



# KANE COUNTY

LENERT, Ford, Allan, Gillam, Martin, Schefflow, Smith

## HUMAN SERVICES COMMITTEE

FRIDAY, OCTOBER 12, 2018

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County Board Room

Agenda

9:00 AM

Kane County Government Center, 719 S. Batavia Ave., Bldg. A, Geneva, IL 60134

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1. **Call to Order**
2. **Approval of Minutes: September 14, 2018**
3. **Public Comment**
4. **Monthly Financial Reports**
  - A. September Monthly Reports (attached)
5. **Veteran's Assistance Commission**
  - A. Veterans Assistance Commission Monthly Report (attached)
6. **Department of Human Resource Management**
  - A. Monthly IPBC Funding (attached)
  - B. Monthly MERP Report (attached)
  - C. Monthly Applicant and Staffing Report (attached)
7. **Compliance**
8. **Old Business**
  - A. Discussion: County Board/Committee Member Meetings Guidelines
9. **New Business**
  - A. **Resolution:** Authorizing Budget Adjustment to Balance the Human Resources FY2018 Budget
  - B. **Resolution:** Authorizing a Contract with Flexible Benefits Service Corporation to Administer Flexible Spending Accounts
  - C. **Resolution:** Approving FY2019 and FY2020 Third Party Claims Administration Services Agreement with Cannon Cochran Management Services, Inc. (CCMSI)
  - D. **Resolution:** Approving Payment of all Lines of Commercial Insurance FY2019 Including Auto, Property, Casualty, General Liability and Workers Compensation and a Service Agreement with Acrisure LLC, dba Wine Sergi Insurance.
10. **Reports Placed On File**
11. **Executive Session (if needed)**
12. **Adjournment**

**Human Services Committee Revenue Report - Summary  
Through September 30, 2018 (83.3% YTD)**

	Current Month Transactions	Total Amended Budget	YTD Actual Transactions	Total % Received
<b>120 Human Resource Management</b>		\$ 4,000	\$ 1,929	48.23%
246 Employee Events Fund		\$ 4,000	\$ 1,929	48.23%
<b>660 Veterans' Commission</b>	\$ 82,796	\$ 331,071	\$ 260,997	78.83%
380 Veterans' Commission	\$ 82,796	\$ 331,071	\$ 260,997	78.83%
<b>Grand Total</b>	\$ 82,796	\$ 335,071	\$ 262,926	78.47%

**Human Services Committee Expenditure Report - Summary  
Through September 30, 2018 (83.3% YTD, 84.62% Payroll)**

	Current Month Transactions	Total Amended Budget	YTD Actual Transactions	YTD Encumbrances	Total % Used
<b>120 Human Resource Management</b>	<b>\$ 97,775</b>	<b>\$ 2,436,001</b>	<b>\$ 2,291,465</b>	<b>\$ 0</b>	<b>94.07%</b>
001 General Fund	\$ 27,249	\$ 377,429	\$ 264,554	\$ -	70.09%
010 Insurance Liability	\$ 70,527	\$ 2,054,572	\$ 2,025,475	\$ 0	98.58%
246 Employee Events Fund		\$ 4,000	\$ 1,436	\$ -	35.91%
<b>660 Veterans' Commission</b>	<b>\$ 21,150</b>	<b>\$ 331,071</b>	<b>\$ 249,329</b>	<b>\$ -</b>	<b>75.31%</b>
380 Veterans' Commission	\$ 21,150	\$ 331,071	\$ 249,329	\$ -	75.31%
<b>Grand Total</b>	<b>\$ 118,925</b>	<b>\$ 2,767,072</b>	<b>\$ 2,540,794</b>	<b>\$ 0</b>	<b>91.82%</b>

**Human Services Committee Expenditure Report - Detail  
Through September 30, 2018 (83.3% YTD, 84.62% Payroll)**

	Current Month Transactions	Total Amended Budget	YTD Transactions	YTD Encumbrances	Total % Used
<b>120 Human Resource Management</b>	\$ 97,775	\$ 2,436,001	\$ 2,291,465	\$ 0	94.07%
<b>001 General Fund</b>	\$ 27,249	\$ 377,429	\$ 264,554	\$ -	70.09%
Personnel Services- Salaries & Wages	\$ 19,842	\$ 273,493	\$ 181,060	\$ -	66.20%
Personnel Services- Employee Benefits	\$ 5,376	\$ 63,741	\$ 35,799	\$ -	56.16%
Commodities	\$ 26	\$ 5,200	\$ 5,630	\$ -	108.27%
Contractual Services	\$ 2,005	\$ 34,995	\$ 42,065	\$ -	120.20%
<b>010 Insurance Liability</b>	\$ 70,527	\$ 2,054,572	\$ 2,025,475	\$ 0	98.58%
Personnel Services- Salaries & Wages	\$ 10,287	\$ 134,096	\$ 113,160	\$ -	84.39%
Personnel Services- Employee Benefits	\$ 3,185	\$ 40,993	\$ 33,634	\$ -	82.05%
Commodities	\$ -	\$ -	\$ 242	\$ 0	0.00%
Contractual Services	\$ 57,055	\$ 1,879,483	\$ 1,878,440	\$ -	99.94%
<b>246 Employee Events Fund</b>	\$ -	\$ 4,000	\$ 1,436	\$ -	35.91%
Commodities	\$ -	\$ 1,000	\$ 1,436	\$ -	143.64%
Contractual Services	\$ -	\$ 3,000	\$ -	\$ -	0.00%
<b>660 Veterans' Commission</b>	\$ 21,150	\$ 331,071	\$ 249,329	\$ -	75.31%
<b>380 Veterans' Commission</b>	\$ 21,150	\$ 331,071	\$ 249,329	\$ -	75.31%
Personnel Services- Salaries & Wages	\$ 14,003	\$ 193,196	\$ 158,256	\$ -	81.91%
Personnel Services- Employee Benefits	\$ 6,735	\$ 95,607	\$ 71,250	\$ -	74.52%
Commodities	\$ 86	\$ 1,956	\$ 759	\$ -	38.81%
Contractual Services	\$ 326	\$ 40,312	\$ 19,064	\$ -	47.29%
<b>Grand Total</b>	\$ 118,925	\$ 2,767,072	\$ 2,540,794	\$ 0	91.82%



# Human Services Accounts Payable by GL Distribution

Payment Date Range 09/01/18 - 09/30/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount		
<b>Fund 001 - General Fund</b>												
Department <b>120 - Human Resource Management</b>												
Sub-Department <b>120 - Human Resource Management</b>												
Account <b>50000 - Project Administration Services</b>												
3245 - Paddock Publications (Daily Herald)	T4490868	Request for Proposal 12018 HEA	Paid by Check # 363359		01/13/2018	08/23/2018	08/23/2018		09/04/2018	29.90		
									Account <b>50000 - Project Administration Services</b> Totals	Invoice Transactions 1	<u>\$29.90</u>	
Account <b>52140 - Repairs and Maint- Copiers</b>												
4371 - Toshiba Business Solutions, Inc.	14716177	TOBAJQC Copier Billing 5/2/18-8/1/18	Paid by Check # 363379		08/03/2018	08/16/2018	08/16/2018		09/04/2018	557.52		
									Account <b>52140 - Repairs and Maint- Copiers</b> Totals	Invoice Transactions 1	<u>\$557.52</u>	
Account <b>55000 - Miscellaneous Contractual Exp</b>												
8437 - Phoenix Staffing & Management Systems	24324	Temp Services - McGary 8/19/2018	Paid by EFT # 48651		08/19/2018	08/23/2018	08/23/2018		09/04/2018	748.30		
8437 - Phoenix Staffing & Management Systems	24306	Temp Services - McGary 8/5/18	Paid by EFT # 48651		08/05/2018	08/23/2018	08/23/2018		09/04/2018	748.30		
8437 - Phoenix Staffing & Management Systems	24315	Temp Services - McGary 8/12/18	Paid by EFT # 48651		08/12/2018	08/23/2018	08/23/2018		09/04/2018	748.30		
1299 - Kane County Regional Office of Education	10141	Fingerprinting - August 2018	Paid by EFT # 48816		08/31/2018	09/05/2018	09/05/2018		09/17/2018	240.00		
8437 - Phoenix Staffing & Management Systems	24333	Temp Services - McGary 8/26/18	Paid by EFT # 48855		08/26/2018	09/05/2018	09/05/2018		09/17/2018	748.30		
									Account <b>55000 - Miscellaneous Contractual Exp</b> Totals	Invoice Transactions 5	<u>\$3,233.20</u>	
Account <b>60000 - Office Supplies</b>												
1024 - Ready Refresh by Nestle (Ice Mountain)	18H810620779	Fin-Water Delivery 8/3/18	Paid by EFT # 48865		08/24/2018	08/31/2018	08/31/2018		09/17/2018	23.60		
3578 - Warehouse Direct Office Products	4011988-0	2 boxes of labels	Paid by EFT # 48902		08/27/2018	09/05/2018	09/05/2018		09/17/2018	9.18		
									Account <b>60000 - Office Supplies</b> Totals	Invoice Transactions 2	<u>\$32.78</u>	
										Sub-Department <b>120 - Human Resource Management</b> Totals	Invoice Transactions 9	<u>\$3,853.40</u>
										Department <b>120 - Human Resource Management</b> Totals	Invoice Transactions 9	<u>\$3,853.40</u>
										Fund <b>001 - General Fund</b> Totals	Invoice Transactions 9	<u>\$3,853.40</u>
<b>Fund 010 - Insurance Liability</b>												
Department <b>120 - Human Resource Management</b>												
Sub-Department <b>130 - Insurance Liability- HRM</b>												
Account <b>50150 - Contractual/Consulting Services</b>												
1026 - Laner Muchin Ltd	547085	Sept 2018 Retainer & Legal Services through 8/20/18	Paid by EFT # 48822		09/01/2018	09/06/2018	09/06/2018		09/17/2018	6,105.29		
									Account <b>50150 - Contractual/Consulting Services</b> Totals	Invoice Transactions 1	<u>\$6,105.29</u>	
Account <b>53000 - Liability Insurance</b>												
1063 - Meade Inc.	679459	Street Lighting Randall & Big Timber	Paid by EFT # 48631		10/31/2017	08/23/2018	08/23/2018		09/04/2018	2,024.26		
10407 - Physicians Immediate Care North Chicago, LLC	4047859	Hep B Vaccines	Paid by EFT # 48652		08/08/2018	08/23/2018	08/23/2018		09/04/2018	475.00		



# Human Services Accounts Payable by GL Distribution

Payment Date Range 09/01/18 - 09/30/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 010 - Insurance Liability</b>											
Department <b>120 - Human Resource Management</b>											
Sub-Department <b>130 - Insurance Liability- HRM</b>											
Account <b>53000 - Liability Insurance</b>											
1016 - Wine Sergi Insurance (Acrisure, LLC)	79124	Notary - Fechner	Paid by EFT # 48701		08/10/2018	08/23/2018	08/23/2018		09/04/2018	25.00	
1016 - Wine Sergi Insurance (Acrisure, LLC)	79128	Notary - Romero	Paid by EFT # 48701		08/10/2018	08/23/2018	08/23/2018		09/04/2018	25.00	
									Account <b>53000 - Liability Insurance</b> Totals	Invoice Transactions 4	<u>\$2,549.26</u>
Account <b>53010 - Workers Compensation</b>											
4220 - Illinois Workers Compensation Commission	20180815	Assessment 01/01/18-06/30/18	Paid by Check # 363327		08/15/2018	08/23/2018	08/23/2018		09/04/2018	2,996.73	
8258 - CCMSI	0058759-IN	Advanced Funding for Settlement - Michael Schramer 17D45F267961	Paid by EFT # 48732		08/31/2018	09/05/2018	09/05/2018		09/17/2018	46,606.00	
									Account <b>53010 - Workers Compensation</b> Totals	Invoice Transactions 2	<u>\$49,602.73</u>
									Sub-Department <b>130 - Insurance Liability- HRM</b> Totals	Invoice Transactions 7	<u>\$58,257.28</u>
									Department <b>120 - Human Resource Management</b> Totals	Invoice Transactions 7	<u>\$58,257.28</u>
									Fund <b>010 - Insurance Liability</b> Totals	Invoice Transactions 7	<u>\$58,257.28</u>
<b>Fund 246 - Employee Events Fund</b>											
Department <b>120 - Human Resource Management</b>											
Sub-Department <b>135 - EE Events</b>											
Account <b>60080 - Employee Recognition Supplies</b>											
4526 - Fifth Third Bank	7740TK07/18	Employee Recognition Supplies	Paid by EFT # 48573		08/06/2018	08/23/2018	08/23/2018		09/04/2018	5.40	
4526 - Fifth Third Bank	7740TK07/18 2	Kane County Cougars Tickets - Employee Event	Paid by EFT # 48573		08/06/2018	08/23/2018	08/23/2018		09/04/2018	22.00	
4526 - Fifth Third Bank	7740TK07/18 3	Kane County Cougars Tickets - Employee Event	Paid by EFT # 48573		08/06/2018	08/23/2018	08/23/2018		09/04/2018	940.00	
4526 - Fifth Third Bank	7740TK07/18 4	Kane County Cougars Tickets - Employee Event	Paid by EFT # 48573		08/06/2018	08/23/2018	08/23/2018		09/04/2018	34.00	
									Account <b>60080 - Employee Recognition Supplies</b> Totals	Invoice Transactions 4	<u>\$1,001.40</u>
									Sub-Department <b>135 - EE Events</b> Totals	Invoice Transactions 4	<u>\$1,001.40</u>
									Department <b>120 - Human Resource Management</b> Totals	Invoice Transactions 4	<u>\$1,001.40</u>
									Fund <b>246 - Employee Events Fund</b> Totals	Invoice Transactions 4	<u>\$1,001.40</u>



# Human Services Accounts Payable by GL Distribution

Payment Date Range 09/01/18 - 09/30/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount	
<b>Fund 380 - Veterans' Commission</b>											
Department <b>660 - Veterans' Commission</b>											
Sub-Department <b>660 - Veterans' Commission</b>											
Account <b>52140 - Repairs and Maint- Copiers</b>											
8930 - Impact Networking, LLC	1173475	Copier Overage for July	Paid by EFT #		07/30/2018	08/29/2018	08/23/2018	08/09/2018	09/04/2018	24.15	
			48604								
8930 - Impact Networking, LLC	1196927	Copier Overage for August	Paid by EFT #		08/27/2018	09/26/2018	09/07/2018	08/31/2018	09/17/2018	21.19	
			48802								
									Account <b>52140 - Repairs and Maint- Copiers</b> Totals	Invoice Transactions 2	<u>\$45.34</u>
Account <b>53120 - Employee Mileage Expense</b>											
9019 - Jacob Zimmerman	082318	Roundtrip Travel to Hines VA Director's Meeting	Paid by EFT #		08/23/2018	09/23/2018	08/23/2018	08/23/2018	09/04/2018	27.58	
			48702								
									Account <b>53120 - Employee Mileage Expense</b> Totals	Invoice Transactions 1	<u>\$27.58</u>
Account <b>55000 - Miscellaneous Contractual Exp</b>											
3985 - Otto Engineering, Inc.	B3544-0718	Shelter Assistance (E.B.)	Paid by EFT #		07/26/2018	08/23/2018	08/23/2018	08/14/2018	09/04/2018	400.00	
			48646								
									Account <b>55000 - Miscellaneous Contractual Exp</b> Totals	Invoice Transactions 1	<u>\$400.00</u>
Account <b>60000 - Office Supplies</b>											
3578 - Warehouse Direct Office Products	3995382-0	Office Supplies	Paid by EFT #		08/13/2018	09/13/2018	08/23/2018	08/15/2018	09/04/2018	20.57	
			48698								
1024 - Ready Refresh by Nestle (Ice Mountain)	18H8106647400	Water Services for August	Paid by EFT #		08/24/2018	09/13/2018	09/07/2018	08/31/2018	09/17/2018	20.95	
			48865								
3578 - Warehouse Direct Office Products	4016181-0	Quarter Round Visibility Mirror for Office	Paid by EFT #		08/30/2018	09/30/2018	09/07/2018	08/31/2018	09/17/2018	65.00	
			48902								
									Account <b>60000 - Office Supplies</b> Totals	Invoice Transactions 3	<u>\$106.52</u>
									Sub-Department <b>660 - Veterans' Commission</b> Totals	Invoice Transactions 7	<u>\$579.44</u>
									Department <b>660 - Veterans' Commission</b> Totals	Invoice Transactions 7	<u>\$579.44</u>
									Fund <b>380 - Veterans' Commission</b> Totals	Invoice Transactions 7	<u>\$579.44</u>
									Grand Totals	Invoice Transactions 27	<u>\$63,691.52</u>



