AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Authorization and Guarantee Agreement for Automate

Action Requested: County Manager Signature

Parties to the Agreement: CoreSource, Inc. and Gunnison County

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

CoreSource will be changing the Flex check issuing process to the ECHO check process. This means CoreSource will issue checks from their account instead of directly from Gunnison's account. Finance will not have to follow up on outstanding checks issued from the account. CoreSource

Fiscal Impact:

Submitted by: Cheryl Seling **Submitter's Email Address:** cseling@gunnisoncounty.org

Finance Review: (●) Required ( ) Not Required

Comments:
I have added another attachment (ECHO Letter 7 26 2016) to memorialize the understanding that any forfeitures that result from Gunnison County employee accounts remain the property of Gunnison County. That was my only concern, and has been addressed. ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 7/28/2016

County Attorney Review: (●) Required ( ) Not Required

Comments:
ok - gs with the clarifications outlined by Linda and the letter.

Reveiwed by: GUNCOUNTY1\gstuhr Discharge Date: 7/28/2016 Certificate of Insurance Required

Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 7/28/2016

(●) Consent Agenda ( ) Regular Agenda ( ) Worksession Time Allotted: 0

Agenda Date: 8/2/2016

Revised April 2015

CORESOURCE
A Trustmark Company
PERSONAL FLEXIBLE TRUSTED

19800 Hall Road
Clinton Township, MI 48038

P O Box 2310
Mt. Clemens, MI 48046

July 26, 2016

Gunnison County Employee Medical and Dental Benefit Plan
200 E Virginia Avenue
Gunnison CO 81230

Dear Mrs. Seling,

I wish to address the concerns you have regarding the ECHO Authorization and Guarantee Agreement. The statement causing concern is as follows in the ECHO Authorization Guarantee Agreement is as follows:

ECHO will pay the costs related to the establishment, maintenance and activity of accounts at its clearing bank or banks. Any credits or interest earned by reason of the maintenance and use of such accounts shall be the property of ECHO and may be used by it, including, but not limited to the payments of such costs.

This statement from ECHO does not in any way affect the forfeiture amounts or credits due to claims payments. The statement is a disclaimer from ECHO as they have to set up a trust account to pull funds from Gunnison's account in order to issue checks and direct deposits for member reimbursements. This statement by ECHO, is stating that this trust account is set up by ECHO and Gunnison will not have access to this account. This account does not accrue interest. This statement only applies to any bank fee related charges or credits to the trust account.

At the end of the run out period, CoreSource will send a forfeiture report to Gunnison showing the total amount contributed by each member and the total amount that was paid to each member. This will list the total forfeiture amounts for the year. Gunnison can then use the forfeiture amounts as they see fit. ECHO does not and cannot retain any of the forfeiture amounts.

Should you have any additional questions regarding this statement, please feel free to give me a call at 586-242-3061.

Thank you

Christine Simmons
Client Manager

AUTHORIZATION AND GUARANTEE AGREEMENT
FOR
AUTOMATED CLEARING HOUSE ("ACH") AUTHORITY

EMPLOYER BENEFIT PLAN NAME: Gunnison County

BENEFIT PLAN GROUP NUMBER: GUNNISON

TPA Name: CoreSource, Inc.

Employer Benefit Plan hereby authorizes ECHO Health, Inc., hereinafter called "ECHO", to initiate debit entries for approved benefit plan payments and to initiate, if necessary, credit entries and adjustments for any debit entries in error, and refunds received to Employer Benefit Plan's account indicated below at the depository named below, hereinafter called "Depository".

DEPOSITORY NAME: Bank of the West

DEPOSITORY ADDRESS: _____

Los Angeles CA

TRANSIT/ABA NO. 107002147 ACCOUNT NO. 912002458

(Bank Routing No. - first set of numbers from checking account)
(Please include a copy of a Canceled Check)

Employer Benefit Plan does hereby agree and guarantee that the funds will be on deposit in the account specified above within twenty four (24) hours of its approval of benefit payments from its Third Party claim administrator. Further, funds, once available, will be withdrawn from this account and deposited in an account established by ECHO under the Employer Benefit Plan's name at ECHO's clearing bank. Failure to fund the above account in such timely manner may result in a delay of payments. Any fines or penalties assessed to the account established by ECHO will be the responsibility of Employer Benefit Plan. Continued failure to fund such account in this timely manner may result in a loss of service for the payment of claims.

ECHO will pay the costs related to the establishment, maintenance and activity of accounts at its clearing bank or banks. Any credits or interest earned by reason of the maintenance and use of such accounts shall be the property of ECHO and may be used by it, including, but not limited to the payments of such costs.

This authority and guarantee is to remain in full force and effect until ECHO and Depository have received written notification from Employer Benefit Plan of its termination in such time and in such manner as to afford ECHO and Depository a reasonable opportunity to act on it.

EMPLOYER BENEFIT PLAN NAME: Gunnison County

EXECUTED BY: _____

TITLE: _____

DATE: _____