

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, January 13, 2020 at 4:00 p.m.**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News*, WSGW

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Jennifer Broadfoot, Personnel Director, re:**

- **1-21-11** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of December 2019 (*Receive & File*)

2. **Christina Harrington, Health Officer, Health Department, re:**

- **1-21-3** Requesting waiver of the hiring freeze and approval to fill the vacant positions of Office Assistant II, Health Technician, and Accountant I

3. **William Federspiel, Sheriff, re:**

- **1-21-5** Requesting waiver of the hiring freeze and approval to fill the position of Road Patrol Deputy

4. **Bernard Delaney Jr., Director, Maintenance, re:**

- **1-21-10** Requesting waiver of the hiring freeze and approval to fill the position of Custodian T6

5. **Tanika Williams, Exec. Mgmt. Assistant/ Robert Belleman, Controller/CAO, re:**

- **1-21-12** Requesting support for decisions made to deny various Wellness Activity Reimbursement claims made pursuant to County Policy #353
  - **Discussion of Employee Wellness Reimbursement denials**

6. **Jessica Sargent, Director, Commission on Aging, re:**

- **1-21-14** Requesting waiver of the hiring freeze and approval to fill the position of Kitchen Assistant (PT)

7. **David Gilbert, County Civil Counsel, re:**

- **1-21-7** Requesting approval of a Memorandum of Understanding and Agreement between the County of Saginaw and Saginaw County Trial Court regarding employees and exemption from some county policies
- Update on negotiations with POAM – Sheriff Unit 1 (312 eligible)

- V. Miscellaneous
- VI. Adjournment

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, February 10, 2020 at 4:00 p.m.**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News*,  
*WSGW*

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Jennifer Broadfoot, Personnel Director, re:**

- **2-18-16** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of January 2020 (*Receive & File*)

2. **William Stanuszek, Director, Mosquito Abatement Commission, re:**

- **2-18-12** Requesting to change one of the currently vacant Chief Mechanic positions to regular part-time and waiver of the hiring freeze to fill the position

3. **Amy Deford, Retirement Administrator, and Jeff Nielson, Vice President, Client Management, Public Sector & Labor, Aetna, re:**

- **2-18-15** Providing an update on how the transition from BCBS to Aetna is progressing and resolution of issues

- V. Miscellaneous
- VI. Adjournment

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, March 9, 2020 at 4:00 p.m.**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News*, WSGW

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Jennifer Broadfoot, Personnel Director, re:**

- **3-17-14** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of February 2020 (*Receive & File*)

2. **Jessica Sargent, Director, Commission on Aging, re:**

- **3-17-12** Requesting waiver of the hiring freeze to fill the position of Program Specialist I (PCN #238333) which oversees the Meals on Wheels program, among other duties
- **3-17-13** Requesting changes to its PCN Roster regarding percentages of time associated with budget activities for the positions of Senior Center Coordinator (Maple Grove/Friendship/Chesaning), Driver I (Maple Grove), and Custodian

3. **Jeff Nielson, Vice President, Client Management, Public Sector & Labor, Aetna, re:**

- Addressing issues and concerns with the transition from BCBS to Aetna

4. **Robert V. Belleman, Controller/CAO, re:**

- Coronavirus – Impact on Workforce and issues associated with working remotely

- V. Miscellaneous
- VI. Adjournment



# COUNTY OF SAGINAW

## BOARD OF COMMISSIONERS

*Michael A. Webster, Chairman*

Saginaw County Governmental Center  
111 S. Michigan Avenue • Saginaw, Michigan 48602  
Phone (989) 790-5267 • Fax (989) 790-5569 • Email boc@saginawcounty.com

## STATE OF MICHIGAN

### COUNTY OF SAGINAW

**NOTICE IS HEREBY GIVEN:** The following committee meeting(s) that were scheduled for the week of **April 6 - 10, 2020** have been cancelled as follows:

DISTRICT #1  
KATHLEEN K. DWAN

DISTRICT #2  
CHARLES M. STACK

DISTRICT #3  
KIRK W. KILPATRICK

DISTRICT #4  
SHELDON MATTHEWS

DISTRICT #5  
JAMES G. THEISEN

DISTRICT #6  
KYLE R. HARRIS

DISTRICT #7  
CHERYL M. HADSALL

DISTRICT #8  
DENNIS H. KRAFFT

DISTRICT #9  
AMOS O'NEAL

DISTRICT #10  
CARL E. RUTH

DISTRICT #11  
MICHAEL A. WEBSTER

<u>COMMITTEE</u>	<u>DAY</u>	<u>DATE</u>	<u>TIME</u>	<u>PLACE</u>
<del>Human Services</del> Cancelled	<del>Monday</del>	<del>6<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
<del>Courts &amp; Public Safety</del> Cancelled	<del>Tuesday</del>	<del>7<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
<del>County Services</del> Cancelled	<del>Wednesday</del>	<del>8<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
<del>Budget/Audit</del> Cancelled	<del>Thursday</del>	<del>9<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>

**NOTE:** Any committee matters to go before the Board at its April 21, 2020 session will be reviewed at an Executive Committee meeting on Tuesday, April 14, 2020 at 4:00 p.m. via Zoom.

