

Warren County
SUPPORT SERVICES COMMITTEE
(INSURANCE)

October 28, 2010 10:45am

Information Submitted By: Amy Clute, Insurance Administrator

- I. Committee meeting called to order by the Chairman.
- II. Motion to approve minutes of prior committee meeting.
- III. Action agenda – matters requesting Resolutions of the Board and / or committee approval.
 1. Excess Workers' Compensation Insurance and Employers Liability Specific Excess Insurance
Resolution Requested: accepting the proposal and authorizing a contract with TD Insurance as Broker for coverage with Midwest Employers Casualty Company for Excess Workers' Compensation and US Liability for Employers Liability Specific Excess. The 3 year term of the agreement with TD Insurance as Broker is 1/1/2011-12/31/2013 with the possibility of a 3 year extension, at the option of the County, for the period of 1/1/2014-12/31/2016. (Prior R191 of 2008, R441 of 2008 & R72 of 2009) (Pgs 2-4)

Rejecting the lowest bidder, Triad Group in the amount of \$76,156 as the proposal was not for the requested policy but rather for an alternate "cash flow only" policy that was not requested by the RFP and has been determined that it could ultimately be more costly than the current policy.

Resolution Requested: authorizing the renewal of the coverage with Midwest Employers Casualty Company for Excess Workers' Compensation (deposit premium \$122,931). Premium to be paid to TD Insurance Agency as Broker. (Prior R798 of 2009) (Pg 5)

Resolution Requested: authorizing the renewal of the coverage with US Liability for Employers Liability Specific Excess Coverage (\$21,993) for coverage from 1/1/2011 expiring 12/31/2011. Premium to be paid to TD Insurance Agency as Broker. (R797 of 2009) (Pg 6)
 2. Memorandum of Understanding with the Workers' Compensation Board
Resolution Requested: authorizing the Chairman of the Board of Supervisors to sign the Memorandum of Understanding with the Workers' Compensation Board that the Warren County SIF agrees to receive all Notices associated with various claims from the Workers' Compensation Board via electronic mail only. (Pgs 7-10)
 3. Agreement with EBS-RMSCO for HRA plan
Resolution Requested: authorizing agreement with EBS-RMSCO, Inc for health reimbursement plan account for reimbursement of employees for health insurance co-pays; authorizing County Treasurer to establish account for same in the amount of \$100,000. (R752 of 2009) (Pgs 11-18)

Excess Workers' Compensation:

Broker	Company & Rating	Payroll Rate	Minimum Premium	Total Estimated Premium	Deposit Premium	Commission %	Terrorism Premium
Cool	NY Marine & Gen Ins (A)	0.2413	\$ 186,141	\$ 186,141	\$ 188,250	10	\$ 2,109
Maxon/Bollinger	Ace American Ins Co (A+XV)	0.3822	\$ 302,891	\$ 302,891	\$ 302,891	10	\$ 3,289
Triad Group***	Meadowbrook Insurance Group (A-IX)	0.1000	\$ 76,156	\$ 76,156	\$ 76,156	17.5	\$ 872
<i>Expiring</i>	<i>Midwest Employers</i>	<i>0.1675</i>	<i>\$</i>	<i>\$</i>	<i>124,314</i>		

*** Triad Group did not bid the requested coverage, but offered a "cash flow only" policy instead.

Employers Liability Specific Excess:

Broker	Company	Total Premium	Commission %	Terrorism Premium
Cool	Not Quoted			
Maxon/Bollinger	Not Quoted			
Triad Group	Meadowbrook Insurance Group (A-IX)	\$ 2,219	17.5	not listed
<i>Expiring</i>	<i>US Liability</i>	<i>\$ 21,711</i>		

ATTACHMENT "B"
QUOTATION FORM 1

1. Excess Workers' Compensation

- a. Retention: Each Accident, \$1 million; Each Employee for Disease, \$1 million
- b. Limit Each Accident: Part One, Workers' Compensation, Statutory; Part Two, Employers Liability, \$2 million
- c. Limit Each Employee for Disease: Part One, Workers' Compensation, Statutory; Part Two, Employers Liability, \$2 million

d. Midwest Employers Casualty Insurance Company Name

e. Premium:

