access		
		☐Billing ☐ Member Changes ☐ EOI ☐ Claims ☐ Documents		

Name of benefits administrator			Title	
Street address	City		State	Zip code
Phone number	E-mail address	Type of access		
		☐Billing ☐ Member Changes ☐ EOI ☐ Claims ☐ Documents		

Billing and administration

Please select one:

☑ Home Office Administration (standard)	This allows you to receive an online billing statement each month and completely manage your Sun Life policies online—with helpful features such as eligibility, billing, reporting, and more.
☐ Self-Bill Administration	This allows you to completely manage your employees on your own HRIS system. Each month, you report any changes on a premium statement that you send with your premium. Online, you can always find your current rates for your benefit calculations and more. **This may require Sun Life approval for clients with less than 300 lives.**
☐ TPA Administration	This allows you to completely manage your employees by a third party administrator. Each month, the TPA will report any changes on a premium statement that will be sent in with your premium.

Home Office Administration – billing details

Advanced Billing: Applies to Basic Life, AD&D, STD, LTD, Dental and Vision coverages.

The billing statement is sent prior to the coverage period and premium is expected to be paid prior to the coverage period.

For example: For the coverage period of October, a bill will be available by September 25th and premium should be remitted as soon as possible.

Arrears Billing: Applies to Accident, Critical Illness, Cancer Indemnity, Hospital Indemnity "Gap", and Issue Age STD coverages.

Designed for Voluntary benefits, this allows you to pay as deducted using the deductions collected during the coverage period and remitted at the end of the coverage period.

For example: For the coverage period of October, a bill will be available by October 25th and premium should be remitted in early November.

Voluntary Life, AD&D, Voluntary STD, and Voluntary LTD can be included on either Advanced Billing or with other Employee- paid coverages on Arrears Billing. Please select an option below.

☐ Advanced Billing
☐ Arrears Billing

Payroll Cycle:

☐ Weekly (52) ☐ Bi-Weekly (26) ✓ ☐ Semi-Monthly (24) ☐ Monthly (12)
☐ Other: _____

The first payroll date after the policy effective date is: 08 / 03 (m/d)

Notice Regarding Electronic Transactions:

- Subject to the Employer's consent, transactions involving membership and billing, premium payment, Evidence of Insurability, claims where applicable, and delivery of policy documents will be conducted electronically;
- The Employer may obtain, at no additional charge, a paper copy of any document or notice that has been delivered electronically by request to the Sun Life service representative;
- The Employer may withdraw its consent for electronic transactions by submitting a written request to the Sun Life service representative.

Billing and administration, continued

Billing Structure:

☑ Single bill with all employees and coverages
☐ Single bill with employees grouped by:

☐ Location ☐ Division/Department ☐ Other: _____

☐ Multiple bills split by:

☐ Location ☐ Division/Department ☐ *Benefit ☐ Other: _____

*If grouping or splitting the bill by Benefit, please define here: _____

If describing bill groups, please use the following fields below to describe your intent.

Billing Location/Division/Department/Benefit - 1

Name of location (if applicable)			No. of employees at location
Name of benefits administrator at this location	Title		
E-mail address			Phone number
Street address	City	State	Zip code

Billing Location/Division/Department/Benefit - 2

Name of location (if applicable)			No. of employees at location
Name of benefits administrator at this location	Title		
E-mail address			Phone number
Street address	City	State	Zip code

If your billing, administration or claims will be administered by a **Third Party Administrator (TPA)**, please fill out the contact information below. (If unsure, consult your broker or one of our Implementation Consultants to help you.

Name of TPA firm		E-mail address	
Name of contact person at TPA firm	Title	Phone number	
Street address of firm	City	State	Zip code

What is the role of the TPA?: ☐ Premium ☐ Claim

If you currently utilize HRIS technology, an online vendor or other technology platform for assistance with employment and benefits administration, do you expect to send Sun Life a data eligibility feed from their platform? ..... ☐ Yes ☑ No

Contract and administrative options

A. Eligibility: Eligible employees must be working at the employer's usual place of business. Employees not regularly working at least 20 hours per week are considered part-time.