**PURPOSE:** To consider matters pending before the committee, or as noted.

*Meetings are open to all members of the public under Michigan's Open Meeting Act. Individuals with disabilities requiring auxiliary aids or services should contact the Board Office by writing to the address or calling the phone number listed on this letterhead.*

STAFF –

SUZY KOEPLINGER  
BOARD COORDINATOR

CINDY L. LOUCHART  
ASSISTANT BOARD COORDINATOR

Sue Arceo  
Board Assistant

**Minutes available for inspection in the Board Office.**

**POSTED:** April 3, 2020  
**Board Office Initials:** sek



# COUNTY OF SAGINAW

## BOARD OF COMMISSIONERS

*Michael A. Webster, Chairman*

Saginaw County Governmental Center  
111 S. Michigan Avenue • Saginaw, Michigan 48602  
Phone (989) 790-5267 • Fax (989) 790-5569 • Email boc@saginawcounty.com

## STATE OF MICHIGAN

### COUNTY OF SAGINAW

**NOTICE IS HEREBY GIVEN:** The following committee meeting(s) that were scheduled for the week of **May 4 - 8, 2020** have been cancelled as follows:

DISTRICT #1  
KATHLEEN K. DWAN

DISTRICT #2  
CHARLES M. STACK

DISTRICT #3  
KIRK W. KILPATRICK

DISTRICT #4  
SHELDON MATTHEWS

DISTRICT #5  
JAMES G. THEISEN

DISTRICT #6  
KYLE R. HARRIS

DISTRICT #7  
CHERYL M. HADSALL

DISTRICT #8  
DENNIS H. KRAFFT

DISTRICT #9  
AMOS O'NEAL

DISTRICT #10  
CARL E. RUTH

DISTRICT #11  
MICHAEL A. WEBSTER

	<u>COMMITTEE</u>	<u>DAY</u>	<u>DATE</u>	<u>TIME</u>	<u>PLACE</u>
	<del>Human Services</del>	<del>Monday</del>	<del>4<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
	<b>Cancelled</b>				
	<del>Courts &amp; Public Safety</del>	<del>Tuesday</del>	<del>5<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
	<b>Cancelled</b>				
	<del>County Services</del>	<del>Wednesday</del>	<del>6<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
	<b>Cancelled</b>				
	<del>Budget/Audit</del>	<del>Thursday</del>	<del>7<sup>th</sup></del>	<del>4:00 p.m.</del>	<del>Rm. 200</del>
	<b>Cancelled</b>				

**NOTE:** Any committee matters to go before the Board at its May 19, 2020 session will be reviewed at an Executive Committee meeting on Tuesday, May 12, 2020 at 4:00 p.m. via Zoom.

**PURPOSE:** To consider matters pending before the committee, or as noted.

*Meetings are open to all members of the public under Michigan's Open Meeting Act. Individuals with disabilities requiring auxiliary aids or services should contact the Board Office by writing to the address or calling the phone number listed on this letterhead.*

STAFF –

SUZY KOEPLINGER  
BOARD COORDINATOR

CINDY L. LOUCHART  
ASSISTANT BOARD COORDINATOR

Sue Arceo  
Board Assistant

**Minutes available for inspection in the Board Office.**

**POSTED:** May 1, 2020  
**Board Office Initials:** sek

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, June 8, 2020 at 4:00 p.m.**

**VIA TELECONFERENCE PER  
EXECUTIVE ORDER 2020-75**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform.  
As the County Building is closed to the public, the meeting is open remotely  
to the public to follow along and participate during the public portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.

**Topic:** See Agenda below

**Date/Time:** June 8, 2020 04:00 PM EST

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: **802 444 1727**

### **INSTRUCTIONS using ZOOM audio conferencing:**

Dial: **1 (877) 853-5257** or **1 (888) 475-4499** US Toll-free and enter Meeting ID: **802 444 1727**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Jennifer Broadfoot, Personnel Director, re:**

- **6-16-12** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the months of March, April and May 2020 (*Receive & File*)
- **6-16-13** Submitting for approval revised County Policy #366 titled Family Medical Leave Act (FMLA) Expansion Policy

2. **Bernie Delaney, Maintenance Director, re:**

- **6-16-4** Requesting waiver of the hiring freeze to fill the vacant position of Custodian T6 in the Maintenance Department