- 1. Rate per \$100 of Payroll: .1547
- 2. Policy Minimum Premium: \$ 110,637.00
- 3. Total Estimated Policy Premium: \$ 119,243.00
- 4. Deposit Premium: \$ 119,243.00
- 5. Percentage of Commission to be received by Broker on the Total Estimated Policy Premium: 10 %
- 6. Indicate Additional Premium for Terrorism Coverage: \$ 3,688.00

2. Employers Liability Specific Excess

- a. Retention \$50,000
- b. Limit of Liability \$950,000
- c. United States Liability Insurance Company Name

d. Premium

- 1. Total Policy Premium: \$ 21,775.00
- 2. Percentage of Commission to be received by Broker on the Total Policy Premium: 10 %
- 3. Indicate Additional Premium for Terrorism Coverage: \$ 218.00

DO NOT INCLUDE TERRORISM COVERAGES IN THE ANNUAL COSTS QUOTED. THE COVERAGE MAY NOT BE PURCHASED AND THIS COULD INCREASE THE COST OF YOUR QUOTATION ABOVE YOUR COMPETITION.

Submitted by: Renee L. Baker / TD Insurance Agency
(Broker)

RESOLUTION REQUEST FORM NO. 3

Request for New Contract

DEPARTMENT NAME: Self-Insurance

DATE: 10/28/10

- (a) Is this a Result of a Bid or Request for Proposal? yes, WC 72-10

- (b) Purpose of Contract: Excess Workers' Compensation and Employers Liability Specific Excess Insurance Broker

- (c) Name of Contractor: TD Insurance

- (d) Address of Contractor: 103 Main Street, South Glens Falls NY 12803

- (e) Contractor's Contact Person and Telephone Number: Renee Baker, 518-761-2939

- (f) Has or will the Contract be provided, if so, please attach:

- (g) Commencement Date of Contract: 1/1/2011

- (h) Termination Date of Contract: 12/31/2013 (with optional 3 year renewal)

- (i) Payment Provisions:
 - i) lump sum amount see specific coverage resolutions.
 - ii) hourly rate amount
 - iii) total amount not to exceed
 - iv) how will payments be made (i.e. monthly, quarterly, upon completion of the project, etc.

- (j) Where are the Funds for this Contract? List Budget Code, Object Code, Full Title* and Amount: **OR** Capital Project **OR** Capital Reserve Project Number, Title, and Amount: see specific coverage resolutions.

**Sample: A.1010 470 Legislative Board – Contract \$xx.xx
Capital Project No. H289.9550 480 – Old Jail Renovations \$xx.xx**

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 10/28/2010

- (a) Purpose of Request: Authorize the renewal of Excess Workers' Compensation coverage with Midwest Employers Casualty Company for 2011

- (b) Details: Excess Workers Compensation coverage with Midwest Employers Casualty Company for 2011 with a deposit premium amount not to exceed \$122, 931 to be paid to TD Insurance as insurance broker.

- (c) Previous Resolution Number: R798 of 2009

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S1710.469 Misc Payments

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 10/28/2010

- (a) Purpose of Request: Authorize the renewal of Employers Liability Specific Excess Insurance coverage with US Liability Company for 2011

- (b) Details: Employers Liability Specific Excess coverage with US Liability Company for 2011 in an amount not to exceed \$21,993 to be paid to TD Insurance as insurance broker.

- (c) Previous Resolution Number: R797 of 2009

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: S1710.469 Misc. Payments

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

****Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.***

DEPARTMENT NAME: Self-Insurance

DATE: 10/28/2010

- (a) Purpose of Request: Authorize a Memorandum of Understanding with the NYS Workers' Compensation Board regarding electronic mailing of Workers' Compensation Board notices.

- (b) Details: Memorandum of Understanding between the Self-Insurance Plan and the NYS Workers' Compensation Board to discontinue hard copy mailing of notices in favor of electronic mail.