# Tuition Reimbursement YTD

Payment Date Range 12/01/17 - 09/30/18

Vendor	Invoice No.	Invoice Description	Status	Held Reason	Invoice Date	Due Date	G/L Date	Received Date	Payment Date	Invoice Amount
Fund <b>120 - Grand Victoria Casino Elgin</b>										
Department <b>010 - County Board</b>										
Sub-Department <b>020 - Riverboat</b>										
Account <b>45420 - Tuition Reimbursement</b>										
9020 - Christopher Janovsky	1702-02	CAHC 540 Group Counseling	Paid by Check # 361131		12/26/2017	12/27/2017	11/30/2017		03/19/2018	561.86
11675 - Jessica Mooi	1802-01	MGT645-Org Leadership & Group Performance	Paid by Check # 361717		04/06/2018	04/20/2018	04/20/2018		04/30/2018	1,183.50
6021 - Richard A. Grenda	1803-01	EDU6595-Internship Education Leaders II	Paid by Check # 362091		05/07/2018	05/18/2018	05/18/2018		05/29/2018	705.00
11749 - Kimberly Vargas	1801-01	20868 Int Crim Just; 21019 Earth Sci; 20396 Int Soc; 20406 Ethic	Paid by Check # 362529		06/04/2018	06/15/2018	06/15/2018		06/25/2018	756.00
11675 - Jessica Mooi	1804-02	MLD697-Leadership Studies Capstone	Paid by Check # 362647		06/22/2018	06/28/2018	06/28/2018		07/09/2018	1,183.50
Account <b>45420 - Tuition Reimbursement</b> Totals							Invoice Transactions	5		<u>\$4,389.86</u>
Sub-Department <b>020 - Riverboat</b> Totals							Invoice Transactions	5		<u>\$4,389.86</u>
Department <b>010 - County Board</b> Totals							Invoice Transactions	5		<u>\$4,389.86</u>
Fund <b>120 - Grand Victoria Casino Elgin</b> Totals							Invoice Transactions	5		<u>\$4,389.86</u>
Grand Totals							Invoice Transactions	5		<u>\$4,389.86</u>



**Kane County Purchasing Card Information  
Human Services Committee  
September 2018 Statement**

**Veteran's Assistance Commision**

Transaction Date	Merchant Name	Additional Information	Transaction Amount
09/28/2018	HOLIDAY INNS	HOLIDAY INNS	113.12
09/28/2018	HOLIDAY INNS	HOLIDAY INNS	113.12
09/28/2018	HOLIDAY INNS	HOLIDAY INNS	339.36
<b>Department Total</b>			<b>\$ 565.60</b>
<b>Committee Total</b>			<b>\$ 565.60</b>

# COUNTY OF KANE

## VETERANS ASSISTANCE COMMISSION

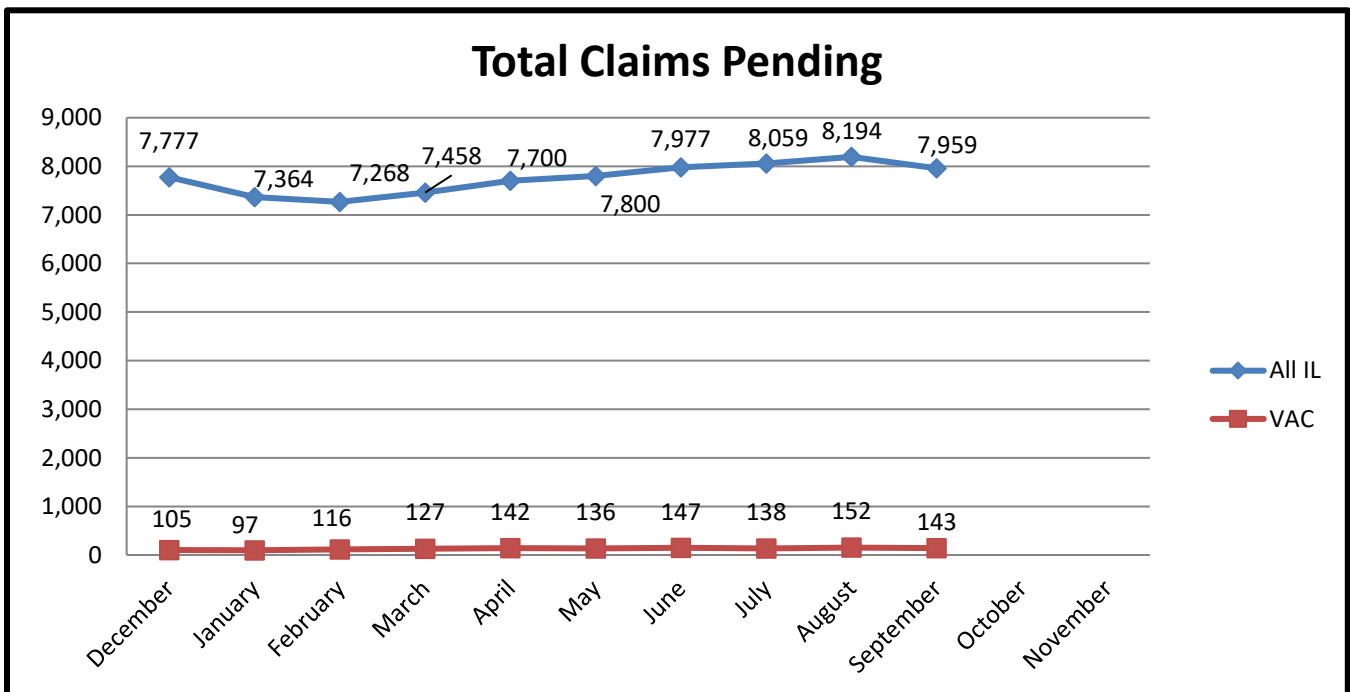
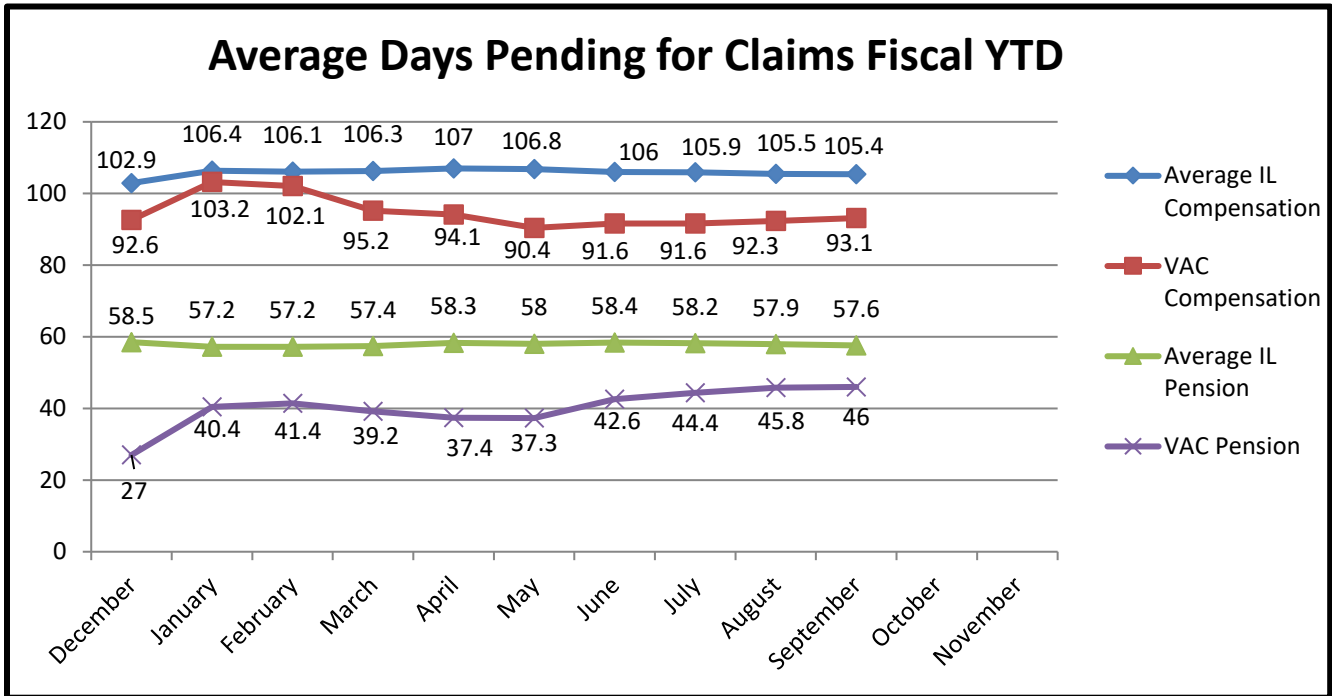
**JACOB A. ZIMMERMAN**  
Superintendent

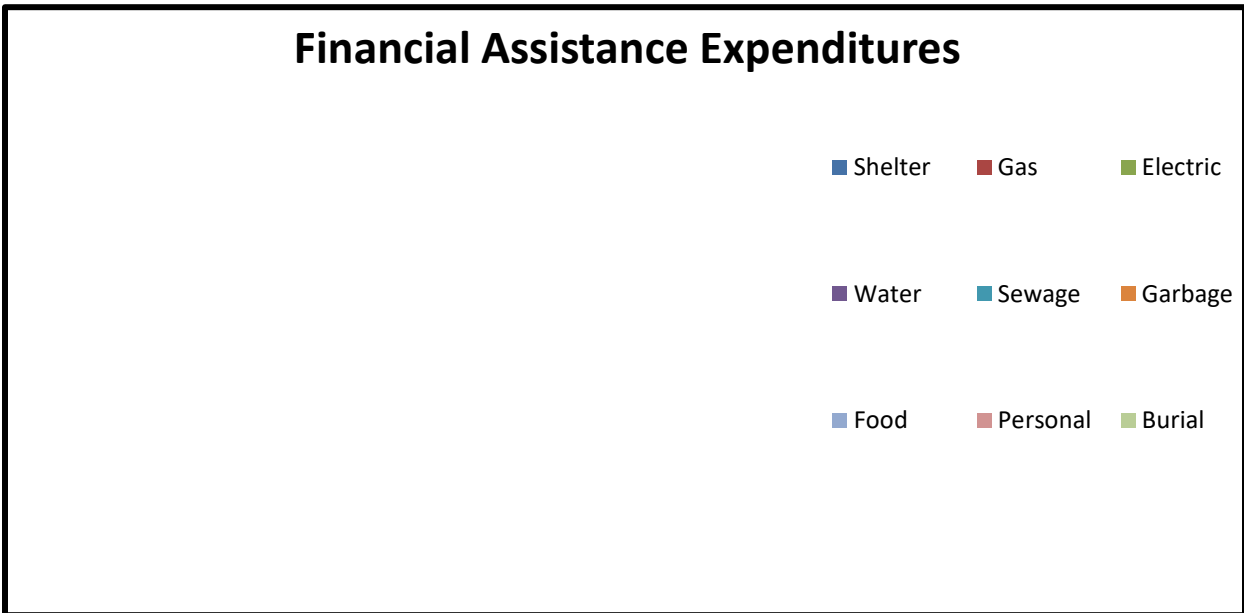
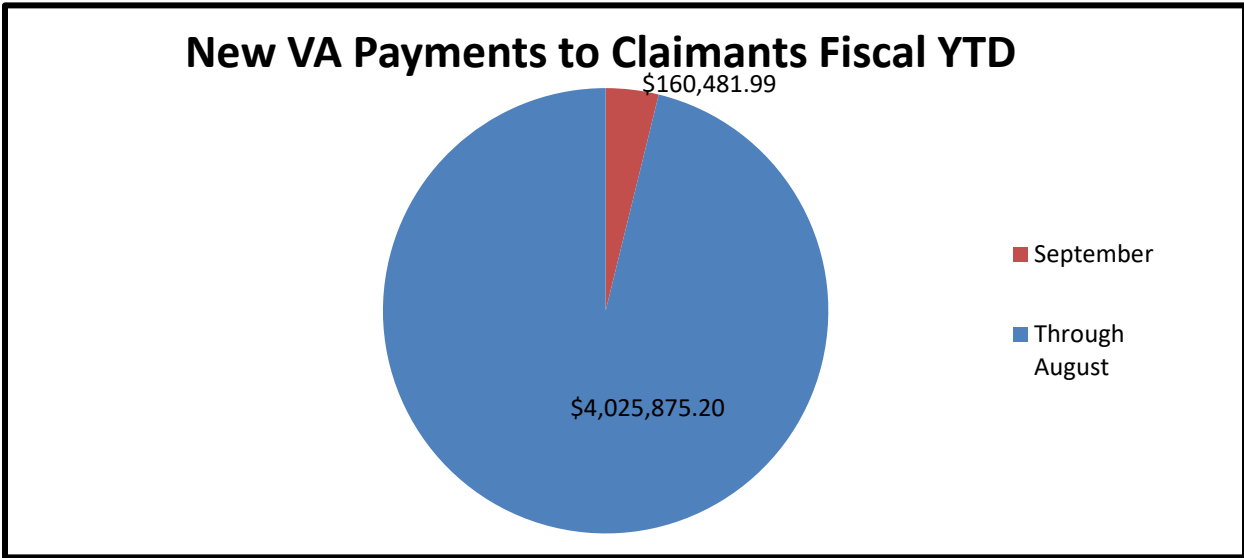
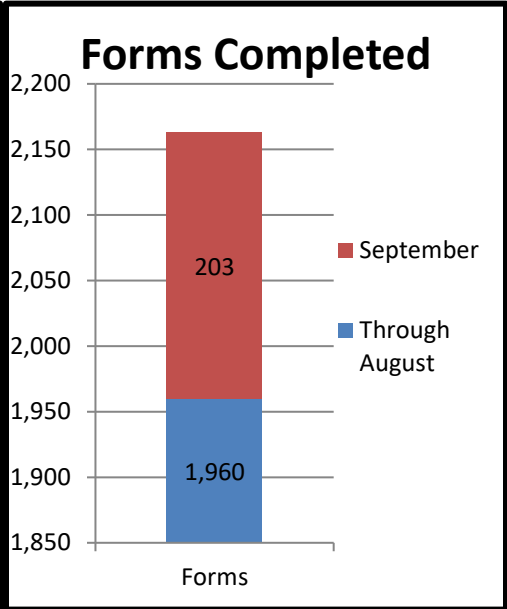
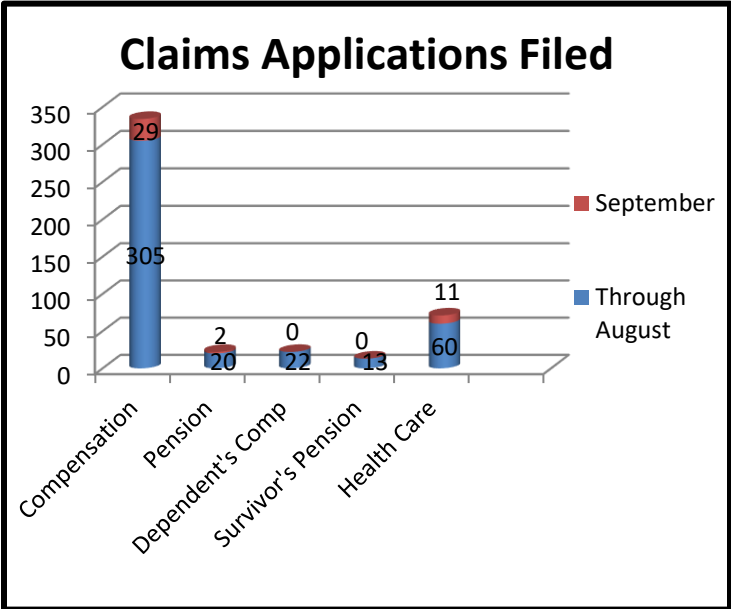


**COUNTY GOVERNMENT CENTER**  
719 South Batavia Avenue, Building A  
Geneva, Illinois 60134-3077

Phone: (630) 232-3550  
Fax: (630) 232-5403  
[www.countyofkane.org/pages/veterans.aspx](http://www.countyofkane.org/pages/veterans.aspx)