3. **Tim Novak, County Treasurer, re:**

- **6-16-7** Requesting consideration of a proposal to provide Personal Time Off (PTO) hours, on a pro-rata share based upon a formula, to essential workers who worked less than forty (40) hours per week during the COVID-19 pandemic shutdown

4. **Brian Keenan-Lechel, Parks & Recreation Director, re:**

- **6-16-14** Requesting waiver of the hiring freeze to fill the position of Outdoor Recreation and Event Coordinator

5. **Amy Deford, Retirement & Benefits Administrator; Lee Ann Peterson, mymember Insurance; and Jeff Nielson, Vice President, Client Management, Public Sector & Labor, Aetna, re:**

- **6-16-\_\_** Providing an update on how the transition from BCBS to Aetna is progressing and resolution of issues (*Information to be provided*)

V. Miscellaneous

VI. Adjournment

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, August 10, 2020 at 4:00 p.m.**

**VIA TELECONFERENCE PER  
EXECUTIVE ORDER 2020-154**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform.  
As the County Building is closed to the public, the meeting is open remotely  
to follow along and participate during the public comment portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.

**Topic:** See Agenda below

**Date/Time:** August 10, 2020 4:00 PM EST

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: 802 444 1727

**INSTRUCTIONS using ZOOM audio conferencing:**

**Call +1(301)715-8592 or +1(312)626-6799 and enter Meeting ID: 802 444 1727**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Jennifer Broadfoot, Personnel Director, re:**

- **8-25-24** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the months of June and July 2020 (*Receive & File*)
- **8-25-10** Submitting for approval five (5) new County Policies related to an infectious disease outbreak, like COVID-19

***TABLED FROM JUNE 8, 2020 LABOR RELATIONS COMMITTEE MEETING***

2. **Tim Novak, County Treasurer, re:**

- **6-16-7** Requesting consideration of a proposal to provide Personal Time Off (PTO) hours, on a pro-rata share based upon a formula, to essential workers who worked less than forty (40) hours per week during the COVID-19 pandemic shutdown
- **8-25-27** CONTROLLER/CAO submitting a recommendation in response to the request made by Treasurer Novak at the June 2020 Labor Relations Committee meeting to provide PTO hours to those employees who worked on site less than forty (40) hours per week during the beginning of the COVID-19 pandemic and to amend the 2<sup>nd</sup> Amended Compensation Plan approved by the Board April 21, 2020



3. **Brittany Dougherty, Friend of the Court, re:**
  - **8-25-14** Requesting a temporary Personnel Control Number (PCN) for a Referee position to begin the new process of custody and parenting time referrals under the FY 2021 FOC Reorganization Plan
  
4. **Jessica Sargent, Commission on Aging Director, re:**
  - **8-25-23** Requesting waiver of the hiring freeze and approval to fill a Caseworker position that works in three separate programs (PCN#238233/238231/238245)
  
5. **Christina Harrington, Health Officer, re:**
  - **8-25-25** Requesting: (1) Waiver of the hiring freeze and approval to fill the positions of Community Health Improvement Coordinator, WIC Technician, Health Specialist, Custodian, and Hearing Technician (PT); and (2) Approval to extend the contract with Bethany Jacques (retired Computer and Data Analyst) beginning October 1, 2020 – September 30, 2021
  
6. **Robert Belleman, Controller/CAO; Koren Thurston, Finance Director, re:**
  - **8-25-26** Requesting approval for Saginaw County to submit the First Responder Hazard Pay Premiums Program (FRHPPP) application to the Michigan Department of Treasury and to negotiate with the applicable unions a Memorandum of Understanding for the payment of hazard pay
  
7. **Dave Gilbert, Civil/Labor Counsel, re:**
  - **8-25-29** Submitting five (5) Memorandums of Understanding (MOU) related to the First Responder Hazard Pay Premiums Program with UAW, COAM – Sergeants, POAM 312 – Deputies, POAM Non-312 – Corrections, and POAM Command – Lieutenants; and an MOU related to the reduction of hours for District Court employees with TPOAM

- V. Miscellaneous
- VI. Adjournment

**AGENDA**  
**COMMITTEE OF THE WHOLE**  
**Tuesday, August 18, 2020 – 4:00 p.m.**  
**TheDow Event Center – Red Room**  
**303 Johnson St., Saginaw, MI 48607**

**Members:** Carl Ruth - Committee Chair, Kathy Dwan, Cheryl Hadsall, Kyle Harris, Kirk Kilpatrick, Dennis Krafft, Sheldon Matthews, Amos O’Neal, Charles Stack, James Theisen, Michael Webster