- (c) Previous Resolution Number: none

- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: no cost

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

**Workers' Compensation Electronic Notice Memorandum of Understanding
(Single Entity)**

THIS MEMORANDUM OF UNDERSTANDING, effective on the date last signed below by the Parties, is between the New York State Workers' Compensation Board (hereinafter referred to as "the Board") and the following organization, Warren County Self Insurance Plan (e.g. General Government Authority) (hereinafter referred to as the "Authorized User"). The Authorized User engages in business with the Board as a(n) Self Insured Plan (e.g. employer, carrier, third-party administrator, etc.). The Board identifies the Authorized User by using the following numeric Board-assigned identifier: W 874754 (e.g. "W" code, "H" code, "T" code, etc. or "none"); and

WHEREAS, the Board has the ability to deliver Hearing Notices, Indexing Notices, Decision Notices and letters (hereinafter Notices) in electronic format to an identified electronic mailbox assigned to the Authorized User;

WHEREAS, the Board and the Authorized User wish to enter into a Memorandum of Understanding allowing the Authorized User to accept delivery of Notices solely in electronic format; and,

WHEREAS, the Authorized User has participated, at the Board's direction, in an electronic retrieval testing process during which the Board simultaneously provided it with applicable notices in both paper and electronic format (Parallel Testing Period), and that Parallel Testing Period now being complete by agreement of the parties and pursuant to the Parallel Test Memorandum of Understanding:

NOW, THEREFORE, in consideration of the mutual covenants herein contained, the parties agree as follows:

1. The Authorized User agrees to receive all Notices associated to its numeric Board-assigned identifier(s) electronically by delivery to its electronic mailbox.
2. The Board has provided the Authorized User with a single user identification code and password that will enable the Authorized User to access its electronic mailbox via the Board's Internet web site. The Authorized User agrees to secure its user identification code and password in order to prevent illegal or unauthorized disclosure of confidential workers' compensation records or data. The Authorized User is responsible for informing its employees of the legal requirements and restrictions governing confidentiality of information contained in Notices delivered by the Board. The Authorized User shall limit access to Notices to authorized employees who are those employees required to have access in order to fulfill the requirements of their employment.
3. The Authorized User shall comply with all Federal and State laws, regulations and policies applicable to the Notices received in the electronic mailbox, including but not

limited to Workers' Compensation Law §110-a, which makes it unlawful for any person who accesses Workers' Compensation Board records or individually identifiable information from Workers' Compensation Board records to disclose such information to any person who is not otherwise lawfully entitled to obtain these records.

5. The Board's web site will sometimes be unavailable due to maintenance or other reasons. The Authorized User is responsible for checking the availability pages on the Board's web site to learn about non-availability maintenance periods and other information about the process.
6. The Authorized User is responsible for timely retrieval of all Notices delivered to its electronic mailbox. The Authorized User agrees to check the electronic mailbox for Notices as often as necessary to keep itself timely apprised of its obligations under the Workers' Compensation Law.
7. The Board reserves the right to serve the Authorized User, in certain limited situations, with Notices in paper by regular mail, rather than electronic format. The Authorized User shall process any paper Notices in the same manner as those received electronically.
8. If the Authorized User fails to comply with the conditions of this Memorandum of Understanding, the Board, at its sole discretion, may immediately suspend or terminate the Authorized User's access to its electronic mailbox.
9. This Memorandum of Understanding shall be construed in accordance with the Laws of the State of New York.
10. The Authorized User agrees that if it wishes to discontinue electronic receipt of Notices, the Authorized User must notify the Board. Upon receipt of such notice the Board will resume sending Notices using conventional mail. The Board cannot specify how long it will take to resume conventional mailing of Notices. Until the Authorized User receives its Notices by conventional mail from the Board, the Authorized User agrees to continue to check its electronic mailbox daily.