Employees not actively at work are not covered until they return to work, unless required by applicable state law or approved in writing by the Sun Life Underwriting department.

Eligible employees:

Life, STD, LTD, and Employer Paid Dental

☐ All full-time U.S. employees working in the U.S. and scheduled to work 30 hours. (most common)

☐ Other: _____

(May require Home Office approval.)

Voluntary Dental, Vision, Critical Illness, Cancer, and Accident

☐ All full-time U.S. employees working in the U.S. and scheduled to work 20 hours. (most common)

☑ Other: Employees working 1500 hours annually

(May require Home Office approval.)

Number of employees eligible for coverage 170

☐ If differs by coverage, please specify: _____

Are union members being covered? ..... ☐ Yes ☑ No

Are domestic partners being covered? ..... ☐ Yes ☑ No

B. Eligibility waiting period: This is the amount of time required after employees are hired before they are eligible for benefits. Applies to all coverages unless otherwise noted.

Please fill in the option below that meets your needs.

☑ 0 days

☐ _____ months

☐ First of the month following* ☐ Date of hire ☐ _____ days ☐ _____ months

☐ First of the month coincident with or following* ☐ Date of hire ☐ _____ days ☐ _____ months

☐ None

☐ Other: _____

☐ If differs by class or coverage, please specify: _____

* Prepaid Dental must have a waiting period that contains first of the month following

* Critical Illness, Cancer Indemnity and Accident typically has a waiting period that contains first of the month following to allow time to set up payroll deductions

Example: An employee is hired on March 1st, they will be eligible for coverage as follows:

Waiting Period	Effective Date
30 days	March 31st
1 month	April 1st
First of the month coincident with or following date of hire	March 1st
First of the month following	April 1st
First of the month coincident with or following 60 days of employment	May 1st

Contract and administrative options, continued

C. If an employee who is not initially eligible (part-time, not in a benefits eligible class, etc.), but later becomes eligible, do you want their time already spent as an employee to count towards their waiting period? ☑ Yes ☐ No

D. Rehire provision:
An employee rehired during this time does not have to complete a new waiting period in order to be eligible for benefits. The rehire provision must be the same for all benefits.

☐ 3 months ☐ 6 months (standard) ☐ 9 months ☑ 12 months ☐ None
☐ Other: _____

E. Age changes take effect as follows: (select one within each category)

Age reduction changes for Life insurance and Critical Illness:
☐ Immediately
☑ Annually on policy anniversary

Age banded premium (step-rate) changes:
☐ Immediately
☐ Annually on policy anniversary

Changes in age that trigger a new premium rate for age-band rated Voluntary products typically occur on the policy anniversary.

F. Section 125 Plan:

Do you have a Section 125 Plan? ☐ Yes ☑ No
If "No," proceed to next section.

If "Yes," please indicate which coverages are included: _____

G. Annual enrollment:

Do you allow changes only during your annual enrollment period (excluding qualifying event)? ☑ Yes ☐ No
If "Yes," please specify when you administer your annual enrollment period.

☑ The calendar month prior to the policy anniversary (standard)
☐ Other (not to exceed 30 days) Start Date _____ End Date _____

When do annual enrollment changes take effect?
☑ Policy anniversary
☐ Other: _____

Decreases in insurance take effect: ☑ Immediately ☐ At annual enrollment

If "No," please specify when changes to elections should take effect:
☐ Immediately (standard)
☐ First of the month following
☐ First of the month coincident with or next following

Note: Annual Enrollment is required for Dental, Vision, Critical Illness, Cancer Indemnity and Accident

Contract and administrative options, continued

H. Definition of earnings: The amount of an employee's earnings upon which claims will be paid, and upon which premium amounts are calculated. Choose the applicable definition from the following list.

☑ **Gross earnings (standard)** –This includes employee pre-tax contributions to a qualified deferred compensation plan, 401(k) plan, Section 125 plan, health savings account, or flexible spending account. These exclude commissions, bonuses, overtime pay and extra compensation.

