



# Kane County Sheriff's Office Policeman's Benevolent Labor Council



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KANE COUNTY

## STEP 2 - 4 Grievance Continuation Form

Step 1 - (10 Business Days) / Step 2 - (5 Business Days) / Step 3 - (5 Business Days) / Step 4 - (15 Business Days)

<b>Grievance Number</b>	11-01	<b>Name of Grievant</b>	Class Action		
<b>STEP 2 -</b>				<b>Notice Date</b>	05/04/11
<b>Within Time Limits</b>	<input checked="" type="radio"/> YES / NO	<b>Accepted</b>	<input checked="" type="radio"/> YES / NO	<b>Step 2 - Return Date to Union</b>	
Commander written response: YES   NO ( Reason):					
<b>Management Representative</b>		<b>Date</b>	<b>Union Representative</b>		<b>Date</b>
Sheld D McClave		5/4/11	W. Lee M. Mays Sr		05/04/11
<b>RESOLVED - YES   NO</b>		<b>PROCEED TO STEP 3 - EXPIRATION DATE</b>			
<b>STEP 3 - Sheriff Designee</b>				<b>Notice Date</b>	
<b>Within Time Limits</b>	YES / NO	<b>Accepted</b>	YES / NO	<b>Step 3 - Return Date to Union</b>	
Commander written response: YES   NO ( Reason):					
<b>Management Representative</b>		<b>Date</b>	<b>Union Representative</b>		<b>Date</b>
<b>RESOLVED - YES   NO</b>		<b>PROCEED TO STEP 4 - EXPIRATION DATE</b>			
<b>STEP 4 - Intent to Arbitrate Notice</b>					
This is official notice that according to Art. 10 Sec. 2 of the Collective Bargaining Agreement the union intends to move to arbitration in an effort to settle the matter at hand. The union reserves the right to withdraw their intention to arbitrate on this issue if desired or if resolution occurs.					
<b>Management Representative</b>		<b>Date</b>	<b>Union Representative</b>		<b>Date</b>

Continuation:

STEP 1 WRITTEN RESPONSE:

GRIEVANCE IS DENIED. UNION DID NOT COMPLY WITH ARTICLE 10 (GRIEVANCE PROCEDURE), SECTION 2, STEP 1 IN THAT THE GRIEVANCE WAS NOT FILED WITHIN 10 DAYS FROM THE DATE THE UNION BECAME AWARE OF THE OCCURRENCE GIVING RISE TO THE COMPLAINT. IN ADDITION, THIS MATTER SHOULD BE MORE APPROPRIATELY HANDLED BY THE COUNTY, NOT THE SHERIFF, AS THE COUNTY NEGOTIATED THE TERMS OF THE EMPLOYEES' INSURANCE PROGRAM.

CHIEF DEPUTY D. WAGNER #934

STEP 1 RETURN DATE TO UNION: 05/10/11

05/03/11

RETURNED TO UNION ON: 05/03/11

STEP 2 WRITTEN RESPONSE:

The grievance is denied as untimely since the union was notified in Oct 2010. Further it should be noted that the County is in compliance with the ratios set forth in Article 23, Section 1A, B, C, D

*Karen McConaughay*

Supervisor written response: YES  (NO Reason): UNION IS GRIEVING THE COUNTY

Signatures below indicate grievance was received in a timely manner and is resolved OR will proceed to STEP 2 as indicated.

Immediate Supervisor	Date	Union Representative	Date
C.D. Wagner #934	04/26/11	Walter [Signature]	04/26/11

RESOLVED - YES  NO  PROCEED TO STEP 2 EXPIRATION DATE 05/10/11

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HUMAN RESOURCE MGMT



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## STEP 1 - Grievance Form

Step 1 – (10 Business Days) / Step 2 – (5 Business Days) / Step 3 – (5 Business Days) / Step 4 – (15 Business Days)

<b>Grievance Number</b>	2011-1	<b>Name of Grievant</b>	Class Action on behalf of Employees		
<b>Supervisor</b>	Sheriff Perez	<b>Division</b>	Office Members	<b>Date filed</b>	04/26/11
<b>Date Occurred or Knowledge of:</b>	04/15/11	<b>Expiration Date</b>	09/23/2010		
<b>Grievance Issue</b>	Increase employee cost for Insurance				
<b>Date of Discussion with Supervisor</b>	n/a				
<b>Steward Handling</b>	Sgt Mayes		<b>Steward Present</b> Yes		
<b>Portion(s) of agreement</b>	Article 23 Insurance				
<b>Statement of grievance:</b>					
The County has increased the employee cost for insurance outside of the 85% to 15% ratio agreed upon in the CBA. Therefore violating Article 23 Insurance section B and section D by not negotiating changes in the contribution percentages.					
Continued: Yes / No   Where – Attached / Reverse / Other					
<b>Relief Sought:</b> That all employees be made whole: 1) all additional cost be returned to employees					
2) That the County cease all action initiated to recover cost of employer portion from employees					
3) That the County would cease implementing action that are punitive and prejudice in nature toward employees					
4) That the County would abide by the CBA signed by their representative as it pertains to insurance and negotiating possible changes.					
Continued: Yes <input checked="" type="radio"/> No <input type="radio"/> Where – Attached / Reverse / Other					