RESOLUTION REQUEST FORM NO. 20

MISCELLANEOUS

**Please List All Other Requests Not Covered by Previous Resolution Request Forms Here.
Please attach any backup information available and be as detailed as possible.*

DEPARTMENT NAME: Self-Insurance

DATE: 10/28/10

- (a) Purpose of Request: authorizing agreement w/ EBS-RMSCO for HRA administration and establishing the account.
- (b) Details: Authorizing the agreement with EBS-RMSCO for Health Reimbursement plan account for reimbursement of employees for health insurance co-pays; authorizing County Treasurer to establish account for same in the amount of \$100,000.
- (c) Previous Resolution Number: R752-2009
- (d) Where are the Funds (if required)? List Budget Code, Object Code, Full Title* and Amount: various departments

Sample: A.8021 470 Planning & Community Development – Contract

* as listed in budget and LOGOS

Warren County Board of Supervisors

RESOLUTION NO. 752 OF 2009

Resolution introduced by Supervisors Stec, Belden, O'Connor, Bentley, Tessier, Taylor, VanNess, Kenny and Merlino

AUTHORIZING AGREEMENT WITH EBS-RMSCO, INC. FOR HEALTH REIMBURSEMENT PLAN ACCOUNT FOR REIMBURSEMENT OF EMPLOYEES FOR HEALTH INSURANCE CO-PAYS; AUTHORIZING COUNTY TREASURER TO ESTABLISH ACCOUNT FOR SAME IN THE AMOUNT OF \$140,000

WHEREAS, as part of moving to the new CDPHP 25/40 EPO Plan (as authorized by Resolution No. 714 of 2009), the County will reimburse the additional amount employees pay for co-pays over the amount of co-pays currently paid by employees in the lowest health HMO for 2009 (CDPHP), which reimbursement is to be set up through a third-party administrator, and

WHEREAS, the procedures for reimbursement are to include reimbursement requests made by mail, e-mail or facsimile, with a ten (10) day turnaround time, provided all necessary documentation is received, with the reimbursement to be the difference between co-pays and drug co-pays, and

WHEREAS, at the recommendation of the Capital Financial Group, Inc., and the Finance Committee, EBS-RMSCO, Inc. was selected to act as the third-party administrator, now, therefore, be it

RESOLVED, that Warren County enter into an agreement with EBS-RMSCO, Inc., P.O. Box 22999, Rochester, New York 14692, to provide reimbursement for the additional amount employees pay for co-pays over the amount of co-pays currently paid by employees in the lowest health HMO for 2009, for a term commencing upon execution and terminating upon thirty (30) days notice by either party, at a cost to the County of Two Dollars and Ten Cents (\$2.10) per participant per month or Fifty-Five Dollars (\$55) per

RESOLUTION NO. 752 OF 2009

Page 2, Continued

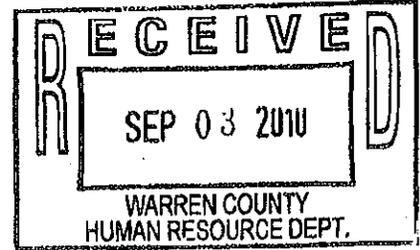
month, whichever is greater, and the Chairman of the Board of Supervisors be, and hereby is authorized to execute an agreement in the form approved by the County Attorney, and be it further

RESOLVED, that the County Treasurer be, and hereby is, authorized and directed to establish an account for the above described reimbursement, in the amount of One Hundred Forty Thousand Dollars (\$140,000).



September 1, 2010

WARREN COUNTY
Attn: TODD LUNT
1340 STATE ROUTE 9
LAKE GEORGE, NY 12845



Dear TODD LUNT:

It's time to start planning for the upcoming FSA/HRA Open Enrollment period. Listed below are the Open Enrollment key items, with associated timeframes and deadlines.

December 1, 2010: The effective date of your new Plan year.

October 1, 2010: Please complete and return the attached *two page* Open Enrollment form to our office by this date. Please be sure to indicate any changes to the pre-populated information by writing directly on the form.

November 1, 2010: All participant enrollment data must be received in our office by this date. EBS-RMSCO can accept data in four different methods. Please refer to the enclosed document for more information regarding our four enrollment options. On-line enrollment is the fastest, most efficient way to send data to EBS-RMSCO.