If "Gross earnings" was selected above, please make the appropriate selection below. If a selection is not made, you will receive current gross earnings with salary changes taking place immediately.

☐ Current earnings (standard) – If current earnings, salary changes take effect (select one):

☐ Immediately (standard)

☐ First of the month following

☐ First of the month coincident with or next following

☐ Prior _____ calendar year(s) earnings – salary changes take effect of January 1st

☐ Frozen earnings as of _____ (example: June 1st) – salary changes will take place on the date selected

If gross earnings include shift differential, or any other extra compensation, please specify.Please indicate here if earnings also include:

Averaged over:	12 months	24 months	36 months	Prior calendar year	Prior 2 calendar years	Prior 3 calendar years
☐ Commissions*	☐	☐	☐	☐	☐	☐
☐ Bonuses*	☐	☐	☐	☐	☐	☐
☐ Overtime Pay*	☐	☐	☐	☐	☐	☐

*Commissions bonuses, and/or overtime pay selected above are averaged together with earnings. If this should be otherwise, please specify.

If the definition is not for all coverages / classes, this definition applies to:

_____

☐ **W-2 earnings** – These exclude employee pre-tax contributions to a qualified deferred compensation plan, 401(k) plan, Section 125 plan, health savings account, or flexible spending account, but will include overtime pay, commissions, bonuses and any other income that is reported on the employee's W-2 as "salary, wages and tips."

Averaged over:	Prior calendar year	Prior 2 calendar years	Prior 3 calendar years
	☐	☐	☐

If the definition is not for all coverages / classes, this definition applies to:

_____

Salary changes for W-2 earnings take effect on January 1st

☐ **Earnings for Partners, Owners, and/or Shareholders** – If the earnings above will not apply to a partner, owner, or shareholder, please complete the following questions.

Is your type of organization a Partnership (Form 1065 Schedule K)? ..... ☐ Yes ☐ No

☐ Ordinary Business Income ☐ Guaranteed payments ☐ Ordinary Business Income plus guaranteed payments

☐ Net earnings from self-employment

Is your type of organization an S Corporation (Form 1120S Schedule K)? ..... ☐ Yes ☐ No

☐ Ordinary Business Income ☐ Ordinary Business Income with W-2 earnings

Is your type of organization a Sole Proprietor (Form 1040 Schedule C Net Income)? ..... ☐ Yes ☐ No

Salary changes for Partners, Owners, and/or Shareholders earnings take effect on January 1st

_____

Employee eBooklet documents

Your legal name will be listed on every booklet. Your employee eBooklet document(s) will be delivered on your employer web portal. You will receive notification when they are ready for delivery (one booklet for all employees). Our standard is to split eBooklets by benefits.

Please let us know if you would like the booklets to be split by class. Our Implementation Consultants will work with you to accommodate your situation as best as possible.

ERISA information

We can provide ERISA plan information in your certificate and/or eBooklet. If you would like to include this information, we will need all of the following information.

Agent for legal process		Name of plan administrator		
Street address		City	State	Zip code
Employer Identification Number (EIN)	ERISA plan number		Plan year end	

Agent for legal process – This is not the person who receives commission but the person who is designated by the plan administrator to accept legal notices.

Plan year end – This is typically the last day of the month before the effective date.

ERISA plan number – This is PN501 unless another number is assigned by the employer or the plan administrator.

Tip: If you had coverage with a prior carrier, you may be able to find this information in the booklet or contract.

Critical Illness insurance

A. If the Critical Illness coverage is anything but 100% employee paid, please indicate the percentage(s) here: _____

If Employee's contribute to the premium please make a selection below:

☑ Pre-tax ☐ Post-tax (Standard)

B. Spouse age is measured based on the age of the employee.

Spouse tobacco status is based on the Spouse's tobacco use.