### Monthly Report on Commission Activities





VETERANS ASSISTANCE COMMISSION CLAIM REPORT

Category	December	January	February	March	April	May	June	July	August	September	October	November	FY 2018 Total
Service-Connected Disability Claims	21	25	32	51	42	31	36	27	40	29			334
Non-Service Connected Pension Claims	2	3	4	0	4	2	0	0	5	2			22
Dependent's Compensation Claims	4	1	4	4	2	0	3	0	2	0			20
Survivor's Pension Claims	1	0	3	2	1	2	2	2	2	0			15
Intent-to-File	14	16	10	14	23	13	12	22	15	18			157
§5103 Response / Claims Follow up	16	9	13	10	6	6	13	16	10	10			109
<b>Total Forms Completed</b>	<b>153</b>	<b>197</b>	<b>213</b>	<b>261</b>	<b>247</b>	<b>229</b>	<b>203</b>	<b>211</b>	<b>246</b>	<b>203</b>			<b>2,163</b>
Claims Decision Reviews	6	9	4	10	1	3	4	6	4	9			56
Appeals Filed	0	3	0	5	9	3	3	9	2	9			43
VA Health Care Applications	4	4	5	10	14	8	5	6	14	11			81
Federal Ancillary Benefit Applications	4	7	16	2	1	0	0	7	7	2			46
Burial Benefits Applications	4	3	10	3	3	12	2	1	4	3			45
eBenefits Registration	1	5	9	6	2	0	0	0	2	0			25
DD-214 / Military Records Requests	6	11	50	63	44	39	15	20	24	12			284
Corrections / Upgrade Military Records	1	0	1	3	0	6	2	0	2	2			17
Dependent's Ancillary Applications	1	3	3	5	4	0	1	2	0	1			20
State Ancillary Benefit Applications	4	13	10	8	5	11	1	13	4	10			79
VAC Outreach (Man Hours)	28.5	28.0	30.0	37.0	43.0	39.0	22.5	46.5	13.0	58.5			346.0
Training (Man Hours)	20.0	18.5	4.5	1	9.0	35.0	141.5	27.0	0.0	32.0			289
<b>Total Claims Pending</b>	<b>105</b>	<b>97</b>	<b>116</b>	<b>127</b>	<b>142</b>	<b>135</b>	<b>147</b>	<b>138</b>	<b>150</b>	<b>143</b>			
Intent-to-File Pending	140	131	125	127	140	136	138	126	114	124			
<b>New VA Monetary Awards</b>	<b>\$ 885,133.81</b>	<b>\$482,041.59</b>	<b>\$ 547,013.01</b>	<b>\$ 329,482.22</b>	<b>\$ 606,189.74</b>	<b>\$ 293,997.77</b>	<b>\$ 209,030.26</b>	<b>\$ 176,569.91</b>	<b>\$ 496,416.89</b>	<b>\$160,481.99</b>			<b>\$ 4,186,357.19</b>

**Location Premium Invoice (October 2018 Final Invoice)**

Previous Total Due	Total Payments Received	Unpaid Balance	Current Premium	Payment Due Date
\$1,297,229.22	\$1,297,229.22	\$0.00	\$1,274,410.20	10/20/2018
Location	Policy Number	Prepared	Billing Period	Remit Payment to:
Kane County	Kane County	09/25/2018	October 2018 Final Invoice	IPBC
<b>PLEASE PAY THIS AMOUNT</b>			<b>\$1,274,814.97</b>	

Coverage	Enrolled	Volume	Current Premium	Credit Premium	Debit Premium	Total Premium
AD&D	472	\$20,263,400.00	\$405.31	-\$4.63	\$5.00	\$405.68
Basic Life	472	\$20,263,400.00	\$1,864.31	-\$21.28	\$23.00	\$1,866.03
Medical	1049	\$0.00	\$1,289,261.10	-\$40,549.09	\$23,426.48	\$1,272,138.49
<b>Total Premium</b>			\$1,291,530.72	-\$40,575.00	\$23,454.48	\$1,274,410.20

Totals with Adjustments				
<b>Location Fees/Deductions</b>			<b>Previous Total Due</b>	\$1,297,229.22
<b>EAP Plan Fee</b>	1	\$137.50	<b>Total Payments Received</b>	\$1,297,229.22
<b>Life GBS Fee</b>	472	\$146.32	<b>Unpaid Balance</b>	\$0.00
<b>Medical Waive IPBC Fee</b>	59	\$120.95	<b>Current Premium</b>	\$1,291,530.72
		\$404.77	<b>Credit Premium</b>	-\$40,575.00
			<b>Debit Premium</b>	\$23,454.48
			<b>Location Fees/Deductions</b>	\$404.77
			<b>Location Adjustments</b>	\$0.00
			<b>Current Total Due</b>	\$1,274,814.97

## Location Summary

Client	Location	Billing Period	Prepared
IPBC	Kane County	October 2018 Final Invoice	09/25/2018

			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium

Basic Life	The Standard Basic Life and ADD - NON UNION ONLY	AD&D Rate	472	\$20,263,400.00	\$405.31	-1	\$18,750.00	\$0.37	471	\$20,282,150.00	\$405.68	
	The Standard Basic Life and ADD - NON UNION ONLY	Life Rate	472	\$20,263,400.00	\$1,864.31	-1	\$18,750.00	\$1.72	471	\$20,282,150.00	\$1,866.03	
	<b>Plan Totals</b>			<b>472</b>	<b>\$20,263,400.00</b>	<b>\$2,269.62</b>	<b>-1</b>	<b>\$18,750.00</b>	<b>\$2.09</b>	<b>471</b>	<b>\$20,282,150.00</b>	<b>\$2,271.71</b>
	<b>Totals</b>			<b>472</b>	<b>\$20,263,400.00</b>	<b>\$2,269.62</b>	<b>-1</b>	<b>\$18,750.00</b>	<b>\$2.09</b>	<b>471</b>	<b>\$20,282,150.00</b>	<b>\$2,271.71</b>
Medical	BCBS Non UNION HMO BLUE ADVANTAGE	ECH	26	\$0.00	\$29,406.52	1	\$0.00	\$1,131.02	27	\$0.00	\$30,537.54	
	BCBS Non UNION HMO BLUE ADVANTAGE	EMP	95	\$0.00	\$54,122.45	-2	\$0.00	-\$1,139.42	93	\$0.00	\$52,983.03	
	BCBS Non UNION HMO BLUE ADVANTAGE	ESP	38	\$0.00	\$42,978.76	-1	\$0.00	-\$1,131.02	37	\$0.00	\$41,847.74	
	BCBS Non UNION HMO BLUE ADVANTAGE	FAM	104	\$0.00	\$172,006.64	-1	\$0.00	-\$1,653.91	103	\$0.00	\$170,352.73	
	<b>Plan Totals</b>			<b>263</b>	<b>\$0.00</b>	<b>\$298,514.37</b>	<b>-3</b>	<b>\$0.00</b>	<b>-\$2,793.33</b>	<b>260</b>	<b>\$0.00</b>	<b>\$295,721.04</b>
	BCBS Non UNION HMO Illinois	ECH	3	\$0.00	\$3,646.08	0	\$0.00	\$0.00	3	\$0.00	\$3,646.08	
	BCBS Non UNION HMO Illinois	EMP	5	\$0.00	\$3,058.95	0	\$0.00	\$0.00	5	\$0.00	\$3,058.95	
	BCBS Non UNION HMO Illinois	ESP	2	\$0.00	\$2,430.72	0	\$0.00	\$0.00	2	\$0.00	\$2,430.72	
	BCBS Non UNION HMO Illinois	FAM	4	\$0.00	\$7,110.48	0	\$0.00	\$0.00	4	\$0.00	\$7,110.48	
	<b>Plan Totals</b>			<b>14</b>	<b>\$0.00</b>	<b>\$16,246.23</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>14</b>	<b>\$0.00</b>	<b>\$16,246.23</b>
	BCBS Non Union PPO PLAN	ECH	18	\$0.00	\$32,943.96	3	\$0.00	\$5,490.66	21	\$0.00	\$38,434.62	
	BCBS Non Union PPO PLAN	EMP	69	\$0.00	\$63,464.82	-1	\$0.00	-\$919.78	68	\$0.00	\$62,545.04	
	BCBS Non Union PPO PLAN	ESP	49	\$0.00	\$89,680.78	1	\$0.00	\$1,830.22	50	\$0.00	\$91,511.00	
	BCBS Non Union PPO PLAN	FAM	61	\$0.00	\$163,424.49	-1	\$0.00	-\$2,679.09	60	\$0.00	\$160,745.40	
	<b>Plan Totals</b>			<b>197</b>	<b>\$0.00</b>	<b>\$349,514.05</b>	<b>2</b>	<b>\$0.00</b>	<b>\$3,722.01</b>	<b>199</b>	<b>\$0.00</b>	<b>\$353,236.06</b>
	BCBS UNION HMO BLUE ADVANTAGE	ECH	50	\$0.00	\$57,704.50	-1	\$0.00	-\$1,154.09	49	\$0.00	\$56,550.41	
	BCBS UNION HMO BLUE ADVANTAGE	EMP	134	\$0.00	\$77,898.22	-7	\$0.00	-\$4,069.31	127	\$0.00	\$73,828.91	

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			Current			Adjustment			Total		
Benefit	Plan	Tier	Count	Volume	Premium	Count	Volume	Premium	Count	Volume	Premium

BCBS UNION HMO BLUE ADVANTAGE	ESP	40	\$0.00	\$46,163.60	3	\$0.00	\$3,462.27	43	\$		
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BCBS UNION HMO BLUE ADVANTAGE	FAM	117	\$0.00	\$197,456.22	1	\$0.00	\$1,687.66	118	\$0.00	\$199,143.88
	<b>Plan Totals</b>	<b>341</b>	<b>\$0.00</b>	<b>\$379,222.54</b>	<b>-4</b>	<b>\$0.00</b>	<b>-\$73.47</b>	<b>337</b>	<b>\$0.00</b>	<b>\$379,149.07</b>
BCBS UNION HMO BLUE ADVANTAGE COBRA	EMP	1	\$0.00	\$581.33	-3	\$0.00	-\$1,743.99	-2	\$0.00	-\$1,162.66
	<b>Plan Totals</b>	<b>1</b>	<b>\$0.00</b>	<b>\$581.33</b>	<b>-3</b>	<b>\$0.00</b>	<b>-\$1,743.99</b>	<b>-2</b>	<b>\$0.00</b>	<b>-\$1,162.66</b>
BCBS UNION HMO Illinois	ECH	5	\$0.00	\$6,200.80	0	\$0.00	\$0.00	5	\$0.00	\$6,200.80
BCBS UNION HMO Illinois	EMP	11	\$0.00	\$6,866.97	0	\$0.00	\$0.00	11	\$0.00	\$6,866.97
BCBS UNION HMO Illinois	FAM	5	\$0.00	\$9,069.45	0	\$0.00	\$0.00	5	\$0.00	\$9,069.45
	<b>Plan Totals</b>	<b>21</b>	<b>\$0.00</b>	<b>\$22,137.22</b>	<b>0</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>21</b>	<b>\$0.00</b>	<b>\$22,137.22</b>
BCBS Union PPO PLAN	E1D	6	\$0.00	\$5,130.24	0	\$0.00	-\$1,569.99	6	\$0.00	\$3,560.25
BCBS Union PPO PLAN	ECH	9	\$0.00	\$16,475.76	-3	\$0.00	-\$5,491.92	6	\$0.00	\$10,983.84
BCBS Union PPO PLAN	EMP	83	\$0.00	\$71,743.60	-5	\$0.00	-\$4,600.00	78	\$0.00	\$67,143.60
BCBS Union PPO PLAN	ESP	23	\$0.00	\$42,104.72	-2	\$0.00	-\$3,661.28	21	\$0.00	\$38,443.44
BCBS Union PPO PLAN	FAM	32	\$0.00	\$85,751.04	0	\$0.00	\$0.00	32	\$0.00	\$85,751.04
	<b>Plan Totals</b>	<b>153</b>	<b>\$0.00</b>	<b>\$221,205.36</b>	<b>-10</b>	<b>\$0.00</b>	<b>-\$15,323.19</b>	<b>143</b>	<b>\$0.00</b>	<b>\$205,882.17</b>
BCBS Union PPO PLAN COBRA	EMP	2	\$0.00	\$1,840.00	1	\$0.00	\$920.00	3	\$0.00	\$2,760.00
BCBS Union PPO PLAN COBRA	ESP	0	\$0.00	\$0.00	-1	\$0.00	-\$1,830.64	-1	\$0.00	-\$1,830.64
	<b>Plan Totals</b>	<b>2</b>	<b>\$0.00</b>	<b>\$1,840.00</b>	<b>0</b>	<b>\$0.00</b>	<b>-\$910.64</b>	<b>2</b>	<b>\$0.00</b>	<b>\$929.36</b>
	<b>Totals</b>	<b>992</b>	<b>\$0.00</b>	<b>\$1,289,261.10</b>	<b>-18</b>	<b>\$0.00</b>	<b>-\$17,122.61</b>	<b>974</b>	<b>\$0.00</b>	<b>\$1,272,138.49</b>
	<b>Grand Totals</b>	<b>1464</b>	<b>\$20,263,400.00</b>	<b>\$1,291,530.72</b>	<b>-19</b>	<b>\$18,750.00</b>	<b>-\$17,120.52</b>	<b>1445</b>	<b>\$20,282,150.00</b>	<b>\$1,274,410.20</b>

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**EXECUTIVE SUMMARY**

This short summary provides an overview of the presentations held and upcoming presentations scheduled for Kane County's new health care benefit, Medical Employee Reimbursement Program, as known as MERP.

**ENROLLMENT**

**As of 10/2/2018, 32 employees are on MERP.**

**MERP PRESENTATIONS WILL BE COMPLETED BY DECEMBER 2018**

HR has emailed all Employees in Coroner's Office			Coroner	Rob Russell	719 S Batavia Ave Geneva, IL 60134
Sessions will be held on December 6, 2018	Bill Lenert is reaching out to Jack Cunningham to hold a MERP session.	Open Session	County Clerk	Jack Cunningham	719 S Batavia Ave Geneva, IL 60134

**MERP PRESENTATIONS COMPLETED**

DATE	TIME	TYPE	DEPARTMENT	DEPARTMENT HEAD	ADDRESS
5/15/2017	7am -12pm	Open Session	Sheriff's Training Room	Sheriff Kramer	37W755 IL-38 St Charles, IL 60175
5/16/2017	8:30 am – 12:30 pm	Open Session	Government Center Auditorium		719 S Batavia Ave Geneva, IL 60134
5/17/2017	8:30 am – 1:30pm	Open Session	Government Center Fox River Room		719 S Batavia Ave Geneva, IL 60134
5/18/2017	12pm – 4pm	Open Session	Government Center Auditorium		719 S Batavia Ave Geneva, IL 60134
5/19/2017	10:30am – 2:30pm	Open Session	Judicial Center		37W777 IL-38, St Charles, IL 60175
5/30/2017	9am-12pm	Open Session	Judicial Center		37W777 IL-38, St Charles, IL 60175
5/31/2017	9am-12pm	Department	Circuit Clerk	Tom Hartwell	540 Randall Rd St Charles, IL 60174
6/1/2017	9am-12pm	Department	Health	Barb Jeffers	1240 N Highland Ave Aurora, IL 60506
5/30/2017	1pm – 3:30pm	Open Session	Government Center Auditorium		719 S Batavia Ave Geneva, IL 60134
5/31/2017	1pm – 3:30pm	Open Session	Judicial Center		37W777 IL-38, St Charles, IL 60175



6/1/2017	1pm – 3:30pm	Department	Circuit Clerk	Tom Hartwell	540 Randall Rd St Charles, IL 60174	
7/6/2017	12pm – 12:30pm	Department	Environmental Management	Ken Anderson	719 S Batavia Ave Geneva, IL 60134	
6/22/2017	8:30pm – 12pm	Department	Health & Animal Control	Barb Jeffers	1240 N Highland Ave Aurora, IL 60506	
7/5/2017	2:30 – 3:30pm	Department	Transportation	Carl Schoedel	41W011 Burlington Rd, Campton Hills, IL 60175	
7/6/2017	12:30pm – 1pm	Departments	Environmental Workforce Dev.	Ken Anderson Scott Berger	719 S Batavia Ave Geneva, IL 60134	
7/7/2017	10am – 10:30am	Departments	HRM Chairman's Office Finance	Sylvia Wetzel Chris Lauzen Joe Onzick	719 S Batavia Ave Geneva, IL 60134	
7/7/2017	10am – 10:30am	Department	Auditor	Terry Hunt	719 S Batavia Ave Geneva, IL 60134	
7/7/2017	10am – 10:30am	Department	Treasurer	Dave Rickert	719 S Batavia Ave Geneva, IL 60134	Does not have any ee's that are eligible

### MERP PRESENTATIONS COMPLETED

7/11/2017	9:30am – 10am	Department	Court Services	Lisa Aust	1330 N Highland Ave Aurora IL 60506
7/12/2017	11am – 11:30am	Department	Supervisor of Assessment	Mark Armstrong	719 S Batavia Ave Geneva, IL 60134
7/12/2017	2:00pm – 2:30pm	Department	Information Technology	Roger Fahenstock	719 S Batavia Ave Geneva, IL 60134
7/12/2017	2:00pm – 2:30pm	Department	Building Management	Don Biggs	719 S Batavia Ave Geneva, IL 60134
7/17/2017	1pm - - 1:30pm	Department	Court Services-Adult Drug Court	Lisa Aust	37W777 IL-38, St Charles, IL 60175
7/18/2017	10am – 10:30am	Department	Court Services	Lisa Aust	113 S Grove Ave Elgin IL 60123
7/19/2017	11:30am - 12pm	Department	ROE	Pat Dal Santo	28 N 1st St, Geneva, IL 60134
7/19/2017	3pm – 3:30pm	Department	SAO	Joe McMahon	37W777 IL-38, St Charles, IL 60175
7/27/2017	3pm – 3:30pm	Department	Court Services	Lisa Aust	37W777 IL-38, St Charles, IL 60175
9/28/2017	Various	Department	Court Services/JJC	Michael Davis	JJC

April 12, 2018	11:30 a.m.	Open Session	Judiciary & Courts	Doug Naughton	100 S 3rd St, Geneva, IL 60134
April 3, 2018	10:00 a.m.	Open Session	KaneComm	Dave Farris	719 S Batavia Ave Geneva, IL 60134
April 5, 2018	4:00 p.m.	Open Session	Development	Mark Vankerkoff	719 S Batavia Ave Geneva, IL 60134
July 2018	done	Open Session	Public Defender	Kelli Childress	37W777 IL-38, St Charles, IL 60175