As long as all enrollment data is received by the above deadline, new Plan year claims administration can begin as of the effective date. In addition, the following items will be complete prior to the Plan's effective date:

- EBS Flex Cards (if applicable): New participant EBS Flex Cards will be issued and existing card balances will include the new Plan year's election.
- Automatic Claims Transfer (if applicable): ACT will be set up for new participants.
- The Election Report: This report summarizes your Plan's enrollment data and is available on our Plan Sponsor website (www.myebaccount.com). Please be sure to verify this report against the information in your payroll system.

Open Enrollment materials are very time sensitive. Please note that if we do not receive 1) the Open Enrollment form and 2) the participant enrollment data by the deadlines stated above, your new Plan year set up may not be finalized by the effective date. This could lead to a delay in Flex Card issuance and/or claims processing. *If you are unable to meet the required timeframes, we request that you notify your Plan participants of the delay.*

Please contact your EBS-RMSCO Administrator, Sue Beiter, at 888-831-9120 ext 1825 with any questions.

Sincerely,

EBS-RMSCO, Inc.
FSA/HRA Department



Employer Information - effective date: 12/1/2010
Employer Name: WARREN COUNTY

Insurance Provider Information:

EBS-RMSCO can automatically substantiate participant claims if we can receive a file containing claim information directly from the Carrier. We work with as many providers as possible in an effort to increase auto-substantiation.

Medical Policy #1	Carrier:	Policy #:
Medical Policy #2	Carrier:	Policy #:
Medical Policy #3	Carrier:	Policy #:
Medical Policy #4	Carrier:	Policy #:
Medical Policy #5	Carrier:	Policy #:
Medical Policy #6	Carrier:	Policy #:
Medical Policy #7	Carrier:	Policy #:
Medical Policy #8	Carrier:	Policy #:

Additional Dental Insurance Provider Information:

Dental Policy #1	Carrier:	Policy #:
Dental Policy #2	Carrier:	Policy #:
Dental Policy #3	Carrier:	Policy #:
Dental Policy #4	Carrier:	Policy #:
Dental Policy #5	Carrier:	Policy #:
Dental Policy #6	Carrier:	Policy #:
Dental Policy #7	Carrier:	Policy #:
Dental Policy #8	Carrier:	Policy #:

EBS Flex Card Clients Only - Co-Payment Information:

Please list all the possible co-payment amounts for your various polices, OR attach a copy of your benefit plan that outlines all your co-pay amounts (for family and single, if applicable). If you have multiple medical plans and have a side by side comparison, you may attach that as well.

EBS-RMSCO uses this information to auto-substantiate Flex Card transactions.

Medical	Dental	Vision	Pharmacy
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$
\$	\$	\$	\$

HRA Plans Only - Medicare Secondary Payer Mandatory Reporting Requirements:

To ensure that Medicare does not pay for medical claims that should first be paid by another source, specific reporting rules are required for HRA Plans. Information on all "active covered individuals" must be reported quarterly to the Centers for Medicare and Medicaid Services, including name, the Medicare claim number, and the effective date. Plan Sponsors can either send this information to EBS-RMSCO on a paper HRA Enrollment form or in a comma separated value (.csv) file.

EBS-RMSCO will contact you to discuss the details of gathering this information. EBS-RMSCO will automatically prepare and transmit the required information to the Centers for Medical and Medicaid Services on your behalf.

Employer Representative: _____ Date: _____



Employer Information - effective date: 12/1/2010
 Employer Name: WARREN COUNTY
 Current # of Participating Employees: 841 Projected # of Participating Employees 2010: 845
 Please notify your EBS-RMSCO Administrator immediately of any demographic or contact information changes.

Participant Enrollment Data- please select one option:

Participant On-Line Web Enrollment
 Participants enroll using On-Line Participant Website
 Beginning on _____ and ending on _____ *

Data File
 The file, using EBS-RMSCO's Open Enrollment File Requirements, will be sent on _____ (provide date) *

Plan Sponsor keys Participant data into Plan Sponsor Website (no forms mailed to EBS-RMSCO).
 Notify EBS-RMSCO when your data entry is complete.
 Anticipated data entry completion date: _____ *

Paper Enrollment Forms
 Forms will be mailed to EBS-RMSCO on _____ (provide date) *

* Remember: These dates must be at least one month prior to the effective date to ensure timely new Plan year setup. Please notify your participants of possible administrative delays if your data will be late.