C. Claim checks will be mailed to the employee's home address

Health care navigation services: Included with your purchase of critical illness insurance, this distinct service provides 24x7 access for employees and their family members to registered nurses and to claims and benefits specialists for guidance on treatment and medical coverage. They can answer questions about diagnoses and about treatment choices, coordinate with health care providers and help prepare for health care visits, tests, and procedures. They can also guide and support employees as they navigate medical bills and other administrative issues. This service is available regardless of health status.

Accident insurance

A. If the Accident coverage is anything but 100% employee paid, please indicate the percentage(s) here: _____

If Employee's contribute to the premium please make a selection below:

☑ Pre-tax ☐ Post-tax (Standard)

B. Claim checks will be mailed to the employee's home address

Authorization and signature

The undersigned employer has read, understands, and agrees that:

1. The requested group insurance will:
   - be issued only if the requested insurance is accepted by Sun Life and is legally permissible (cashing of the initial deposit check or processing initial deposit payments does not constitute approval of the requested insurance);
   - be issued in the language customarily used by Sun Life;
   - be subject to Sun Life's standard underwriting requirements; and
   - take effect on the date determined by Sun Life.
2. All information given in connection with this Employer Information form is true and complete to the best of the employer's knowledge, information, and belief. If any information given on this form differs from what is given on the Application for Group Insurance, the terms of the Application for Group Insurance will control.
3. Employees not Actively at Work on the effective date agreed to by Sun Life will be identified to Sun Life and will be insured only as required by law or as approved in writing by Sun Life.
4. No producer, agent, or broker can make or modify a contract for Sun Life, and all coverage will be as stated in Sun Life policies. No agent or broker has the authority to guarantee the acceptability of the requested insurance.
5. When you purchase insurance from us, we pay compensation to the producer and/or to any agency through which the producer works. If the producer works through an agency, the agency may pay compensation directly to the producer. Compensation may include commissions when a policy is purchased or renewed, and fees for other services. The compensation may vary by the type of insurance purchased. Additionally, bonuses and incentive trips or awards associated with sales may be paid based on the overall sales volume or persistency of business. The compensation that we pay to producers may differ from that paid by other insurance companies. If you have questions, contact your producer directly.
6. Employer agrees not to alter any NAIC publication provided by Sun Life, to limit distribution to its employees, to distribute only the most current version as supplied by Sun Life and not to receive any compensation for its use. Employer acknowledges any NAIC publication is the exclusive property of the NAIC and will take no action adverse to those rights. Employer will dispose of any copies of NAIC publications supplied by Sun Life when its group insurance with Sun Life terminates.
7. **Employer web portal authorization:** Pursuant to the "Notice Regarding Electronic Transactions" under the "Billing and administration" section, the employer consents to electronic delivery of notices, policy documents and to other transactions as described in the "Benefits administrators and plan administration" section. The employer authorizes those administrators named in that section to have access to the employer web portal and requests that a user name and password be assigned to allow for such access. Sun Life Financial's interactive web services requires an electronic identification. The use of the electronic identification by Employer's representatives is the legal equivalent of Employer's written signed instructions to Sun Life Financial. Sun Life will rely on instructions from persons using the electronic identifications assigned by Employer. Actions taken by persons using an electronic identification assigned by Employer will be deemed to be authorized by Employer. For this reason, Employer should safeguard the electronic identifications and inform Sun Life promptly to terminate an identification if Employer believes the security of an identification has been compromised or person previously issued an identification is no longer authorized.

Authorization and signature, continued

8. **California only:** The undersigned Applicant also agrees to receive electronic transactions.
   Disclosures:
   1. Electronic transactions include:
      a. Membership and billing
      b. Premium payment
      c. Evidence of Insurability
      d. Claims (where applicable)
      e. Delivery of policy documents
   2. Consent for electronic transactions may be withdrawn at any time by submitting a request to Sun Life using one of the following options:
      a. Customer Service contact at 800-247-6875 M–F 8:00 a.m. – 8:00 p.m., ET
      b. "Access your account" at www.sunlife.com/us
      c. By mail at Sun Life Financial, P.O. Box 81344, Wellesley Hills, MA 02481
   3. The Applicant must report any changes or corrections to electronic mail addresses to Sun Life using of the options listed above.
9. **Kentucky only:** The employer authorizes Sun Life Financial at its discretion to communicate cancellations, renewals, premium increase and to deliver policy documents electronically by the web portal. The employer is aware that this election operates as consent for all notices to be sent electronically; therefore, the employer should be diligent in updating the electronic mail address provided to the insurer.