**Termination Report  
from 08/26/2018 - 09/22/2018**

Department	Employee Name	Termination Date
<b>Animal Control</b>		
	LOOMIS, JESSICA M	09/20/18
<b>County Clerk</b>		
	ERICSON, SUSAN M	08/26/18
	WIGGINS, KELLY R	09/04/18
<b>Court Services/Diagnostic Center</b>		
	BROWN, TIFFANY C	08/31/18
	LYTTLES, MARY E	08/31/18
	MIKA, BARBARA	08/31/18
<b>Court Services/Juvenile Justice Center</b>		
	MEDRANO, ANTHONY	09/21/18
<b>Development/County Development</b>		
	BELL, BROOK A	09/12/18
<b>Health</b>		
	PERGI, MARIA C	08/31/18
	SABO, SUMMER L	08/31/18
	SENGLAUB, CLAIRE M	09/07/18
<b>Judiciary and Courts</b>		
	NORDWIND, BURTON E	08/31/18
<b>Kane Comm</b>		
	POWELL, JENNIFER S	08/31/18
<b>Regional Office of Education</b>		
	ADEME, MICHAEL J	09/21/18
	HASTINGS, HEATHER L	09/04/18
<b>Sheriff/Adult Corrections</b>		
	KEATY, PATRICK M	09/07/18
	RAUGHLEY, SCOTT R	09/04/18

**Termination Report  
from 08/26/2018 - 09/22/2018**

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**Sheriff/Sheriff**

BLACKSMITH, EMILY A 09/04/18

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**State's Attorney**

CHAIDEZ NAVAR, SANDRA E 09/10/18  
FARA, ELOISE 09/21/18  
LOPICCOLO, SALVATORE 08/31/18  
ORSOLINI, MICHAEL G 09/11/18  
PITTMAN, REAGAN M 08/31/18  
STEGER, RYAN D 09/11/18

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**Supervisors of Assessment**

BINGHAM, KATHERINE L 09/18/18  
GABRELESKI, JANICE L 08/31/18

**Total Terminations 26**

**2018 - September Number of Job Applicants by Position**

<b>Department</b>	<b>Position</b>	<b>Elected Official Director Department Head Supervisor &amp; Title</b>	<b>Date Position Posted</b>	<b>Applicants During Report Month</b>	<b>Position Filled (Open/Closed)</b>
Animal Control	Kennel Assistant	Brett Youngsteadt, Administrator	8/22/2018	6	Open
Animal Control	Kennel Assistant - Part Time	Brett Youngsteadt, Administrator	3/7/2018	0	Open
Animal Control	Warden - Geneva	Brett Youngsteadt, Administrator	4/3/2018	1	Open
Building Management	Maintenance - Building Management Operations	Don Biggs, Executive Director of Building Mgmt	2/21/2018	1	Open
Development and Community Services	Administrative Officer	Mark Vankerkhoff, Director Development/County Development	8/24/2018	76	Open
Division of Transportation	Construction Resident Engineer	Carl Schoedel, Director and County Engineer Transportation	12/18/2017	0	Open
Division of Transportation	Project Manager / Traffic Safety Engineer	Carl Schoedel, Director and County Engineer Transportation	2/21/2018	11	Open
Division of Transportation	Traffic/Permit Engineer	Carl Schoedel, Director and County Engineer Transportation	5/22/2018	3	Open
Environmental and Water Resources	Development Technician	Jodie Wollnik, Director Environmental and Water Resources	9/27/2018	0	Open
Judiciary	Junior Staff Attorney	Susan Clancy Boles, 16th Judicial Circuit Judge	9/18/2018	1	Open
Kane Comm	9-1-1 Telecommunicator	Michelle Guthrie, Director of Kane Comm	5/1/2018	4	Open
Office of Community Reinvestment	Continuum of Care Program Coordinator	Renee Renken, Assistant Director of Workforce Development	6/1/2018	4	Open
Office of Community Reinvestment	Workforce Services Coordinator	Scott Berger, Director Community Reinvestment	5/11/2018	4	Open
Public Health Department	Community Health Specialist II Public Health Nurse	Barbara Jeffers, Executive Director	5/25/2018	0	Open
Public Health Department	Community Health Specialist III Epidemiologist (General)	Barbara Jeffers, Executive Director	5/25/2018	2	Open
Public Health Department	Substance Abuse Prevention Coordinator	Barbara Jeffers, Executive Director	9/4/2018	6	Open
Public Health Department	Assistant Director for Communicable Disease	Barbara Jeffers, Executive Director	9/4/2018	7	Open
Public Health Department	Children's Mental Health Program Manager	Barbara Jeffers, Executive Director	9/28/2018	0	Open
Public Health Department	Emergency Response Supervisor	Barbara Jeffers, Executive Director	10/1/2018	0	Open
Regional Office of Education	Administrative Professional	Patricia Dal Santo, Elected Official Regional Support	9/12/2018	1	Open
State's Attorney	Assistant State's Attorney	Christy Dechristopher, Executive Admin Assistant	9/17/2018	0	Open
State's Attorney	Administrative Assistant Floater - Misdemeanor/Branch Courts	Christy Dechristopher, Executive Admin Assistant	9/17/2018	2	Open
NA* no position available or no longer open.	NA*	NA*	NA*	24	NA*
<b>Total</b>				<b>153</b>	

**New Hire Report**  
**from 08/26/2018 - 09/22/2018**

Department	Employee Name	Job Title	Employee Status	Hire Date
<b>Animal Control</b>	BALK, CARLEE A	Kennel Assistant	ACTIVE	09/03/2018
<b>Circuit Clerk</b>	TAVIZON, NINA L	Deputy Clerk	ACTIVE	09/10/2018
<b>County Auditor</b>	JENKINS, KRISTIN D	Staff Auditor I	ACTIVE	09/04/2018
	POWERS, DEBRA A	Administrative Assistant	ACTIVE	09/04/2018
<b>County Clerk</b>	DELLES, RENAE F	Clerk V	ACTIVE	09/10/2018
	SHIVE, HOLLY L	Clerk V	ACTIVE	09/10/2018
<b>County Clerk Elections-PR Only/County Clerk Elections - PR Only</b>	PAYNE, MICHAEL T	Election Worker	ACTIVE	09/12/2018
		Warehouse Clerk	ACTIVE	09/12/2018
<b>Court Services/Court Services Administration</b>	GREEN, DAVID	Probation Officer	ACTIVE	09/10/2018
	HEARD, CLIFTON D	Probation Officer	ACTIVE	09/10/2018
	KOVACH, DAVID B Jr	Probation Officer	ACTIVE	09/04/2018
	MOODY, LISA N	Pretrial Probation Officer	ACTIVE	09/04/2018
	WHITE, KIMBERLY A	Probation Officer	ACTIVE	09/10/2018
<b>Court Services/Diagnostic Center</b>	DORRANCE, KIMBERLY A	Support Staff Secretary	ACTIVE	09/04/2018
	RICCIO, SARAH T	Psychology Intern	ACTIVE	09/04/2018

## New Hire Report

### from 08/26/2018 - 09/22/2018

	SIERZEGA, MICHELLE P	Staff Psychologist	ACTIVE	08/27/2018
<b>Court Services/Juvenile Justice Center</b>				
	HUCKINS, ERIKA N	Youth Counselor JJC	ACTIVE	09/04/2018
	SZOKE, MATTHEW D	Youth Counselor JJC	ACTIVE	09/04/2018
<b>Health</b>				
	BARBEAU, BETHANNE	Emergency Response Supervisor	ACTIVE	09/17/2018
	SOLOGAISTOA, EVAN O	CHS II Environ Hlth Practitioner	ACTIVE	08/27/2018
	ZOLFO, JILL M	CHS II Public Health Nurse	ACTIVE	09/17/2018
<b>Sheriff/Adult Corrections</b>				
	GARY, PATRICK M Jr	Correctional Officer	ACTIVE	09/03/2018
	SANCHEZ, RIGOBERTO	Correctional Officer	ACTIVE	09/03/2018
<b>Sheriff/Sheriff</b>				
	KOSINSKI, ASHLEY M	Office Manager	ACTIVE	09/10/2018
	ORTIZ, ANDRES	Peace Officer	ACTIVE	09/10/2018
	WESTON, LUKE M	Peace Officer	ACTIVE	09/10/2018
<b>State's Attorney</b>				
	DOMINGUEZ, BRENDA	Administrative Assistant Floater	ACTIVE	09/17/2018
	KRANTZ, JOSEPH D	Finance	ACTIVE	09/04/2018
	PATEL, CHANDNI D	Law Clerk	ACTIVE	09/10/2018
	WALLACE, KELLY A	Victim Services Advocate	ACTIVE	09/04/2018
<b>Transportation</b>				
	SIMPSON, TROY M	Transportation Planner I	ACTIVE	09/11/2018

**Total New Hires 30**



## RESOLUTION/ORDINANCE EXECUTIVE SUMMARY

### Resolution No.

Authorizing Budget Adjustment to Balance the Human Resources  
FY2018 Budget

**Committee Flow:** Human Services Committee, Finance and Budget  
Committee, Executive Committee, County Board

**Contact:** Sylvia Wetzel, 630.232.5932

### Budget Information:

Was this item budgeted? No	Appropriation Amount: \$24,536
If not budgeted, explain funding source: FY2018 Human Resources General Fund Salary	

### Summary:

This resolution authorizes funding to balance the Human Resources FY18 budget. The funding source will use dollars from the Human Resources salary line to balance and support expected expenses until the end of FY18.



STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO.

**AUTHORIZING BUDGET ADJUSTMENT TO BALANCE THE HUMAN RESOURCES FY2018 BUDGET**

WHEREAS, it is in the best interest of the Human Resources Department to maintain a balanced budget and because the funds are available to use from the Human Resources General Fund salary line; and

WHEREAS, due to department changes, funds are available for various expense items to support the budget through FY2018.

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the following FY2018 budget adjustment be made to provide funding to the Human Resources FY2018 budget:

001.120.120.40000	Salaries/Wages	(\$24,536)
001.120.120.50000	Project Administration Services	\$30.00
001.120.120.53110	Employee Training	\$638.00
001.120.120.53130	General Association Dues	\$368.00
001.120.120.55000	Miscellaneous Contractual Expenses	\$20,000.00
001.120.120.60000	Office Supplies	\$3,500.00

Passed by the Kane County Board on November 13, 2018.

\_\_\_\_\_  
John A. Cunningham  
Clerk, County Board  
Kane County, Illinois

\_\_\_\_\_  
Christopher J. Lauzen  
Chairman, County Board  
Kane County, Illinois

Vote:

18-11 FY18 BA



## RESOLUTION/ORDINANCE EXECUTIVE SUMMARY

### Resolution No.

Authorizing a Contract with Flexible Benefits Service Corporation to Administer Flexible Spending Accounts

**Committee Flow:** Human Services Committee, Finance and Budget Committee, Executive Committee, County Board

**Contact:** Sylvia Wetzel, 630.232.5932

### Budget Information:

Was this item budgeted? Yes	Appropriation Amount: \$10,858
If not budgeted, explain funding source:	

### Summary:

This is the annual renewal of Flexible Benefit Service Corporation contract to administer its flexible spending accounts (healthcare and dependent care). Flexible Benefit Service Corporation is the vendor.

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO.

**AUTHORIZING A CONTRACT WITH FLEXIBLE BENEFITS SERVICE CORPORATION TO ADMINISTER FLEXIBLE SPENDING ACCOUNTS**

WHEREAS, by Resolution 91-22 dated February 12, 1991 the County heretofore established the County of Kane Pre-Tax Deduction Plan (the "Plan") to provide for the payment of the portion of the group medical insurance premium payable by the employees of the county on a pre-tax basis; and

WHEREAS, Kane County allows employees participation in flexible spending accounts for healthcare and dependent care (day care); and

WHEREAS, Kane County desires to renew the annual contract with Flexible Benefit Service Corporation to administer its flexible spending accounts; and

NOW, THEREFORE, BE IT RESOLVED the Kane County Board authorizes the Chairman to execute any necessary documents and appropriated payments annually for Flexible Benefit Corporation to administer Kane County flexible spending accounts.

Line Item	Line Item Description	Was Personnel/Item/Service approved in original budget or a subsequent budget revision?	Are funds currently available for this Personnel/Item/Service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
652.800.814.50520	General Healthcare Administrative Services	Yes	Yes	

Passed by the Kane County Board on November 13, 2018.

\_\_\_\_\_  
John A. Cunningham  
Clerk, County Board  
Kane County, Illinois

\_\_\_\_\_  
Christopher J. Lauzen  
Chairman, County Board  
Kane County, Illinois

Vote:

18-11 FSA



## RESOLUTION/ORDINANCE EXECUTIVE SUMMARY

### Resolution No.

Approving FY2019 and FY2020 Third Party Claims Administration Services Agreement with Cannon Cochran Management Services, Inc. (CCMSI)

**Committee Flow:** Human Services Committee, Finance and Budget Committee, Executive Committee, County Board

**Contact:** Sylvia Wetzel, 630.232.5932

### Budget Information:

Was this item budgeted? Yes	Appropriation Amount: \$70,610
If not budgeted, explain funding source:	

### Summary:

This resolution is for two one-year agreements for FY2019 and FY2020 authorizing service with third party administrator, CCMSI, to handle Kane County's liability and workers compensation claims.

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO.

**APPROVING FY2019 AND FY2020 THIRD PARTY CLAIMS ADMINISTRATION SERVICES AGREEMENT WITH CANNON COCHRAN MANAGEMENT SERVICES, INC. (CCMSI)**

WHEREAS, to protect the interests of Kane County, prompt and effective handling of all lines of commercial insurance claims including, property, casualty, general liability, automobile and workers compensation is required and a service agreement with Cannon Cochran Management Services, Inc. (CCMSI) for two one-year agreements for Fiscal Year 2019 and 2020; and

WHEREAS, Cannon Cochran Management Service, Inc. Agency Fee is Seventy Thousand Six Hundred and Ten Dollars, \$70,610 for FY2019 and FY2020 each.

NOW, THEREFORE, BE IT RESOLVED by the Kane County Board that the Chairman is authorized to enter into two one-year contracts with Cannon Cochran Management Services, Inc. (CCMSI) to provide third party claims administration services for all lines of commercial insurance claims including property, casualty, general liability, automobile and workers compensation.

Line Item	Line Item Description	Was Personnel/Item/Service approved in original budget or a subsequent budget revision?	Are funds currently available for this Personnel/Item/Service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
010.120.130.50000	Project Administration	Yes	Yes	N/A

Passed by the Kane County Board on November 13, 2018.

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John A. Cunningham  
 Clerk, County Board  
 Kane County, Illinois

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Christopher J. Lauzen  
 Chairman, County Board  
 Kane County, Illinois

Vote:

18-11 TPA

**SERVICE AGREEMENT BETWEEN  
KANE COUNTY AND  
CANNON COCHRAN MANAGEMENT SERVICES, INC.**

**THIS SERVICE AGREEMENT** is made and entered into this 1<sup>st</sup> day of December, 2018 by and between Kane County (the "Client"), an authorized self-insured entity, and Cannon Cochran Management Services, Inc. ("CCMSI"), a Delaware corporation. It is agreed between the parties hereto as follows:

**A. APPOINTMENT OF CCMSI.** The Client hereby appoints CCMSI, and CCMSI hereby agrees to serve, as Third Party Administrator ("Administrator") of the Client's self-insurance program created and existing under the State of Illinois ("State") Self-Insurance Regulations.

**B. FUNCTIONS OF CCMSI.** During the term of this Agreement, the regular functions of CCMSI as the Client's Administrator shall include the following:

1. Claim Administration.

(a) Claim Management and Administration. In compliance with its Best Practices, CCMSI will manage and administer all claims of the Client that occur during the period of this Agreement. All claim payments shall be made with Client funds. CCMSI will act on behalf of Client in handling, monitoring, investigating, overseeing and adjusting all such actual and alleged claims.

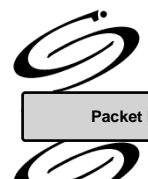
(b) Claim Settlement. CCMSI will settle claims of the Client with Client funds in accordance with reasonable limits and guidelines established with the Client.

(c) Claim Reserves. CCMSI will recommend reserves for unpaid reported claims and unpaid claim expenses.