# Wellness - Non Participation

## Totals by Plan Option - Biweekly

Option	Number of Employees	Premium Increase - Biweekly	Total
EMP+CHILD	2	25	50
EMP+SPOUSE (NO WELLNESS)	13	50	650
EMP+SPOUSE (1 WELLNESS)	11	25	275
FAMILY (1 ADULT 1 NO WELLNESS)	2	25	50
FAMILY (2 ADULT 1 NO WELLNESS)	10	25	250
FAMILY (2 ADULT NO WELLNESS)	5	50	250
SINGLE	28	25	700
<b>Totals</b>	<b>71</b>		<b>2,225.00</b>

## Totals by Plan Option - Monthly

Option	Number of Employees	Premium Increase - Monthly	Total
EMP+CHILD	2	50	100
EMP+SPOUSE (NO WELLNESS)	13	100	1300
EMP+SPOUSE (1 WELLNESS)	11	50	550
FAMILY (1 ADULT 1 NO WELLNESS)	2	50	100
FAMILY (2 ADULT 1 NO WELLNESS)	10	50	500
FAMILY (2 ADULT NO WELLNESS)	5	100	500
SINGLE	28	50	1400
<b>Totals</b>	<b>71</b>		<b>4,450.00</b>

# GLOBAL

EMPLOYEE BENEFITS | COMMERCIAL INSURANCE | FINANCIAL SERVICES

## 2010 Health Insurance Contribution Compared to CFY 2011 Health Insurance Contributions

No plan design changes; assumes all enrolled employees and spouses participate in wellness program.

\*\* For each employee or spouse NOT enrolled in wellness ADD \$50 to rate shown below (\$100 if neither participates in wellness).

PPO	2010 Enrollment	2010 Medical Rates	2010 EE Contribution	EE Contribution %	2010 Kane Co. Medical Contribution	All Adult Members Enrolled in Wellness Program				
						2011 Enrollment	Revised EE Contribution Enrolled in Wellness	EE Contribution % Enrolled in Wellness	\$ Change to Monthly EE Enrolled in Wellness	Kane Co. Medical Wellness Contribution
EE	239	\$628.62	\$114.16	18.16%	\$514.46	223	\$120.70	19.01%	\$6.54	\$514.21
EE + 1 Child	23	\$1,259.71	\$226.76	18.00%	\$1,032.95	17	\$239.83	18.85%	\$13.07	\$1,032.48
EE + Spouse	144	\$1,259.71	\$226.76	18.00%	\$1,032.95	134	\$239.83	18.85%	\$13.07	\$1,032.48
Family	225	\$1,847.58	\$333.45	18.05%	\$1,514.13	217	\$352.68	18.90%	\$19.23	\$1,513.37
<b>Annual Total</b>	<b>631</b>		<b>\$1,682,153</b>		<b>\$7,633,654</b>	<b>591</b>	<b>\$1,675,944</b>			<b>\$7,187,695</b>
<b>HMO-i</b>										
EE	38	\$476.32	\$43.96	9.23%	\$432.36	37	\$48.49	10.08%	\$4.53	\$432.59
EE + 1 Child	10	\$954.50	\$128.80	13.49%	\$825.70	6	\$138.24	14.34%	\$9.44	\$825.80
EE + Spouse	12	\$954.50	\$128.80	13.49%	\$825.70	15	\$138.24	14.34%	\$9.44	\$825.80
Family	32	\$1,399.95	\$203.19	14.51%	\$1,196.76	23	\$217.18	15.36%	\$13.99	\$1,196.77
<b>Annual Total</b>	<b>92</b>		<b>\$132,074</b>		<b>\$874,697</b>	<b>81</b>	<b>\$116,311</b>			<b>\$730,479</b>
<b>HMO BA</b>										
EE	183	\$428.69	\$20.81	4.85%	\$407.88	185	\$24.68	5.70%	\$3.87	\$408.30
EE + 1 Child	36	\$859.05	\$59.58	6.94%	\$799.47	36	\$67.59	7.79%	\$8.01	\$800.05
EE + Spouse	84	\$859.05	\$59.58	6.94%	\$799.47	83	\$67.59	7.79%	\$8.01	\$800.05
Family	178	\$1,259.96	\$93.63	7.43%	\$1,166.33	186	\$105.37	8.28%	\$11.74	\$1,167.19
<b>Annual Total</b>	<b>481</b>		<b>\$331,488</b>		<b>\$4,538,222</b>	<b>490</b>	<b>\$386,487</b>			<b>\$4,654,065</b>
Total Med/Vision % of Total			\$2,145,714 14.12%		\$13,046,573 85.88%		\$2,178,742 14.77%			\$12,572,239 85.23%

2011  
Current