   The policyholder may, at its option, request Sun Life to provide paper copies of the policy and all notices; or to receive the policy electronically and all notices in paper copy; or to receive the policy and all notices electronically.
10. I acknowledge receipt of Sun Life's Privacy Policy, as well as the HIPAA Notice of Privacy Practices applicable to the SLF Dental product, made available to me electronically on Sun Life Connect.

I certify that the above statements and all information provided in this document are true and complete.

Name of employer Colerain Township		Date
Signature of authorized employer representative X	Title	

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NEW BUSINESS

Department: Colerain Township Fiscal Office

Fiscal Officer: Heather Harlow, Fiscal Officer

a. Resolution Authorizing Payment of Statutorily Required Contribution to OPERS for Township Administrator

Recommend approval of a resolution authorizing the payment of the statutorily required contribution to OPERS for Township Administrator.

Rationale:

This resolution is required to comply with our contractual obligations and replaces resolution #37-07.

The Board of Trustees of Colerain Township, County of Hamilton, State of Ohio, met in regular session at ____ p.m., on the **10** day of **July**, 2018, at the Colerain Township Administration Building, 4200 Springdale Road, Cincinnati, Ohio 45251, with the following members present:

Mr. Greg Insco, Mr. Raj Rajagopal and Mr. Dan Unger

Mr. _____ introduced the following resolution and moved its adoption:

RESOLUTION NO.: _____-18

RESOLUTION THAT COLERAIN TOWNSHIP WILL PICK UP THE STATUTORILY REQUIRED CONTRIBUTION TO THE OHIO PUBLIC EMPLOYEES RETIREMENT SYSTEM FOR THE TOWNSHIP ADMINISTRATOR PURSUANT TO IRC SECTION 414(h)(2).

WHEREAS, pursuant to federal and Ohio laws, Colerain Township may offset future salary increases and "pick up" (assume and pay) the contributions statutorily required by such elected officials and covered employees to the Ohio Public Employees Retirement System (OPERS) and such individuals will not be required to pay federal and state income taxes on such contributions; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Trustees of Colerain Township, Hamilton County, Ohio, as follows:

1. Effective July 10, 2018, 10% or the full amount of the statutorily required employee contributions to OPERS shall be picked up and paid as a fringe benefit by Colerain Township for the Township Administrator. The pick-up shall be an offset against future salary increases. This "pick up" by Colerain Township shall be designated as public employee contributions and shall be in lieu of contributions to OPERS by the Township Administrator. No person subject to this "pick up" shall have the option of choosing to receive the statutorily required contribution to OPERS directly instead of having it "picked up" by Colerain Township or of being excluded from the "pick up". Colerain Township shall, in reporting and making remittance to OPERS, report that the public employees contribution for each person subject to this "pick up" has been made as provided by the statute. Therefore, contributions, although designated as employee contributions, are employer-paid, and employees do not have the option to receive the contributions directly. All contributions are paid by the employer directly to the plan.

2. Under the fringe-benefit method of employer pick up, salary is not modified; however, the employer will pay the employees' statutorily required contribution to OPERS.

3. The Fiscal Officer is hereby authorized and directed to implement the provisions of this resolution to institute the "pick up" of the statutorily required contributions to OPERS for the Township Administrator so as to enable them to have their employee contributions paid by their employer.

4. That this Board hereby finds and determines that all formal actions relative to the passage of this Resolution were taken in an open meeting of this Board, and that all deliberations of this Board and of its Committees, if any, which resulted in formal action, were taken in meetings open to the public, in full compliance with applicable legal requirements, including Section 121.22 of the Ohio Revised Code.