(d) Allocated Claim Expenses. CCMSI will pay all Allocated Claim Expenses with Client Funds. Allocated Claim Expenses are charges for services provided in connection with specific claims by persons or firms, which are eligible claim expenses under the Client's program. Notwithstanding the foregoing, Allocated Claim Expenses will include all expenses incurred in connection with the investigation, adjustment, settlement or defense of Client claims, even if such expenses are incurred by CCMSI. Allocated Claim Expenses will include, but not be limited to, charges for:

- 1) Independent medical examinations of claimants;
- 2) Managed care expenses, which include the services provided by comp mc™, CCMSI's proprietary managed care program. Examples of managed care expenses includes but is not limited to state fee schedule, PPO net works, utilization review, nurse case management, medical bill audits and medical bill review;

- 3) Fraud detection expenses, such as surveillance, which include the services provided by *FIRE*, CCMSI's proprietary Special Investigation Unit (SIU), and other related expenses associated with the detection, reporting and prosecution of fraudulent claims, including legal fees;
  - 4) Attorneys, experts and special process servers;
  - 5) Court costs, fees, interest and expenses;
  - 6) Depositions, court reporters and recorded statements;
  - 7) Independent adjusters and appraisers;
  - 8) Index bureau and OFAC (Office of Foreign Assets Control) charges;
  - 9) MMSEA/SCHIP compliance charges;
  - 10) Electronic Data Interchanges, EDI, charges if required by State law;
  - 11) CCMSI personnel, at their customary rate or charge, but only with respect to claims outside the State and only if such customary rate is communicated to the Client prior to incurring such cost;
  - 12) Actual reasonable expenses incurred by CCMSI employees outside the State for meals, travel, and lodging in conjunction with claim management;
  - 13) Police, weather and fire report charges that are related to claims being administered under Client's program;
  - 14) Charges associated with accident reconstruction, cause and origin investigations, etc.;
  - 15) Charges for medical records, personnel documents, and other documents necessary for adjudication of claims under Client's program;
  - 16) Charges associated with Medicare Set-Aside Allocations; and
  - 17) Other expenses normally recognized as ALAE by industry standards.
- (e) Subrogation. CCMSI will monitor claims for subrogation
- (f) Provision of Reports. CCMSI agrees to provide reports to the Client as specified in the Schedule of Reports attached hereto as Exhibit A.
2. Risk Management Services. CCMSI will provide the Client with additional Risk Management Services not contemplated in the Agreement upon mutual agreement of the parties. The Schedule of additional Risk Management Services to be provided is attached hereto as Exhibit B.



3. Loss Control Services. CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

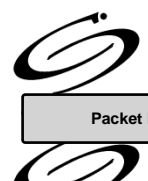
CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client. The Schedule of Loss Control Services to be provided is attached hereto as Exhibit C.

4. Managed Care Services. CCMSI will provide the Client with managed care services (comp mc™) upon mutual agreement of the parties. The Schedule of Managed Care Services to be provided is attached hereto as Exhibit D.

**C. CLIENT RESPONSIBILITIES.** Client agrees to:

1. Report all claims, incidents, reports or correspondence relating to potential claims in a timely manner.
2. Reasonably cooperate in the disposition of all claims.
3. Provide adequate funds to pay all claims and expenses in a timely manner.
4. Respond to reasonable information requests in a timely manner.
5. Identify in writing all insurance carriers applicable to CCMSI's claim handling responsibilities contemplated in this Service Agreement that CCMSI will have claim or data reporting requirements. In this regard, Client agrees to provide CCMSI with a complete copy of the current excess or other insurance policies, including applicable endorsements and audits, applicable to Clients insurance program and this Service Agreement. CCMSI assumes no responsibility of any kind for not reporting an otherwise reportable claim to any carrier that Client has failed to disclose to CCMSI and / or provide CCMSI with a copy of the applicable insurance policy and reporting instructions relative to that carrier.
6. Pay any fees or costs charged by any carrier or prior TPA of Client for the conversion of data associated with CCMSI handling run off claims for Client, or for the general transfer of data to CCMSI's operating systems.
7. Promptly pay CCMSI's fees.

**D. OPERATING EXPENSES.** The Client agrees to be responsible for and pay all of its own operating expenses other than service obligations of CCMSI. Such operating expenses shall include but not be limited to charges for the following:





1. All costs associated with Client meeting its State security and licensing requirements;
2. Certified Public Accountants
3. Attorneys, other than provided for in Section B.1. (d) 3) and B.1. (d) 4) of this Agreement;
4. Outside consultants, actuarial services or studies and State audits;
5. Independent payroll audits;
6. Allocated Claims Expenses incurred pursuant to Section B. 1. (d) of this Agreement;
7. All applicable regulatory fees and taxes;
8. Educational and/or promotional material, industry-specific loss control material, customized forms and/or stationery, supplies and extraordinary postage, such as bulk mailing, express mail or messenger service.
9. National Council on Compensation Insurance, NCCI, charges;
10. Excess and other insurance premiums;
11. Costs associated with the development, record keeping and filing of fraud statistics and plans, but only if required by any State or regulatory authority having jurisdiction over Client;
12. Other operating costs as normally incurred by the Client.

**E. BOOKS AND RECORDS.**

1. (a) CCMSI shall maintain all claim information relating specifically to the Client which is necessary to the performance of CCMSI's obligations under this Agreement (the "Records"). The Records shall remain at all times the sole property of the Client.  
  
(b) The Records shall not include any manuals, forms, files and reports, documents, customer lists, rights to solicit renewals, computer records and tapes, financial and strategic data, or information which documents CCMSI's processes, procedures and methods, or which CCMSI employs to administer programs other than the Client. The items specified in this Paragraph E. 1. (b) shall at all times be and remain the sole and exclusive property of CCMSI, and the Client shall not have any ownership, interest, right to duplicate or right to utilize these items except for the above documentation or information that relates solely to Client's Program.
2. During the term of this Agreement, CCMSI shall provide the Client with copies of the Records, if so requested by the Client. Any reasonable costs of reproduction of the Records shall be borne by the Client. In the event this Agreement is terminated or non-renewed, Client Records will be turned over to the Client or to a successor administrator designated by the Client.



3. CCMSI shall make the Records available for inspection by any duly authorized representative of the Client, or any governmental or regulatory authority having jurisdiction over CCMSI or the Client.

**F. NON-SOLICITATION OF EMPLOYEES.** During the term of the Agreement and for two (2) years thereafter, the Client and CCMSI mutually agree not to recruit, solicit or hire any employee of the other without written permission.

**G. OTHER INSURANCE.** If CCMSI places any specific or aggregate excess insurance, reinsurance, or other insurance product associated with this Agreement, then customary commissions and fees will be retained by CCMSI.

**H. TERM AND TERMINATION.**

1. Term of Agreement. The first term of this Agreement shall be one (1) year beginning on December 1, 2018 thru November 30, 2019. Unless the Agreement is terminated as set forth in paragraph H. 2., it will automatically renew for 1 (one) successive one year renewable periods. At least ninety (90) days prior to the expiration of each year term of this Agreement, the parties shall enter into good-faith negotiations regarding any proposed change in Agreement terms or fees. If there are no changes requested by either party, then the Agreement will automatically renew under the same terms and fee arrangement as the prior term.

2. Termination of Agreement. This Agreement may be terminated:

- (a) By mutual agreement of the parties hereto;
- (b) Upon expiration of the current term of this Agreement if either party has given the other at least ninety (90) days written notice of its intention to terminate as set forth in paragraph H. 1.;
- (c) Upon dissolution of the Client's self-insurance program whether voluntary or due to cessation of Client's authority;
- (d) Upon dissolution of the Client's self-insurance program due to Client insolvency or bankruptcy;
- (e) Upon ninety (90) days written notice by either party if the other party is in material breach of any term, covenant or condition contained herein; provided, however, that as a condition precedent to termination under this Section H. 2. (e), the terminating party shall give written notice to the other party, who shall have sixty (60) days from the date of such notice to cure or correct the grounds for termination. If the grounds of termination are not corrected or cured during the sixty (60) day period, this Agreement may be terminated on the termination date specified in the notice, but not prior to the expiration of the ninety (90) day period described herein.



3. Services Following Termination of Agreement. Should this Agreement be terminated or non-renewed for any reason, CCMSI will cease providing services, turn over to the Client all Client files in CCMSI's possession, which shall include all open and closed files.

Upon the Client's request and subject to agreement by CCMSI, CCMSI will be paid a reasonable negotiated fee to:

- (a) Provide for continued administration of the open claim files;
  - (b) Cooperate with any successor administrator in the orderly transfer of all functions, including providing a runoff listing of open claim files if desired by the Client and any other records reasonable and necessary for a successor administrator; and
  - (c) Provide an electronic transfer of data if such is feasible, with the cost of providing such borne by the Client. The electronic transfer of data will be subject to a flat fee of \$2,500.
- I. **SERVICE FEE PAYMENTS.** The Client shall pay to CCMSI a service fee as outlined in the Fee and Payment Schedule attached hereto as Exhibit E.
  - J. **ARBITRATION.** If an irreconcilable difference of opinion or claim should arise between the Client and CCMSI as the interpreters of any matter relating to this Agreement, such matter will be submitted to mediation or arbitration as the sole remedy available to both parties. Any such mediation or arbitration will take place in the City of Geneva, Illinois and will be conducted in accordance with the then-current rules of the American Arbitration Association.
  - K. **RELATIONSHIP OF PARTIES.** With respect to the services provided by CCMSI in this Agreement, CCMSI is considered an independent contractor. Nothing in this Agreement shall be construed to create a relationship of employer/employee, partners or joint ventures between the Client and CCMSI. This Agreement is non-exclusive, and CCMSI shall have the right to perform services on behalf of other individuals, firms, corporations and entities.
  - L. **INDEMNIFICATION.**
    1. Indemnification by Client. The Client agrees that it will indemnify and hold harmless CCMSI and CCMSI's directors, officers, employees, agents, shareholders, subsidiaries and other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by CCMSI as a result of breach of this Agreement by the Client, or alleged misconduct, error or omissions by the Client, or by any of the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, or other affiliates in connection with the performance of this Agreement.
    2. Indemnification by CCMSI. CCMSI agrees that it will indemnify and hold harmless the Client and the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, members, or other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by the Client as the result of breach of this Agreement by CCMSI or alleged misconduct, error or omissions by CCMSI, or by any of CCMSI's directors,



officers, employees, agents, shareholders, subsidiaries or other affiliates in connection with the performance of this Agreement. Agents as used herein include third party vendors selected by Client.

**M. CHANGE IN CIRCUMSTANCES.** In the event the adoption of any statute, rule or regulation materially changes the nature of the relationship between the parties hereto or the legal or economic premises upon which this Agreement is based, the parties hereto shall undertake good faith negotiations to amend the terms of this Agreement to account for such changes in a reasonable manner.

**N. SOFTWARE ACCESS.** The Client may be provided with the right to use one or more CCMSI Applications in connection with the services provided by CCMSI in this Agreement. CCMSI Applications include iCE, MyReports, Loss Control ASAP, Loss Control Resources and iCEBAR. The right to use CCMSI Applications is non-exclusive, limited to the term of this Agreement per paragraph H.1., non-transferable and is solely for the internal business use of Client.

CCMSI owns and reserves all rights, title, and interest in and to the CCMSI Applications. Client has no right to receive a copy of the object code or source code to the CCMSI Applications. Client may not attempt to:

1. License, sell, lease or otherwise make the CCMSI Applications available to any other party. Client will not provide any access, passwords or other information regarding the CCMSI Applications to any third parties and/or competitors of CCMSI without the prior written consent of CCMSI;
2. Use the CCMSI Applications in any way that violates any law, regulation or mandate, or the term of this Agreement; or
3. Take any action that jeopardizes confidential or proprietary information held by CCMSI.

Client is responsible for any confidential or proprietary information accessed or downloaded by Client from the CCMSI Applications, including the implementation of appropriate information security controls surrounding such information.

Except as expressly provided in this Agreement, CCMSI Applications are provided "as-is". CCMSI disclaims all other warranties, express, implied, or statutory, including the implied warranties or merchantability, satisfactory quality, title, fitness for a particular purpose, non-infringement, compatibility, security, quiet enjoyment, or accuracy. Without limiting the foregoing, CCMSI does not warrant that access to or use of the CCMSI Applications will be uninterrupted or error-free. CCMSI will provide support for the CCMSI Applications in the two most recent two versions of the Internet Explorer, Chrome, Firefox and Safari browsers.

**O. MISCELLANEOUS.**

1. Governing Law. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Illinois without regard to principles of conflicts of law.



2. Timing of Services. CCMSI may exercise its own reasonable judgment, within the parameters set forth herein and in compliance with State regulations, as to the time and manner in which it performs the services required hereunder. Additionally, CCMSI will be held to a standard of like administrators performing like services for customers such as Client.
3. Successors in Interest. This Agreement shall be binding upon, and inure to the benefit of, the successors in interest and permitted assigns of the parties hereto.
4. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if the invalid or unenforceable provision had been revised to the minimum extent necessary to make it valid and fully enforceable under applicable law.
5. Paragraph Headings. All paragraph headings in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
6. Waiver. The failure of any party to enforce any provisions of this Agreement shall not constitute a waiver by such party of any provision. A past waiver of a provision by either party shall not constitute a course of conduct or a waiver in the future with respect to that same provision.
7. Notice Provision. All notices, requests and other communications required under this Agreement shall be in writing and delivered by hand or mailed, registered or certified, return receipt requested, postage paid, or sent via a nationally recognized overnight courier to the other party at the following address:

Client: Sylvia Wetzel  
County of Kane  
719 S. Batavia Building A 3rd Floor  
Geneva, IL 60134

CCMSI: Cannon Cochran Management Services, Inc.  
2 E. Main St.  
Danville, IL 61832  
Attn: Chief Operating Officer

8. File Destruction Policy. CCMSI will maintain electronic claim file records or hard copy files (where applicable) on all closed files on behalf of Client for a period of fifteen (15) years after the month of closure, or for as long as necessary to protect the applicable statute of limitations, whichever is longer. It is the sole responsibility of Client to advise CCMSI if files are not to be destroyed per this policy.



9. Insurance. CCMSI will purchase and maintain insurance coverages for its performance of the services contemplated in this Agreement. Minimum policy limits are as follows:

Workers Compensation – Statutory  
Professional - \$5,000,000  
General Liability - \$1,000,000 / \$2,000,000  
Umbrella - \$5,000,000

10. Entire Agreement/Amendment. This Agreement sets forth the full and final understanding of the parties hereto with respect to the matters described herein, and supersedes any and all prior agreements and understandings between them, whether written or oral. This Agreement may be amended only by written document executed by the Client and CCMSI.
11. Confidential Information. Confidential Information includes nonpublic information that is exchanged between the Client and CCMSI, including, without limitation, information relating to the business, financials, personnel, customer data and operating procedures. Confidential Information includes information whether in written, electronic, or oral form created related to services provide under the Agreement. All Confidential Information is proprietary. Client and CCMSI may use the other party's Confidential Information only for the purpose of this Agreement and will limit its disclosure to only those persons reasonably necessary to perform under the Agreement. CCMSI will share nonpersonal bulk claim data with the IDS National Database unless the Client directs otherwise.
12. Information Security. CCMSI is responsible for the protection of the confidentiality, availability, privacy and integrity of Client information in our custody. CCMSI has implemented an Information Security Policy that has been developed to comply with applicable federal and state laws or regulations and industry best practices. The Information Security Policy applies to all CCMSI personnel, including temporary employees, independent contractors and vendors with access to CCMSI systems.



Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**CANNON COCHRAN MANAGEMENT SERVICES, INC.**

By: \_\_\_\_\_  
Rodney J. Golden

Its: Chief Operating Officer/Executive Vice President

**KANE COUNTY**

By: \_\_\_\_\_

Its: \_\_\_\_\_



**EXHIBIT A**

**SCHEDULE OF REPORTS**

1. A detailed listing of all claims broken down by location, policy year and line of coverage. (MONTHLY)
2. A summary of all claims broken down by location, policy year and line of coverage. (MONTHLY)
3. A check register listing all checks issued during a reporting period. (MONTHLY)





**EXHIBIT B**

**SCHEDULE OF RISK MANAGEMENT SERVICES**

None to be provided.



## EXHIBIT C

### SCHEDULE OF LOSS CONTROL SERVICES

#### Ala Carte Services- Loss Control Services

- Ergonomic Assessments
- Development of Hazard Specific Programs
- Training and Education of Employees and Management Staff
  - Blood borne Pathogens
  - CTS
  - Diffusing a Combative Resident
  - Ergonomics
  - Fire Safety
  - Hazard Communication
  - Personal Protective Equipment (PPE)
  - Respiratory Protection
  - Save Your Back
  - Tuberculosis
  - Workplace Violence
- OSHA Compliance
- Safety Audit
- Program Development and Implementation
- Incentive Plan Development

\*These services can be billed at an hourly rate of \$125 per hour or we can put together a customized Loss Control Package for a flat fee that includes a combination of any of the Ala Carte Services listed above. Service hours include preparation time, travel time, field time and follow-up time.

CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client.



**EXHIBIT D**

**SCHEDULE OF comp mc™ SERVICES AND FEES**

**Field Case Management**

CCMSI does not offer proprietary field case management, utilization review or vocational rehabilitation services. These services would be provided by various third party providers agreed to and approved by the client at competitive price and the cost of these services would be captured as an allocated loss expense to the referral file.

**Provider Bill Re-pricing**

<b><i>Service</i></b>	<b><i>Fee</i></b>
Fee schedule re-pricing	\$8.50 per bill
Usual and Customary re-pricing	\$8.50 per bill
Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill

**PPO Re-pricing**

PPO re-pricing is billed at 30% of savings

**Pharmacy Network Services**

Pharmacy Network services are priced at 30% of savings.