Account Information:

EBS Flex Card: No
 To add the EBS Flex Card, contact your EBS-RMSCO Administrator.

Automatic Claims Transfer (ACT), if available: No

Current Plan Options:

Benefit	Run-out days Active/Term	Annual Min/Max	Employer Money	Grace Period
<input type="checkbox"/> DCA-Dependent Care	0/	/	No	No
<input type="checkbox"/> HCA-Health Care	0/	/	No	No
<input type="checkbox"/> Parking	0/0	/	No	N/A
<input type="checkbox"/> Transit	0/0	/	No	N/A
<input checked="" type="checkbox"/> HRA-EmployerFunded*	120	Frequency: 10 min	Max Alloc Amt: \$	

* An EBS-RMSCO Representative may contact you for more HRA Plan detail.

Payroll Information:

Payroll Data is currently received: *Contact your Representative if you would like to change your payroll method.

Via a per pay period File (using EBS-RMSCO's Payroll File Requirements)

Via the "Posting" method (On each pay date, EBS-RMSCO allocates the participant elected per pay period contribution dollar amount to the appropriate Plan type.)

Payroll Cycle	Deduction Start Date	# of Payroll Deductions	Pay Day (M,T,W,TH,F,S,SUN)	Specify any Payroll dates to be skipped.
<input type="checkbox"/> Weekly	___/___/20	<input type="checkbox"/> 52 or <input type="checkbox"/> _____		
<input type="checkbox"/> Bi-Weekly	___/___/20	<input type="checkbox"/> 26 or <input type="checkbox"/> _____		
<input type="checkbox"/> Semi-Monthly	___/___/20	<input type="checkbox"/> 24 or <input type="checkbox"/> _____		
<input type="checkbox"/> Monthly	___/___/20	<input type="checkbox"/> 12 or <input type="checkbox"/> _____		
<input type="checkbox"/> Annual	___/___/20	<input type="checkbox"/> 1 or <input type="checkbox"/> _____		
<input type="checkbox"/> Other	If your Plan has a non-standard pay cycle (ie, a school district), please provide a list of specific payroll dates for the Plan year.			

Please be sure to complete Page 2.



Open Enrollment Participant Data Options

EBS-RMSCO, Inc. offers four options for gathering and sending participant enrollment data. We ask that you choose one option only; all enrollment data should be remitted using the same method.

- 1. *On-Line Web Enrollment – Participant Website:*** This is our preferred method and is easiest for you and your participants! Existing participants, who are re-enrolling, will simply enter their new elections, per Plan type, and click submit. New participants will need to obtain an employer code, which we will provide, prior to enrolling on-line. Step by step instructions on how to enroll on-line, for both re-enrolling and new participants, can be found in the “Documents Library” section of the Plan Sponsor website.

Once we receive your completed Employer Open Enrollment form indicating on-line enrollment using the Participant website (and your beginning and ending enrollment dates), we will activate on-line enrollment for your participants. Please note that your enrollment period end date should be at least one month prior to the effective date.

During the Open Enrollment period, you should frequently run the “Pending Open Enrollment” monitoring report found in the “Members” section of the Plan Sponsor website. This report will detail which of your participants have completed the on-line enrollment process. It will also identify which participant elections were not properly saved by displaying a status of “*In Progress*”. You’ll need to contact these participants and instruct them to revisit the website and correctly save their elections.

Once the Open Enrollment period has ended, you may generate the “Election” report found in the “Reports” section of the Plan Sponsor website. The details of this report can be exported in a variety of formats (such as excel). You can then use this file to import enrollment data into your payroll system.

Please note that employer funded amounts cannot be entered into the Participant website (ie, per pay period employer FSA contributions or other one time employer allocated contributions). This information will need to be collected and sent to EBS-RMSCO, Inc. separately.

EBS-RMSCO, Inc. recommends on-line enrollment using the Participant website for Plans of any size.