5. That this resolution is the subject of the general authority granted to the Board of Trustees through the Ohio Revised Code and not the specific authority granted to the Board of Trustees through the status as a Limited Home Rule Township.

6. That this Board upon majority vote does hereby dispense with the requirement that this resolution be read on two separate days, and hereby authorizes the adoption of this resolution upon its first reading.

Mr. _____ seconded the resolution and upon roll call the vote was as follows:

Vote Record: Mr. Insco _____ Mr. Rajagopal _____and Mr. Unger_____

ADOPTED this _____day of ____, 2018.

BOARD OF TRUSTEES:

_____
Greg Insco, Trustee

_____
Raj Rajagopal, Trustee

_____
Dan Unger, Trustee

ATTEST:

_____
Heather E. Harlow,
Fiscal Officer

Resolution prepared by and approved as to form:

_____

Lawrence E. Barbiere (0027106)
5300 Socialville Foster Rd., Suite 200
Mason, OH 45040
(513) 583-4200
Colerain Township Law Director

RESOLUTION AUTHORIZING PICK UP OF EMPLOYEE'S OPERS CONTRIBUTION

Resolution No. 37-07

RESOLUTION THAT COLERAIN TOWNSHIP WILL PICK UP
THE EMPLOYEE'S STATUTORILY REQUIRED CONTRIBUTION TO
THE PUBLIC EMPLOYEES RETIREMENT SYSTEM OF OHIO
FOR FRANK A. BIRKENHAUER
PURSUANT TO I.R.C. SECTION 414 (h)(2).

WHEREAS, pursuant to federal and Ohio laws, Colerain Township may offset future salary increases and "pick up" (assume and pay) the statutorily required contributions by such elected officials and covered employees to the Public Employees Retirement System of Ohio (OPERS) and such individuals would not be required to pay federal and state income taxes on such contributions.

NOW, THEREFORE, be it RESOLVED by the BOARD OF TRUSTEES OF COLERAIN TOWNSHIP, HAMILTON COUNTY, OHIO, that:

SECTION 1: Effective July 15, 2007 the full amount of Frank A. Birkenhauer's statutorily required contributions to the Public Employees Retirement System of Ohio shall be picked up and paid as a fringe benefit by the Township. This "pick up" by Colerain Township is, and shall be designated as, public employee contributions and shall be in lieu of contributions to OPERS by Frank A. Birkenhauer. No person subject to this "pick up" shall have the option of choosing to receive the statutorily required contribution to OPERS directly instead of having it "picked up" by Colerain Township or of being excluded from the "pick up". Colerain Township shall, in reporting and making remittances to OPERS, report that the said public employee's contribution subject to this "pick up" has been made as provided by the statute. Therefore, contributions, although designated as employee contributions, are employer-paid, and employees do not have the option to receive the contributions directly. All contributions are paid by the employer directly to the plan.

SECTION 2: Under the Fringe Benefit Method of Employer pick-up, salary is not modified, however, the employer will pay the said employee's statutorily required contribution to OPERS.

SECTION 3: The Fiscal Officer is hereby authorized and directed to implement the provisions of this Resolution to institute the "pick up" of the statutorily required contributions to OPERS for Frank A. Birkenhauer, so as to enable him to have his employee contributions paid by Colerain Township.

Adopted this 16th day of July, 2007 in regular session.

BOARD OF TRUSTEES,
COLERAIN TOWNSHIP,
HAMILTON COUNTY, OHIO

By: _____
Bernard A. Fiedeldey, Jr., Trustee

By: _____
Jeffrey F. Ritter, Trustee

By: _____
Keith N. Corman, Trustee and
Chairman

Attest:

_____
Heather E. Harlow, Fiscal Officer

Approved as to form:

_____
James E. Reuter, Attorney-at-law
3025 W. Galbraith Road
Cincinnati, Ohio 45239-4222
(513) 521 – 8400
Attorney for Board of Trustees