**EXHIBIT E  
 EE AND PAYMENT SCHEDULE**

<b>Service Agreement Term: December 1, 2018 – November 30, 2019</b>	
<b>Services:</b>	<b>Fees:</b>
<b>Claims Administration (Deposit / Minimum Annual)</b>	<b>\$65,000*</b>
CCMSI will manage all workers' compensation, general and auto liability, auto physical damage and professional liability claims for the <b>life of this agreement</b> for an annual fee as follows:	
<b>Newly Reported Claims Only</b>	
<b>Type of Claim</b>	<b>Life of Contract (1) (2)</b>
Workers' Compensation – Indemnity Est. claim--29	\$918 per Claim
Workers' Compensation-Medical Only Est. claim—45	\$153 per Claim
General Liability—BI Est. Claim 1	\$694 per Claim
General Liability—PD Est. Claim 3	\$459 per Claim
Auto Liability – BI Est. Claim 6	\$694 per Claim
Auto Liability – PD Est Claim 9	\$459 per Claim
Auto Physical Damage Est. Claim 13	\$341 per Claim
Errors/Omissions Est. Claim 0	\$1163 per Claim
Employment Practices Est. Claim 2	\$1163 per Claim
First Party Property (Up to 50,000**) Est. Claim 16	\$459 per Claim
Boiler and Machinery (Up to 50,000**) Est. claims 0	\$459 per Claim
Law Enforcement Est. Claim 5	\$1163 per Claim
Public Official Liability Est. Claims 1	\$1163 per Claim
Auto Underinsured AUIM Est. Claims 1	\$694 per Claim



Incident Reports Entered by Client	\$35
Internet Claims Reporting	Included in account management fee
800# Reporting (Optional)	\$20 per Claim
MMSEA SECTION 111 Reporting See Below	\$25 per Claim Hit

**\*Note:**  
 Any additional charges over the estimated claim fee will be billed at the expiration of the policy term and quarterly thereafter.

**\*\* Property and Boiler and Machinery Losses** over \$50,000 will be billed at current T&E rates at time of loss.

**Carrier Fees:** If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.

**The flat rate unit prices quoted includes:**

- Prompt and courteous customer service
- Timely investigation and determination of compensability in accordance with CCMSI Best Practices
- Strict adherence to state workers compensation statutes and regulations, attendance at hearings, as required.
- Preparation for and compliance with and response to regulatory audits
- Timely payment of all legitimate claims
- Fraud detection and prevention
- Litigation Management

(1) These prices do not include those costs typically identified and expense as allocated loss expenses. Please see the attached roster that details those typical allocated loss expense items. (ex. Field investigation & adjusting)

(2) Claim charges are quoted on a per claim, not per occurrence basis

(3) All injury claims will be submitted to CMS for Medicare eligibility  
 CCMSI / Gould and Lamb, LLC will report all claims meeting the CMS reporting guidelines

Any occurrence resulting in 10 or more claims will be considered a catastrophic claim. All resulting claims will be handled on a time and expense basis. Any claim which falls under the catastrophic definition in the reinsurance contract, e.g., brain damage, death, etc., will also be handled on a time and expense basis.



<p><b><u>Workers' Compensation Claim Definitions</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>Indemnity Claims</b> – Claims involving lost-time, questionable compensability, legal involvement, subrogation, second injury fund, probable permanent impairment/disability, jurisdictional issues, coverage issues or claims involving complex issues that are assigned or transferred to the indemnity adjuster for claims handling.</li> <li>▪ <b>Medical Only Claims</b> – Claims which have no issues of lost time, no evidence of other indemnity benefit exposure, no obvious question of compensability, no evidence of potential subrogation or second injury fund recovery, no evidence of problematic medical issues and no requirement or need for any formal statements.</li> <li>▪ <b>Report Only/Incident Only Claims</b> – Reported claims which require only input into RMIS system and requires no claims management activity.</li> </ul>	
<p><b>Take-Over Claims (Prior to 12/1/11)</b></p>	<p><b>As Outlined</b></p>
<p>Handling of claims that occurred prior to Dec 1, 2011 which is the inception of the current CCMSI handling. \$250 per claim for the handling for 12 months or any portion thereof starting Dec 1, 2016.</p>	
<p><b>Annual Administration</b></p>	<p><b>\$5,610</b></p>
<p><b>Annual Account Management Fee includes:</b></p> <ul style="list-style-type: none"> <li>• Designated Account Manager</li> <li>• Preparation and participation in Semi-Annual claims reviews</li> <li>• Risk Management Information System (iCE) cost to include: 2 User IDs; Internet access to your adjusters claim files; the ability to email your adjuster and Account Manager; access to our library of template risk management reports together with initial training and ongoing support</li> <li>• Maintenance of the loss fund account</li> <li>• Monthly loss runs and loss fund activities reports</li> <li>• Assistance in filing of all required state forms including state mandated assessments <ul style="list-style-type: none"> <li>○ If Client has directed CCMSI to utilize a third party vendor selected by Client for the provision of services then such assistance will be the responsibility of the third party vendor</li> </ul> </li> <li>• Reporting to excess/fronting carrier</li> </ul>	
<p><b>Data Conversion (Optional)</b></p>	<p><b>\$125/Hr</b></p>
<p>This is the fee associated with consolidating all of historical data into CCMSI's database (in the event this service is of interest). Our cost for this service is \$125 an hour and it typically averages 20/30 hours to complete. We would be willing to "cap" the cost of this service at \$7,500.</p> <p>In order to accurately and competitively asses this fee we would need to know:</p> <ul style="list-style-type: none"> <li>• The number of data sources</li> <li>• The experience period data ranges (i.e., 1/1/95 to 12/31/05)</li> <li>• The total number of claim records to be transferred</li> <li>• Whether or not all transactional information on closed claims is to be transferred or alternatively if we can transfer closed values only</li> </ul>	



<b>Managed Care Service</b>	<b>See Detail</b>								
<p style="text-align: center;"><b>Field Case Management</b></p> <p>CCMSI does not offer proprietary field case management, utilization review or vocational rehabilitation services. These services would be provided by various third party providers agreed to and approved by the client at competitive price and the cost of these services would be captured as an allocated loss expense to the referral file.</p> <p style="text-align: center;"><b>Provider Bill Re-pricing</b></p> <table border="1" data-bbox="191 451 1224 619"> <thead> <tr> <th><i>Service</i></th> <th><i>Fee</i></th> </tr> </thead> <tbody> <tr> <td>Fee schedule re-pricing</td> <td>\$8.50 per bill</td> </tr> <tr> <td>Usual and Customary re-pricing</td> <td>\$8.50 per bill</td> </tr> <tr> <td>Medical Bill State Reporting for applicable medical bills to reportable state</td> <td>\$1.50 per reportable bill</td> </tr> </tbody> </table> <p style="text-align: center;"><b>PPO Re-pricing</b></p> <p>PPO re-pricing is billed at 30% of savings</p> <p style="text-align: center;"><b>Pharmacy Network Services</b></p> <p>Pharmacy Network services are priced at 30% of savings.</p>	<i>Service</i>	<i>Fee</i>	Fee schedule re-pricing	\$8.50 per bill	Usual and Customary re-pricing	\$8.50 per bill	Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill	
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Fee schedule re-pricing	\$8.50 per bill								
Usual and Customary re-pricing	\$8.50 per bill								
Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill								
<b>MMSEA Section 111 Reporting</b>	<b>\$25 / Per Claim Hit</b>								
<p>CCMSI in conjunction with our reporting agent will comply with MMSEA Section 111 Reporting on behalf of Kane County.</p> <ul style="list-style-type: none"> <li>• All injury claims will be queried to CMS for Medicare eligibility (no charge)</li> <li>• CCMSI will collect additional mandatory data on claims where Medicare eligibility has been verified. CCMSI along with our reporting agent will report all claims meeting the reporting guidelines as set forth by CMS. (one-time \$25 per claim fee)</li> </ul>									
<b>Carrier Fees</b>	<b>TBD</b>								
<p>If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.</p>									
<b>Loss Control Services - Optional</b>	<b>*\$125/hr</b>								
<p><b><u>Ala Carte Services- Loss Control Services</u></b></p> <ul style="list-style-type: none"> <li>• Ergonomic Assessments</li> <li>• Development of Hazard Specific Programs</li> <li>• Training and Education of Employees and Management Staff                         <ul style="list-style-type: none"> <li>• Blood borne Pathogens</li> <li>• CTS</li> <li>• Diffusing a Combative Resident</li> <li>• Ergonomics</li> <li>• Fire Safety</li> <li>• Hazard Communication</li> <li>• Personal Protective Equipment (PPE)</li> <li>• Respiratory Protection</li> <li>• Save Your Back</li> </ul> </li> </ul>									



<p><b>Loss Control (Continued)</b></p> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Workplace Violence</li> <li>• OSHA Compliance</li> <li>• Safety Audit</li> <li>• Program Development and Implementation</li> <li>• Incentive Plan Development</li> </ul> <p>*These services can be billed at an hourly rate of \$125 per hour or we can put together a customized Loss Control Package for a flat fee that includes a combination of any of the Ala Carte Services listed above. Service hours include preparation time, travel time, field time and follow-up time.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.</p> <p>CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client.</p> </div>	
<p><b>Special System Reports</b></p>	<p><b>\$125 an hour</b></p>
<p>CCMSI will provide special reports, (reports not currently programmed or written) for a fee of \$125 per hour for system programming time. CCMSI will provide an estimate of charges before any work will be done.</p>	
<p><b>GRAND TOTAL</b></p>	<p><b>\$70,610 Annually</b></p>
<p><b>Fee &amp; Payment Schedule</b></p>	<p><b>Monthly</b></p>
<p>The monthly installments will be due on the first day of the month beginning on December 1, 2018 and will continue throughout each policy period.</p> <p>Take over claims will be billed in a lump sum on the first day of January 2019 based on the type and actual number of claims received by CCMSI.</p> <p>Fees for the Data Conversion will be billed in a lump sum in February 2019 based on the actual number of hours at the rate of \$125 per hour.</p>	





Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**CANNON COCHRAN MANAGEMENT SERVICES, INC.**

By: \_\_\_\_\_  
Rodney J. Golden

Its: Chief Operating Officer/Executive Vice President

**KANE COUNTY**

By: \_\_\_\_\_

Its: \_\_\_\_\_



**SERVICE AGREEMENT BETWEEN  
KANE COUNTY AND  
CANNON COCHRAN MANAGEMENT SERVICES, INC.**

**THIS SERVICE AGREEMENT** is made and entered into this 1<sup>st</sup> day of December, 2019 by and between Kane County (the "Client"), an authorized self-insured entity, and Cannon Cochran Management Services, Inc. ("CCMSI"), a Delaware corporation. It is agreed between the parties hereto as follows:

**A. APPOINTMENT OF CCMSI.** The Client hereby appoints CCMSI, and CCMSI hereby agrees to serve, as Third Party Administrator ("Administrator") of the Client's self-insurance program created and existing under the State of Illinois ("State") Self-Insurance Regulations.

**B. FUNCTIONS OF CCMSI.** During the term of this Agreement, the regular functions of CCMSI as the Client's Administrator shall include the following:

1. Claim Administration.

(a) Claim Management and Administration. In compliance with its Best Practices, CCMSI will manage and administer all claims of the Client that occur during the period of this Agreement. All claim payments shall be made with Client funds. CCMSI will act on behalf of Client in handling, monitoring, investigating, overseeing and adjusting all such actual and alleged claims.

(b) Claim Settlement. CCMSI will settle claims of the Client with Client funds in accordance with reasonable limits and guidelines established with the Client.

(c) Claim Reserves. CCMSI will recommend reserves for unpaid reported claims and unpaid claim expenses.

(d) Allocated Claim Expenses. CCMSI will pay all Allocated Claim Expenses with Client Funds. Allocated Claim Expenses are charges for services provided in connection with specific claims by persons or firms, which are eligible claim expenses under the Client's program. Notwithstanding the foregoing, Allocated Claim Expenses will include all expenses incurred in connection with the investigation, adjustment, settlement or defense of Client claims, even if such expenses are incurred by CCMSI. Allocated Claim Expenses will include, but not be limited to, charges for:

- 1) Independent medical examinations of claimants;
- 2) Managed care expenses, which include the services provided by comp mc™, CCMSI's proprietary managed care program. Examples of managed care expenses includes but is not limited to state fee schedule, PPO net works, utilization review, nurse case management, medical bill audits and medical bill review;

- 3) Fraud detection expenses, such as surveillance, which include the services provided by *FIRE*, CCMSI's proprietary Special Investigation Unit (SIU), and other related expenses associated with the detection, reporting and prosecution of fraudulent claims, including legal fees;
  - 4) Attorneys, experts and special process servers;
  - 5) Court costs, fees, interest and expenses;
  - 6) Depositions, court reporters and recorded statements;
  - 7) Independent adjusters and appraisers;
  - 8) Index bureau and OFAC (Office of Foreign Assets Control) charges;
  - 9) MMSEA/SCHIP compliance charges;
  - 10) Electronic Data Interchanges, EDI, charges if required by State law;
  - 11) CCMSI personnel, at their customary rate or charge, but only with respect to claims outside the State and only if such customary rate is communicated to the Client prior to incurring such cost;
  - 12) Actual reasonable expenses incurred by CCMSI employees outside the State for meals, travel, and lodging in conjunction with claim management;
  - 13) Police, weather and fire report charges that are related to claims being administered under Client's program;
  - 14) Charges associated with accident reconstruction, cause and origin investigations, etc.;
  - 15) Charges for medical records, personnel documents, and other documents necessary for adjudication of claims under Client's program;
  - 16) Charges associated with Medicare Set-Aside Allocations; and
  - 17) Other expenses normally recognized as ALAE by industry standards.
- (e) Subrogation. CCMSI will monitor claims for subrogation
- (f) Provision of Reports. CCMSI agrees to provide reports to the Client as specified in the Schedule of Reports attached hereto as Exhibit A.
2. Risk Management Services. CCMSI will provide the Client with additional Risk Management Services not contemplated in the Agreement upon mutual agreement of the parties. The Schedule of additional Risk Management Services to be provided is attached hereto as Exhibit B.



3. Loss Control Services. CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

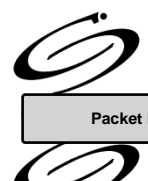
CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client. The Schedule of Loss Control Services to be provided is attached hereto as Exhibit C.

4. Managed Care Services. CCMSI will provide the Client with managed care services (comp mc™) upon mutual agreement of the parties. The Schedule of Managed Care Services to be provided is attached hereto as Exhibit D.

**C. CLIENT RESPONSIBILITIES.** Client agrees to:

1. Report all claims, incidents, reports or correspondence relating to potential claims in a timely manner.
2. Reasonably cooperate in the disposition of all claims.
3. Provide adequate funds to pay all claims and expenses in a timely manner.
4. Respond to reasonable information requests in a timely manner.
5. Identify in writing all insurance carriers applicable to CCMSI's claim handling responsibilities contemplated in this Service Agreement that CCMSI will have claim or data reporting requirements. In this regard, Client agrees to provide CCMSI with a complete copy of the current excess or other insurance policies, including applicable endorsements and audits, applicable to Clients insurance program and this Service Agreement. CCMSI assumes no responsibility of any kind for not reporting an otherwise reportable claim to any carrier that Client has failed to disclose to CCMSI and / or provide CCMSI with a copy of the applicable insurance policy and reporting instructions relative to that carrier.
6. Pay any fees or costs charged by any carrier or prior TPA of Client for the conversion of data associated with CCMSI handling run off claims for Client, or for the general transfer of data to CCMSI's operating systems.
7. Promptly pay CCMSI's fees.

**D. OPERATING EXPENSES.** The Client agrees to be responsible for and pay all of its own operating expenses other than service obligations of CCMSI. Such operating expenses shall include but not be limited to charges for the following:



1. All costs associated with Client meeting its State security and licensing requirements;
2. Certified Public Accountants
3. Attorneys, other than provided for in Section B.1. (d) 3) and B.1. (d) 4) of this Agreement;
4. Outside consultants, actuarial services or studies and State audits;
5. Independent payroll audits;
6. Allocated Claims Expenses incurred pursuant to Section B. 1. (d) of this Agreement;
7. All applicable regulatory fees and taxes;
8. Educational and/or promotional material, industry-specific loss control material, customized forms and/or stationery, supplies and extraordinary postage, such as bulk mailing, express mail or messenger service.
9. National Council on Compensation Insurance, NCCI, charges;
10. Excess and other insurance premiums;
11. Costs associated with the development, record keeping and filing of fraud statistics and plans, but only if required by any State or regulatory authority having jurisdiction over Client;
12. Other operating costs as normally incurred by the Client.

**E. BOOKS AND RECORDS.**

1. (a) CCMSI shall maintain all claim information relating specifically to the Client which is necessary to the performance of CCMSI's obligations under this Agreement (the "Records"). The Records shall remain at all times the sole property of the Client.  
  
