AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: 1st Amendment; Gunnison County Flexible Benefit Pl

Action Requested: Board of County Commissioners' Signature

Parties to the Agreement: Gunnison County, Colorado Flexible Benefit Plan

Term Begins: 01/01/2019 **Term Ends:** **Grant Contract #:**

Summary:

This amendment states the 2019 Plan Year annual election amount to the HCRA is $2,650.00.

Fiscal Impact:

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

Finance Review: (●) Required ( ) Not Required

Comments:
No concerns, ln

Reviewed by: GUNCOUNTY1\lNienhueser Discharge Date: 12/10/2018

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

Comments:
ok db 12/12/18

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 12/12/2018 Certificate of Insurance Required Yes ( ) No (●)

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 12/12/2018

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

Agenda Date: 12/18/2018

Revised April 2015

FIRST AMENDMENT TO THE
GUNNISON COUNTY, COLORADO
FLEXIBLE BENEFIT PLAN
EFFECTIVE JANUARY 1, 2019

WHEREAS, Gunnison County, Colorado has adopted the Gunnison County, Colorado Employee Medical Benefit Plan as Amended and Restated Effective January 1, 2019, (The Plan); and

WHEREAS, Gunnison County, Colorado has reserved the right to amend the Plan at anytime; and

WHEREAS, Gunnison County, Colorado wishes to amend the Plan at this time to ensure a certain level of benefits for Plan participants.

NOW, THEREFORE, BE IT RESOLVED, that the Plan is hereby amended as follows:

EFFECTIVE JANUARY 1, 2019

The subsection "How Are Your Contributions Withheld" in the section "Eligibility" is deleted and replaced with:

HOW ARE YOUR CONTRIBUTIONS WITHHELD?

When you enroll for coverage you will elect an amount to be withheld from each pay. This contribution is made before taxes are computed on your salary. Your contributions will begin with the first payroll date in January.

For the HCRA, your minimum **annual election** amount cannot be less than $5.00 and your maximum **annual election** cannot exceed $2,650.00 in a calendar year. For the DCRA, your minimum **annual election** amount cannot be less than $5.00 and your maximum **annual election** cannot exceed $5,000 in a calendar year.

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The second sentence in the section "How Does the HCRA Plan Work?" is deleted and replaced with:

Your **annual election** amount cannot be less than $5.00 or more than $2,650 per year.

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IN WITNESS WHEREOF, Gunnison County, Colorado has adopted this First Amendment to the Plan, this _____ day of _____, 20__.

GUNNISON COUNTY, COLORADO

BY: _____

TITLE: _____

SUMMARY OF PLAN CHANGE TO
GUNNISON COUNTY, COLORADO
FLEXIBLE BENEFIT PLAN
EFFECTIVE JANUARY 1, 2019

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****

The second sentence in the section "How Does the HCRA Plan Work?" is deleted and replaced with:

Your **annual election** amount cannot be less than $5.00 or more than $2,650 per year.