MARIPOSA COUNTY BOARD OF SUPERVISORS

AGENDA ACTION FORM DATE: July 9, 1996
AGENDA ITEM NO.:

DEPARTMENT: Auditor

BY: Ken Hawkins

PHONE:

966-7606

RECOMMENDED ACTION AND JUSTIFICATION: (Policy Item: Yes_ No XX)

Request approval of new administrator for Section 125 plan. New administrator, AFLAC (American Family Life Assurance Company) provides service to county employees for no charge versus our current carrier, Total Benefits, who charges a \$5 monthly charge, regardless of the amount of benefit provided to the employee. I have included a copy of an informational letter sent out to employees some time ago asking for their input and opinion. The response was overwhelmingly positive.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

The County has contracted with Total Benefits for this service which costs employees \$5 per month regardless of how the employee is actually able to use the service

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Continue with Total Benefits and charge the employee \$5 per month for the service.

COSTS: () Not Applicable A. Budgeted current FY \$ E. Total anticipated costs C. Required additional funding D. Internal transfers	SPECIAL INSTRUCTIONS: List the attachments and number the pages consecutively:
SOURCE: () 4/5ths Vote Required A. Unanticipated revenues B. Reserve for contingencies C. Source description: Balance in Reserve for Contingencies, if approved: \$	
CLERK'S USE ONLY: Res. No.: Vote - Ayes: Absent: Approved Minute Order Attached The foregoing instrument is a correct copy of the original on file in this office. CLERK'S USE ONLY: Noes: Abstained: Denied No Action Necessary The foregoing instrument is a correct copy of the original on file in this office.	ADMINISTRATIVE OFFICER'S RECOMMENDATION: This item on agenda as: Recommended Not Recommended For Policy Determination Submitted with Comment Returned for Further Action Comment:
ATTEST: MARGIE WILLIAMS, Clerk of the Board County of Mariposa, State of California By: Deputy	A.O. Initials:

RESOLUTION ADOPTING A FLEXIBLE BENEFITS PLAN

The undersigned hereby certifies that the following described Resolution was officially and legally adopted at the duly authorized official meeting of the body with legal authority (hereafter "Authority") to pass said Resolution. Said meeting was held on the date set forth below.

WHEREAS, the Authority wishes to adopt a cafeteria plan within the context of Section 125 of the Internal Revenue Code for the benefit of the employer's eligible employees.

NOW, THEREFORE, BE IT RESOLVED, that the Authority hereby adopts the flexible benefits plan (consisting of the flexible benefits plan document, the Adoption Agreement, and component benefit plans and Policies) for the Employer named herein below effective as of the date specified in the Adoption Agreement.

RESOLVED FURTHER, that any officer of the employer may, without a further resolution, execute the Adoption Agreement and any related documents or amendments which may be necessary or appropriate to adopt the plan or maintain its compliance with applicable federal, state and local law.

Name: <u>Mariposa County</u>	
Body With Legal Authority Of Employer To (Examples - Board of Directors, Board of	o Pass Resolution: <u>Mariposa County Board of Supervis</u> ors Commissioner, etc.)
Date of Official Meeting of Authority at which Resolution was Legally Passed:	July 9, 1996
	Signature of Person with Authority to certify that Resolution was legally passed
Secretary	Margie Williams, Clerk of the Board Print Name and Title of Person above
[OFFICIAL SEAL]	Date: <u>July 10, 1996</u>

*Note: Legal requirements for a valid Board of Directors Resolution vary from state to state. This document is merely a suggested form. Each Employer should consult with its own legal counsel to ensure compliance with applicable law.