(b) The Records shall not include any manuals, forms, files and reports, documents, customer lists, rights to solicit renewals, computer records and tapes, financial and strategic data, or information which documents CCMSI's processes, procedures and methods, or which CCMSI employs to administer programs other than the Client. The items specified in this Paragraph E. 1. (b) shall at all times be and remain the sole and exclusive property of CCMSI, and the Client shall not have any ownership, interest, right to duplicate or right to utilize these items except for the above documentation or information that relates solely to Client's Program.
2. During the term of this Agreement, CCMSI shall provide the Client with copies of the Records, if so requested by the Client. Any reasonable costs of reproduction of the Records shall be borne by the Client. In the event this Agreement is terminated or non-renewed, Client Records will be turned over to the Client or to a successor administrator designated by the Client.



3. CCMSI shall make the Records available for inspection by any duly authorized representative of the Client, or any governmental or regulatory authority having jurisdiction over CCMSI or the Client.

**F. NON-SOLICITATION OF EMPLOYEES.** During the term of the Agreement and for two (2) years thereafter, the Client and CCMSI mutually agree not to recruit, solicit or hire any employee of the other without written permission.

**G. OTHER INSURANCE.** If CCMSI places any specific or aggregate excess insurance, reinsurance, or other insurance product associated with this Agreement, then customary commissions and fees will be retained by CCMSI.

**H. TERM AND TERMINATION.**

1. Term of Agreement. The first term of this Agreement shall be one (1) year beginning on December 1, 2019 thru November 30, 2020. Unless the Agreement is terminated as set forth in paragraph H. 2., it will automatically renew for 1 (one) successive one year renewable periods. At least ninety (90) days prior to the expiration of each year term of this Agreement, the parties shall enter into good-faith negotiations regarding any proposed change in Agreement terms or fees. If there are no changes requested by either party, then the Agreement will automatically renew under the same terms and fee arrangement as the prior term.

2. Termination of Agreement. This Agreement may be terminated:

- (a) By mutual agreement of the parties hereto;
- (b) Upon expiration of the current term of this Agreement if either party has given the other at least ninety (90) days written notice of its intention to terminate as set forth in paragraph H. 1.;
- (c) Upon dissolution of the Client's self-insurance program whether voluntary or due to cessation of Client's authority;
- (d) Upon dissolution of the Client's self-insurance program due to Client insolvency or bankruptcy;
- (e) Upon ninety (90) days written notice by either party if the other party is in material breach of any term, covenant or condition contained herein; provided, however, that as a condition precedent to termination under this Section H. 2. (e), the terminating party shall give written notice to the other party, who shall have sixty (60) days from the date of such notice to cure or correct the grounds for termination. If the grounds of termination are not corrected or cured during the sixty (60) day period, this Agreement may be terminated on the termination date specified in the notice, but not prior to the expiration of the ninety (90) day period described herein.



3. Services Following Termination of Agreement. Should this Agreement be terminated or non-renewed for any reason, CCMSI will cease providing services, turn over to the Client all Client files in CCMSI's possession, which shall include all open and closed files.

Upon the Client's request and subject to agreement by CCMSI, CCMSI will be paid a reasonable negotiated fee to:

- (a) Provide for continued administration of the open claim files;
  - (b) Cooperate with any successor administrator in the orderly transfer of all functions, including providing a runoff listing of open claim files if desired by the Client and any other records reasonable and necessary for a successor administrator; and
  - (c) Provide an electronic transfer of data if such is feasible, with the cost of providing such borne by the Client. The electronic transfer of data will be subject to a flat fee of \$2,500.
- I. **SERVICE FEE PAYMENTS.** The Client shall pay to CCMSI a service fee as outlined in the Fee and Payment Schedule attached hereto as Exhibit E.
  - J. **ARBITRATION.** If an irreconcilable difference of opinion or claim should arise between the Client and CCMSI as the interpreters of any matter relating to this Agreement, such matter will be submitted to mediation or arbitration as the sole remedy available to both parties. Any such mediation or arbitration will take place in the City of Geneva, Illinois and will be conducted in accordance with the then-current rules of the American Arbitration Association.
  - K. **RELATIONSHIP OF PARTIES.** With respect to the services provided by CCMSI in this Agreement, CCMSI is considered an independent contractor. Nothing in this Agreement shall be construed to create a relationship of employer/employee, partners or joint ventures between the Client and CCMSI. This Agreement is non-exclusive, and CCMSI shall have the right to perform services on behalf of other individuals, firms, corporations and entities.
  - L. **INDEMNIFICATION.**
    1. Indemnification by Client. The Client agrees that it will indemnify and hold harmless CCMSI and CCMSI's directors, officers, employees, agents, shareholders, subsidiaries and other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by CCMSI as a result of breach of this Agreement by the Client, or alleged misconduct, error or omissions by the Client, or by any of the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, or other affiliates in connection with the performance of this Agreement.
    2. Indemnification by CCMSI. CCMSI agrees that it will indemnify and hold harmless the Client and the Client's trustees, directors, officers, employees, agents, shareholders, subsidiaries, members, or other affiliates from and against any and all claims, losses, liability, costs, damages and reasonable attorney's fees incurred by the Client as the result of breach of this Agreement by CCMSI or alleged misconduct, error or omissions by CCMSI, or by any of CCMSI's directors,



officers, employees, agents, shareholders, subsidiaries or other affiliates in connection with the performance of this Agreement. Agents as used herein include third party vendors selected by Client.

**M. CHANGE IN CIRCUMSTANCES.** In the event the adoption of any statute, rule or regulation materially changes the nature of the relationship between the parties hereto or the legal or economic premises upon which this Agreement is based, the parties hereto shall undertake good faith negotiations to amend the terms of this Agreement to account for such changes in a reasonable manner.

**N. SOFTWARE ACCESS.** The Client may be provided with the right to use one or more CCMSI Applications in connection with the services provided by CCMSI in this Agreement. CCMSI Applications include iCE, MyReports, Loss Control ASAP, Loss Control Resources and iCEBAR. The right to use CCMSI Applications is non-exclusive, limited to the term of this Agreement per paragraph H.1., non-transferable and is solely for the internal business use of Client.

CCMSI owns and reserves all rights, title, and interest in and to the CCMSI Applications. Client has no right to receive a copy of the object code or source code to the CCMSI Applications. Client may not attempt to:

1. License, sell, lease or otherwise make the CCMSI Applications available to any other party. Client will not provide any access, passwords or other information regarding the CCMSI Applications to any third parties and/or competitors of CCMSI without the prior written consent of CCMSI;
2. Use the CCMSI Applications in any way that violates any law, regulation or mandate, or the term of this Agreement; or
3. Take any action that jeopardizes confidential or proprietary information held by CCMSI.

Client is responsible for any confidential or proprietary information accessed or downloaded by Client from the CCMSI Applications, including the implementation of appropriate information security controls surrounding such information.

Except as expressly provided in this Agreement, CCMSI Applications are provided "as-is". CCMSI disclaims all other warranties, express, implied, or statutory, including the implied warranties or merchantability, satisfactory quality, title, fitness for a particular purpose, non-infringement, compatibility, security, quiet enjoyment, or accuracy. Without limiting the foregoing, CCMSI does not warrant that access to or use of the CCMSI Applications will be uninterrupted or error-free. CCMSI will provide support for the CCMSI Applications in the two most recent two versions of the Internet Explorer, Chrome, Firefox and Safari browsers.

**O. MISCELLANEOUS.**

1. Governing Law. This Agreement shall be governed by and construed in accordance with the internal laws of the State of Illinois without regard to principles of conflicts of law.





2. Timing of Services. CCMSI may exercise its own reasonable judgment, within the parameters set forth herein and in compliance with State regulations, as to the time and manner in which it performs the services required hereunder. Additionally, CCMSI will be held to a standard of like administrators performing like services for customers such as Client.
3. Successors in Interest. This Agreement shall be binding upon, and inure to the benefit of, the successors in interest and permitted assigns of the parties hereto.
4. Severability. The invalidity or unenforceability of any particular provision of this Agreement shall not affect the other provisions hereof, and this Agreement shall be construed in all respects as if the invalid or unenforceable provision had been revised to the minimum extent necessary to make it valid and fully enforceable under applicable law.
5. Paragraph Headings. All paragraph headings in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
6. Waiver. The failure of any party to enforce any provisions of this Agreement shall not constitute a waiver by such party of any provision. A past waiver of a provision by either party shall not constitute a course of conduct or a waiver in the future with respect to that same provision.
7. Notice Provision. All notices, requests and other communications required under this Agreement shall be in writing and delivered by hand or mailed, registered or certified, return receipt requested, postage paid, or sent via a nationally recognized overnight courier to the other party at the following address:

Client: Sylvia Wetzel  
County of Kane  
719 S. Batavia Building A 3rd Floor  
Geneva, IL 60134

CCMSI: Cannon Cochran Management Services, Inc.  
2 E. Main St.  
Danville, IL 61832  
Attn: Chief Operating Officer

8. File Destruction Policy. CCMSI will maintain electronic claim file records or hard copy files (where applicable) on all closed files on behalf of Client for a period of fifteen (15) years after the month of closure, or for as long as necessary to protect the applicable statute of limitations, whichever is longer. It is the sole responsibility of Client to advise CCMSI if files are not to be destroyed per this policy.



9. Insurance. CCMSI will purchase and maintain insurance coverages for its performance of the services contemplated in this Agreement. Minimum policy limits are as follows:

Workers Compensation – Statutory  
Professional - \$5,000,000  
General Liability - \$1,000,000 / \$2,000,000  
Umbrella - \$5,000,000

10. Entire Agreement/Amendment. This Agreement sets forth the full and final understanding of the parties hereto with respect to the matters described herein, and supersedes any and all prior agreements and understandings between them, whether written or oral. This Agreement may be amended only by written document executed by the Client and CCMSI.
11. Confidential Information. Confidential Information includes nonpublic information that is exchanged between the Client and CCMSI, including, without limitation, information relating to the business, financials, personnel, customer data and operating procedures. Confidential Information includes information whether in written, electronic, or oral form created related to services provide under the Agreement. All Confidential Information is proprietary. Client and CCMSI may use the other party's Confidential Information only for the purpose of this Agreement and will limit its disclosure to only those persons reasonably necessary to perform under the Agreement. CCMSI will share nonpersonal bulk claim data with the IDS National Database unless the Client directs otherwise.
12. Information Security. CCMSI is responsible for the protection of the confidentiality, availability, privacy and integrity of Client information in our custody. CCMSI has implemented an Information Security Policy that has been developed to comply with applicable federal and state laws or regulations and industry best practices. The Information Security Policy applies to all CCMSI personnel, including temporary employees, independent contractors and vendors with access to CCMSI systems.



Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**CANNON COCHRAN MANAGEMENT SERVICES, INC.**

By: \_\_\_\_\_  
Rodney J. Golden

Its: Chief Operating Officer/Executive Vice President

**KANE COUNTY**

By: \_\_\_\_\_

Its: \_\_\_\_\_



**EXHIBIT A**

**SCHEDULE OF REPORTS**

1. A detailed listing of all claims broken down by location, policy year and line of coverage. (MONTHLY)
2. A summary of all claims broken down by location, policy year and line of coverage. (MONTHLY)
3. A check register listing all checks issued during a reporting period. (MONTHLY)



**EXHIBIT B**

**SCHEDULE OF RISK MANAGEMENT SERVICES**

None to be provided.



## EXHIBIT C

### SCHEDULE OF LOSS CONTROL SERVICES

#### Ala Carte Services- Loss Control Services

- Ergonomic Assessments
- Development of Hazard Specific Programs
- Training and Education of Employees and Management Staff
  - Blood borne Pathogens
  - CTS
  - Diffusing a Combative Resident
  - Ergonomics
  - Fire Safety
  - Hazard Communication
  - Personal Protective Equipment (PPE)
  - Respiratory Protection
  - Save Your Back
  - Tuberculosis
  - Workplace Violence
- OSHA Compliance
- Safety Audit
- Program Development and Implementation
- Incentive Plan Development

\*These services can be billed at an hourly rate of \$125 per hour or we can put together a customized Loss Control Package for a flat fee that includes a combination of any of the Ala Carte Services listed above. Service hours include preparation time, travel time, field time and follow-up time.

CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.

CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client.



**EXHIBIT D**

**SCHEDULE OF comp mc™ SERVICES AND FEES**

**Field Case Management**

CCMSI does not offer proprietary field case management, utilization review or vocational rehabilitation services. These services would be provided by various third party providers agreed to and approved by the client at competitive price and the cost of these services would be captured as an allocated loss expense to the referral file.

**Provider Bill Re-pricing**

<b><i>Service</i></b>	<b><i>Fee</i></b>
Fee schedule re-pricing	\$8.50 per bill
Usual and Customary re-pricing	\$8.50 per bill
Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill

**PPO Re-pricing**

PPO re-pricing is billed at 30% of savings

**Pharmacy Network Services**

Pharmacy Network services are priced at 30% of savings.



**EXHIBIT E  
 EE AND PAYMENT SCHEDULE**

<b>Service Agreement Term: December 1, 2019 – November 30, 2020</b>																															
<b>Services:</b>	<b>Fees:</b>																														
<b>Claims Administration (Deposit / Minimum Annual)</b>	<b>\$65,000*</b>																														
<p>CCMSI will manage all workers' compensation, general and auto liability, auto physical damage and professional liability claims for the <b>life of this agreement</b> for an annual fee as follows:</p> <p align="center"><b>Newly Reported Claims Only</b></p> <table border="1"> <thead> <tr> <th align="center"><i>Type of Claim</i></th> <th align="center"><i>Life of Contract (1) (2)</i></th> </tr> </thead> <tbody> <tr> <td>Workers' Compensation – Indemnity Est. claim--29</td> <td align="center">\$918 per Claim</td> </tr> <tr> <td>Workers' Compensation-Medical Only Est. claim—45</td> <td align="center">\$153 per Claim</td> </tr> <tr> <td>General Liability—BI Est. Claim 1</td> <td align="center">\$694 per Claim</td> </tr> <tr> <td>General Liability—PD Est. Claim 3</td> <td align="center">\$459 per Claim</td> </tr> <tr> <td>Auto Liability – BI Est. Claim 6</td> <td align="center">\$694 per Claim</td> </tr> <tr> <td>Auto Liability – PD Est Claim 9</td> <td align="center">\$459 per Claim</td> </tr> <tr> <td>Auto Physical Damage Est. Claim 13</td> <td align="center">\$341 per Claim</td> </tr> <tr> <td>Errors/Omissions Est. Claim 0</td> <td align="center">\$1163 per Claim</td> </tr> <tr> <td>Employment Practices Est. Claim 2</td> <td align="center">\$1163 per Claim</td> </tr> <tr> <td>First Party Property (Up to 50,000**) Est. Claim 16</td> <td align="center">\$459 per Claim</td> </tr> <tr> <td>Boiler and Machinery (Up to 50,000**) Est. claims 0</td> <td align="center">\$459 per Claim</td> </tr> <tr> <td>Law Enforcement Est. Claim 5</td> <td align="center">\$1163 per Claim</td> </tr> <tr> <td>Public Official Liability Est. Claims 1</td> <td align="center">\$1163 per Claim</td> </tr> <tr> <td>Auto Underinsured AUIM Est. Claims 1</td> <td align="center">\$694 per Claim</td> </tr> </tbody> </table>		<i>Type of Claim</i>	<i>Life of Contract (1) (2)</i>	Workers' Compensation – Indemnity Est. claim--29	\$918 per Claim	Workers' Compensation-Medical Only Est. claim—45	\$153 per Claim	General Liability—BI Est. Claim 1	\$694 per Claim	General Liability—PD Est. Claim 3	\$459 per Claim	Auto Liability – BI Est. Claim 6	\$694 per Claim	Auto Liability – PD Est Claim 9	\$459 per Claim	Auto Physical Damage Est. Claim 13	\$341 per Claim	Errors/Omissions Est. Claim 0	\$1163 per Claim	Employment Practices Est. Claim 2	\$1163 per Claim	First Party Property (Up to 50,000**) Est. Claim 16	\$459 per Claim	Boiler and Machinery (Up to 50,000**) Est. claims 0	\$459 per Claim	Law Enforcement Est. Claim 5	\$1163 per Claim	Public Official Liability Est. Claims 1	\$1163 per Claim	Auto Underinsured AUIM Est. Claims 1	\$694 per Claim
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Incident Reports Entered by Client	\$35
Internet Claims Reporting	Included in account management fee
800# Reporting (Optional)	\$20 per Claim
MMSEA SECTION 111 Reporting See Below	\$25 per Claim Hit

**\*Note:**  
 Any additional charges over the estimated claim fee will be billed at the expiration of the policy term and quarterly thereafter.