- 2. *On-Line Web Enrollment – Plan Sponsor Website:*** A great option for smaller Plans! The participants would still complete a hardcopy Enrollment Form, and you would key the data into the Plan Sponsor website. By entering your enrollment data directly, your Plan bypasses our Data Entry department completely and allows for quicker set up and processing. If your Plan has employer funded amounts, we recommend that you contact your FSA / HRA Administrator to ensure this information is properly entered. Once your data entry is complete, please be sure to notify your Administrator.

EBS-RMSCO, Inc. recommends on-line enrollment using the Plan Sponsor website for Plans with less than 50 participants to enroll.

Open Enrollment Participant Data Options (continued)

- 3. Electronic Files:** Files must be received using EBS-RMSCO, Inc.'s file layout specifications, which can be found in the "Document Library" section of the Plan Sponsor website. EBS-RMSCO, Inc. will require that your Open Enrollment data file follow our file layout specifications exactly, so please begin reviewing this document as soon as possible. Please note that files received in any other format may be subject to additional charges.

Electronic files should not be sent to EBS-RMSCO, Inc. via email, as it is a violation of our corporate security policy. Please contact your FSA/HRA administrator and request access to our Secure File Transfer Site.

EBS-RMSCO, Inc. recommends sending Open Enrollment data via electronic files for Plans of any size. Sending data via a file is the best option for Plans with either annual or per pay period employer contributions.

- 4. Paper Enrollment:** If you send paper enrollment, please be sure to carefully review each form for completion and legibility, and to only use EBS-RMSCO, Inc.'s version of the form. If you use your own customized Enrollment Form, you may be assessed an additional charge, as our standard scanning and data entry processes will not accommodate your customized layout. The most recent versions of our Enrollment Forms, and our Enrollment Kits, are available on the website. You can either print these materials directly from our website, or you can contact your EBS-RMSCO, Inc. FSA/HRA Administrator to request hardcopy single forms and/or complete Enrollment Kits. Please be sure to place your order early enough to receive the materials, enroll your participants and still meet the deadline for returning enrollment data to EBS-RMSCO, Inc.. Also, please ask your Administrator if ordering fees, or shipping fees, apply.

Please remember, requiring your participants to complete a hard copy Enrollment Form does not mean that you must send the forms to EBS-RMSCO, Inc.. Smaller Plans (under 50 participants) can easily key the information from the forms into the Plan Sponsor website. In addition, since the information on the forms must also reside in your payroll system, please consider sending us a data extract from your payroll system.

To best ensure accurate and timely processing, EBS-RMSCO, Inc. strongly encourages you to use another method to deliver your participant data to EBS-RMSCO, Inc..

Remember - The success of the Open Enrollment period is in your hands! Adhering to timeframes and deadlines will ensure that the administration of your Plan will be on track for your new Plan year. If you need assistance in deciding which data delivery option is best for you, please contact your FSA/HRA Administrator soon. We can discuss the specifics of your Plan and develop a course of action that best suits your workforce.

Thank you for your continued business.

Sincerely,
EBS-RMSCO, Inc. Benefit Solutions, Inc.
FSA / HRA Department

RESOLUTION REQUEST FORM NO. 10

Request for Transfer of Funds

TO: JOAN SADY, CLERK, WARREN COUNTY BOARD OF SUPERVISORS

FROM: Paul Dusek, County Administrator
Name of Department

SIGNED: 

DATE: 10/28/10

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1011 110	Salaries-Regular	A.1011 220	Office Equip.	\$700.00
A.1011 110	Salaries-Regular	A.1011 410	Office Supplies	\$400.00

Sample: A.4018.0020 110 Preventive Program – Family Health – Salaries – Regular \$xxx.xx

Please state reason for transfers requested: To purchase a laptop computer and required software.

***Please note: All amounts must be in whole dollars – no cents.**

CONTINGENT FUND TRANSFER REQUESTS

<u>FROM CODE</u>	<u>TITLE</u>	<u>TO CODE</u>	<u>TITLE</u>	<u>AMOUNT</u>
A.1990 469	Contingent Account- Other Payments/Contributions			

Please state reason for transfer request:

Please file original request with Clerk of the Board and retain copy for your records.