**\*\* Property and Boiler and Machinery Losses** over \$50,000 will be billed at current T&E rates at time of loss.

**Carrier Fees:** If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.

**The flat rate unit prices quoted includes:**

- Prompt and courteous customer service
- Timely investigation and determination of compensability in accordance with CCMSI Best Practices
- Strict adherence to state workers compensation statutes and regulations, attendance at hearings, as required.
- Preparation for and compliance with and response to regulatory audits
- Timely payment of all legitimate claims
- Fraud detection and prevention
- Litigation Management

(1) These prices do not include those costs typically identified and expense as allocated loss expenses. Please see the attached roster that details those typical allocated loss expense items. (ex. Field investigation & adjusting)

(2) Claim charges are quoted on a per claim, not per occurrence basis

(3) All injury claims will be submitted to CMS for Medicare eligibility  
 CCMSI / Gould and Lamb, LLC will report all claims meeting the CMS reporting guidelines

Any occurrence resulting in 10 or more claims will be considered a catastrophic claim. All resulting claims will be handled on a time and expense basis. Any claim which falls under the catastrophic definition in the reinsurance contract, e.g., brain damage, death, etc., will also be handled on a time and expense basis.



<p><b><u>Workers' Compensation Claim Definitions</u></b></p> <ul style="list-style-type: none"> <li>▪ <b>Indemnity Claims</b> – Claims involving lost-time, questionable compensability, legal involvement, subrogation, second injury fund, probable permanent impairment/disability, jurisdictional issues, coverage issues or claims involving complex issues that are assigned or transferred to the indemnity adjuster for claims handling.</li> <li>▪ <b>Medical Only Claims</b> – Claims which have no issues of lost time, no evidence of other indemnity benefit exposure, no obvious question of compensability, no evidence of potential subrogation or second injury fund recovery, no evidence of problematic medical issues and no requirement or need for any formal statements.</li> <li>▪ <b>Report Only/Incident Only Claims</b> – Reported claims which require only input into RMIS system and requires no claims management activity.</li> </ul>	
<p><b>Take-Over Claims (Prior to 12/1/11)</b></p>	<p><b>As Outlined</b></p>
<p>Handling of claims that occurred prior to Dec 1, 2011 which is the inception of the current CCMSI handling. \$250 per claim for the handling for 12 months or any portion thereof starting Dec 1, 2016.</p>	
<p><b>Annual Administration</b></p>	<p><b>\$5,610</b></p>
<p><b>Annual Account Management Fee includes:</b></p> <ul style="list-style-type: none"> <li>• Designated Account Manager</li> <li>• Preparation and participation in Semi-Annual claims reviews</li> <li>• Risk Management Information System (iCE) cost to include: 2 User IDs; Internet access to your adjusters claim files; the ability to email your adjuster and Account Manager; access to our library of template risk management reports together with initial training and ongoing support</li> <li>• Maintenance of the loss fund account</li> <li>• Monthly loss runs and loss fund activities reports</li> <li>• Assistance in filing of all required state forms including state mandated assessments             <ul style="list-style-type: none"> <li>○ If Client has directed CCMSI to utilize a third party vendor selected by Client for the provision of services then such assistance will be the responsibility of the third party vendor</li> </ul> </li> <li>• Reporting to excess/fronting carrier</li> </ul>	
<p><b>Data Conversion (Optional)</b></p>	<p><b>\$125/Hr</b></p>
<p>This is the fee associated with consolidating all of historical data into CCMSI's database (in the event this service is of interest). Our cost for this service is \$125 an hour and it typically averages 20/30 hours to complete. We would be willing to "cap" the cost of this service at \$7,500.</p> <p>In order to accurately and competitively asses this fee we would need to know:</p> <ul style="list-style-type: none"> <li>• The number of data sources</li> <li>• The experience period data ranges (i.e., 1/1/95 to 12/31/05)</li> <li>• The total number of claim records to be transferred</li> <li>• Whether or not all transactional information on closed claims is to be transferred or alternatively if we can transfer closed values only</li> </ul>	



<b>Managed Care Service</b>	<b>See Detail</b>								
<p style="text-align: center;"><b>Field Case Management</b></p> <p>CCMSI does not offer proprietary field case management, utilization review or vocational rehabilitation services. These services would be provided by various third party providers agreed to and approved by the client at competitive price and the cost of these services would be captured as an allocated loss expense to the referral file.</p> <p style="text-align: center;"><b>Provider Bill Re-pricing</b></p> <table border="1" data-bbox="191 451 1224 619"> <thead> <tr> <th><i>Service</i></th> <th><i>Fee</i></th> </tr> </thead> <tbody> <tr> <td>Fee schedule re-pricing</td> <td>\$8.50 per bill</td> </tr> <tr> <td>Usual and Customary re-pricing</td> <td>\$8.50 per bill</td> </tr> <tr> <td>Medical Bill State Reporting for applicable medical bills to reportable state</td> <td>\$1.50 per reportable bill</td> </tr> </tbody> </table> <p style="text-align: center;"><b>PPO Re-pricing</b></p> <p style="text-align: center;">PPO re-pricing is billed at 30% of savings</p> <p style="text-align: center;"><b>Pharmacy Network Services</b></p> <p style="text-align: center;">Pharmacy Network services are priced at 30% of savings.</p>	<i>Service</i>	<i>Fee</i>	Fee schedule re-pricing	\$8.50 per bill	Usual and Customary re-pricing	\$8.50 per bill	Medical Bill State Reporting for applicable medical bills to reportable state	\$1.50 per reportable bill	
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<b>MMSEA Section 111 Reporting</b>	<b>\$25 / Per Claim Hit</b>								
<p>CCMSI in conjunction with our reporting agent will comply with MMSEA Section 111 Reporting on behalf of Kane County.</p> <ul style="list-style-type: none"> <li>• All injury claims will be queried to CMS for Medicare eligibility (no charge)</li> <li>• CCMSI will collect additional mandatory data on claims where Medicare eligibility has been verified. CCMSI along with our reporting agent will report all claims meeting the reporting guidelines as set forth by CMS. (one-time \$25 per claim fee)</li> </ul>									
<b>Carrier Fees</b>	<b>TBD</b>								
<p>If applicable, Client will be responsible for payment of any carrier fees associated with the transition of claim handling responsibilities to CCMSI.</p>									
<b>Loss Control Services - Optional</b>	<b>*\$125/hr</b>								
<p><b><u>Ala Carte Services- Loss Control Services</u></b></p> <ul style="list-style-type: none"> <li>• Ergonomic Assessments</li> <li>• Development of Hazard Specific Programs</li> <li>• Training and Education of Employees and Management Staff             <ul style="list-style-type: none"> <li>• Blood borne Pathogens</li> <li>• CTS</li> <li>• Diffusing a Combative Resident</li> <li>• Ergonomics</li> <li>• Fire Safety</li> <li>• Hazard Communication</li> <li>• Personal Protective Equipment (PPE)</li> <li>• Respiratory Protection</li> <li>• Save Your Back</li> </ul> </li> </ul>									



<p><b>Loss Control (Continued)</b></p> <ul style="list-style-type: none"> <li>• Tuberculosis</li> <li>• Workplace Violence</li> <li>• OSHA Compliance</li> <li>• Safety Audit</li> <li>• Program Development and Implementation</li> <li>• Incentive Plan Development</li> </ul> <p>*These services can be billed at an hourly rate of \$125 per hour or we can put together a customized Loss Control Package for a flat fee that includes a combination of any of the Ala Carte Services listed above. Service hours include preparation time, travel time, field time and follow-up time.</p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>CCMSI will provide the Client loss control services upon mutual agreement of the parties. The client shall remain fully responsible for the implementation and operation of its own safety programs and for the detection and elimination of any unsafe conditions or practices.</p> <p>CCMSI assumes no responsibility for the detection, identification, communication, mitigation, or elimination of any unsafe condition or practice associated with the safety program of any client. Further, CCMSI assumes no responsibility for any injury sustained by an employee of the client.</p> </div>	
<p><b>Special System Reports</b></p>	<p><b>\$125 an hour</b></p>
<p>CCMSI will provide special reports, (reports not currently programmed or written) for a fee of \$125 per hour for system programming time. CCMSI will provide an estimate of charges before any work will be done.</p>	
<p><b>GRAND TOTAL</b></p>	<p><b>\$70,610 Annually</b></p>
<p><b>Fee &amp; Payment Schedule</b></p>	<p><b>Monthly</b></p>
<p>The monthly installments will be due on the first day of the month beginning on December 1, 2019 and will continue throughout each policy period.</p> <p>Take over claims will be billed in a lump sum on the first day of January 2020 based on the type and actual number of claims received by CCMSI.</p> <p>Fees for the Data Conversion will be billed in a lump sum in February 2020 based on the actual number of hours at the rate of \$125 per hour.</p>	



Executed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

**CANNON COCHRAN MANAGEMENT SERVICES, INC.**

By: \_\_\_\_\_  
Rodney J. Golden

Its: Chief Operating Officer/Executive Vice President

**KANE COUNTY**

By: \_\_\_\_\_

Its: \_\_\_\_\_





## RESOLUTION/ORDINANCE EXECUTIVE SUMMARY

### Resolution No.

Approving Payment of all Lines of Commercial Insurance FY2019 Including Auto, Property, Casualty, General Liability and Workers Compensation and a Service Agreement with Acrisure LLC, dba Wine Sergi Insurance.

**Committee Flow:** Human Services Committee, Finance and Budget Committee, Executive Committee, County Board

**Contact:** Sylvia Wetzel, 630.232.5932

### Budget Information:

Was this item budgeted?Yes	Appropriation Amount: \$935,948
If not budgeted, explain funding source:	

### Summary:

This is the annual resolution establishing the insurance premiums for all lines of commercial liability insurance including auto, property, casualty, general liability and workers compensation coverage for Fiscal Year 2019.

STATE OF ILLINOIS

COUNTY OF KANE

RESOLUTION NO.

**APPROVING PAYMENT OF ALL LINES OF COMMERCIAL INSURANCE FY2019 INCLUDING AUTO, PROPERTY, CASUALTY, GENERAL LIABILITY AND WORKERS COMPENSATION AND A SERVICE AGREEMENT WITH ACRISURE LLC, DBA WINE SERGI INSURANCE.**

WHEREAS, it is in the best interest of Kane County to protect the interests of Kane County by procuring all lines of commercial insurance coverage including auto, property, casualty, general liability, and worker compensation policies and to enter into a service agreement with Acrisure LLC, dba Wine Sergi Insurance for Fiscal Year 2019.

Fund 010, Line Item 50000	
ACRISURE LLC, dba WINE SERGI INSURANCE AGENCY FEE	\$36,000
Fund 010, Line Item 53000	
PACKAGE INCLUDING:	\$366,603
General Liability \$10,000,000 per occurrence	
Auto Liability, \$10,000,000 per occurrence	
Auto Physical Damage, \$10,291,252 per occurrence	
Public Officials Liability \$10,000,000 per occurrence	
Employment Practices Liability \$10,000,000 per occurrence	
Law Enforcement Liability, \$10,000,000 per occurrence	
<b>Limit \$500,000 SIR</b>	
Excess Liability \$10,000,000 p/o \$20MM xs per occurrence	\$48,274
Excess Liability \$10,000,000 p/o \$30MM xs per occurrence	\$40,400
Excess Liability \$10,000,000 p/o \$40MM xs per occurrence	\$21,500
Cyber Liability \$1,000,000 per occurrence	\$13,204
<b>Deductible \$25,000</b>	
Employee Dishonesty/Crime Limit \$500,000	\$6,506
<b>Deductible \$25,000</b>	
Property	\$149,146
Buildings/Contents Blanket (\$199,733,121)	
Inland Marine Equip. & Computers (\$10,000,000)	\$5,040
Includes Boiler and Machinery/Equipment	
<b>Deductible: \$25,000 except \$50,000 Flood &amp; Earthquake</b>	
Terrorism Risk Insurance	\$ included
BizAssure	\$250
Fund 010, Line Item 53010	
Excess Workers' Compensation:	

Workers' Compensation: Limit \$ Statutory IL Benefit	
Employers Liability \$1,000,000 Limit	\$249,025
<b>Self-Insured Retention: \$850,000</b>	
<b>Total Costs</b>	<b>\$935,948</b>

NOW, THEREFORE, BE IT RESOLVED the Kane County Board authorizes premiums in the amount of Nine Hundred Thirty Five Thousand, Nine Hundred Forty Eight Dollars (\$935,948) annually. These premiums are in effect from December 1, 2018 through November 30, 2019, and are to be monitored by the Executive Director of Finance.

BE IT FURTHER RESOLVED that the Executive Director of Finance is instructed to allocate the costs of these policies to the County's Special Revenue Funds, and OCR Workforce Services. All payments and claims must be reported quarterly to the Human Services, Finance and Executive Committees.

Line Item	Line Item Description	Was Personnel/Item/Service approved in original budget or a subsequent budget revision?	Are funds currently available for this Personnel/Item/Service in the specific line item?	If funds are not currently available in the specified line item, where are the funds available?
010.120.130.50000 010.120.130.53000 010.120.130.53010	Project Administration Insurance Liability Workers Comp	Yes	Yes	N/A

Passed by the Kane County Board on November 13, 2018.

\_\_\_\_\_  
John A. Cunningham  
Clerk, County Board  
Kane County, Illinois

\_\_\_\_\_  
Christopher J. Lauzen  
Chairman, County Board  
Kane County, Illinois

Vote:

18-11 Commercial Insurance



Kane County Property and Liability Budget 2018-2019  
Policies Effective 12-1-2018

Kane- Fund 010, Line Item 53000	2017-18	2018-19	%	2018-19	2018-19	2018-19	2018-19
	Current	A		B	C	D	E
Insurance Company	<b>Travelers</b>	<b>Trident - Argonaut Insurance Co. (1)</b>		<b>Trident -Argonaut Insurance Co. (1)</b>	<b>Trident - Argonaut Insurance Co. (1)</b>	<b>Safety National Casualty Company</b>	<b>Illinois Counties/ ICRMT</b>
<b>County Self-Insured Retention/Deductible</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>		<b>\$ 600,000</b>	<b>\$ 1,000,000</b>	<b>\$ 500,000</b>	<b>\$ 500,000</b>
	Annual Premium	Est. Annual Premium		Est. Annual Premium	Est. Annual Premium	Indicated Premium	Indicated Premium
<b>General Liability \$10,000,000 per occurrence</b>	<b>\$ 237,978</b>	<b>\$ 337,411</b>		<b>\$ 310,975</b>	<b>\$ 256,000</b>	<b>\$ 410,000</b>	<b>\$ 566,500</b>
<b>Auto Liability, \$10,000,000 per occurrence</b>	included	included		included	included	included	included
<b>Public Officials Liability, \$ 10,000,000 per occurrence</b>	included	included		included	included	included	included
<b>Employment Practices Liability, \$ 10,000,000 per occurrence</b>	included	included		included	included	included	included
<b>Law Enforcement Liability, \$ 10,000,000 per occurrence</b>	included	included		included	included	included	included
Subtotal Liability	\$ 237,978	\$ 337,411	1.4178	\$ 310,975	\$ 256,000	\$ 410,000	\$ 566,500
<b>Excess Liability \$10,000,000 p/o \$20MM (Markel)</b>	\$ 30,884	\$ 48,274		Markel			
<b>Excess Liability \$10,000,000 p/o \$30MM (Gemini)</b>	\$ 27,222	\$ 40,400		Berkeley			
<b>Excess Liability \$10,000,000 p/o \$40MM (Great American)</b>	\$ 19,528	\$ 21,500		Great American			
<i>Subtotal Excess Liability</i>	\$ 77,634	\$ 110,174	1.4191				
<b>TOTAL Liability and Excess</b>	<b>\$ 315,612</b>	<b>\$ 447,585</b>	<b>1.4181</b>				
<b>Cyber Liability \$ 1,000,000 per occurrence Ded. \$25K (Axis)</b>	\$ 13,687	\$ 13,204		Axis			
<b>Employee Dishonesty/Crime \$500,000 Limit Ded.\$25K (Travelers)</b>	\$ 2,480	\$ 6,506		Trident/Argo			
<b>Property- Building and Contents \$199,733,121</b>	\$ 159,634	\$ 149,146	-1.0703	Chubb			
<b>Inland Marine Equipment &amp; Computers \$ 10,000,000</b>	\$ 5,073	\$ 5,040		Chubb			
<b>Boiler &amp; Machinery/Equipment -included</b>	\$ included	included		Chubb			
<b>Auto Physical Damage \$25,000 Comprehensive/Collision</b>	\$ included	\$ 29,192		Trident/Argo			
<b>Workers Compensation Excess SIR/Deductible \$850,000</b>	\$ 237,659	\$ 249,025		SNCC			
<b>BizAssure</b>	\$ 250	\$ 250		BizAssure			
<b>Acisure LLC-Wine Sergi Agency Service Fee</b>	\$ 36,000	\$ 36,000		WS			
<b>Grand Total</b>	<b>\$ 770,395</b>	<b>\$ 935,948</b>	<b>1.21489</b>				

Travelers Public Entity Division issued non-renewal notice citing large liability losses and a Loss Ratio that exceeds 600%  
The most competitive proposals are illustrated above. Many other insurance companies were considered in preparation of these proposals  
All premium is net of commission. Coverage from Trident/Argonaut and Excess Liability match the existing \$40,000,000 in total excess liability limits

October 12, 2018 Human Services 9am  
Acisure LLC/ Wine Sergi Insurance  
Richard W. Ryan