**Others:** Controller/CAO, Civil Counsel, Board Staff, Elected Officials, Department Heads

[**NOTE:** To mitigate the spread of the COVID-19 pandemic, protect the public health, and provide essential protections to Saginaw County residents, the Saginaw County Board of Commissioners will conduct entrance screening on all individuals prior to entry into the Red Room and masks are required. Entrance screening will consist of a temperature check and answering health questions. Masks, gloves and hand sanitizer will be provided. No food or drink will be provided, although you may bring your own. **6’ Social Distancing and use of masks will be strictly enforced.**]

- I. Call to order
- II. Welcome
- III. Public comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Robert Belleman, Controller/CAO, re:**
    - Intro - Job Classification and Total Compensation Study, Phases II & III
  2. **Ann Antonsen, Director/Project Manager – Baker Tilly, re:**
    - Presentation of Job Classification & Total Compensation Study, Phases II & III - Process & findings
  3. **Closed Session, re:**
    - Pursuant to MCL 15.268(c) of the Open Meetings Act, the committee will convene a Closed Session to discuss strategy connected with the negotiation of collective bargaining agreements
  4. Other Issues of Interest/Concern – Board of Commissioners
- V. Miscellaneous
- VI. Adjournment

Note: Upon completion of discussion, only motions to refer to an organized committee or to postpone indefinitely shall be allowed - Article IX, Section 9.5, and 2020 Board Rules.

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, September 14, 2020 at 4:00 p.m.**

**VIA TELECONFERENCE PER EXECUTIVE ORDER 2020-154**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform. As the County Building is closed to the public, the meeting is open remotely to follow along and participate during the public comment portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting. **Topic:** See Agenda below

**Date/Time:** September 14, 2020 4:00 PM EST

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: 802 444 1727

**INSTRUCTIONS using ZOOM audio conferencing:**

**Call +1(301)715-8592 or +1(312)626-6799 and enter Meeting ID: 802 444 1727**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Jennifer Broadfoot, Personnel Director, re:**
    - **9-22-26** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of August 2020 (*Receive & File*)
    - **9-22-31** Submitting for approval new County Policy titled “Americans with Disabilities Act Accommodation” and revision to County Policies #345 titled “Workers’ Compensation” and #361 titled “Disability Leave”
  2. **William Federspiel, Sheriff, re:**
    - **9-22-4** Requesting waiver of the hiring freeze to fill two (2) Deputy positions ~~and two (2) Corrections Officer positions~~ (*Amended*)
  3. **Robert Belleman, Controller, re:**
    - **9-22-27** Requesting approval to continue the hiring freeze for FY 2021, with exceptions for positions that are required by statute and the Courts
    - **9-22-\_\_** Submitting the recommendation of the Union/Management Benefit Committee related to Public Act 152 of 2011, known as the Employee Health Insurance Act, as to default position (“hard caps”) and engaging Saginaw County’s Third Party Administrator in managing its self-insured healthcare plan for 2021 (*To be distributed at committee*)
- V. Miscellaneous
- VI. Adjournment



# COUNTY OF SAGINAW **LABOR RELATIONS**

111 SOUTH MICHIGAN AVENUE  
SAGINAW, MICHIGAN 48602

**ROBERT V. BELLEMAN**  
*Controller/Chief Administrative Officer*  
[rbelleman@saginawcounty.com](mailto:rbelleman@saginawcounty.com)

September 9, 2020

Commissioner Michael A. Webster, Chairman  
Saginaw County Board of Commissioners  
111 South Michigan Ave.  
Saginaw, MI 48602

Re: Labor Relations Committee Employment Status Report

Dear Chairman Webster:

Pursuant to a request from the Labor Relations Committee, the Personnel Department is herein submitting the Employment Status Report for September, 2020. As you are aware, the Personnel Department has been conducting exit interviews when possible (i.e., dependent upon cooperation of the former employee), as employees conclude their employment or transfer to another Department. Statistics for August, 2020 have been compiled, summarized and are enclosed for review. Retirements are reported for the first of the month following an employee's retirement date. Retirees with current contracts to provide services are also listed.

I hope the enclosed report provides the Labor Committee with the information required. I will be available at the September, 2020 meeting to answer any questions regarding this report. Meanwhile, if you or any Commissioner has questions, please do not hesitate to contact me. Thank you.

Sincerely,

*Jennifer Broadfoot*

Jennifer Broadfoot  
Personnel Director

c: Robert V. Belleman, Controller/CAO

9-22-26

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2020 SEP -9 AM 11:05

PHONE (989) 790-5210

FAX (989) 790-5566

**Employment Status Report –September, 2020**

Name	Dept.	DOH	DOT	Title	Transfer Date	Dept.	Class From	Class To	Exit Int.?	Reason
Brunges. L.	District Ct.	2/10/2020	N/A	Legal Clerk I	8/31/20	Health	T-07	T-07	No	Position being reduced in 2021 budget
Bond, A.	Health	3/25/19	N/A	Custodian	8/24/20	COA	T-06	T-06	No	Transfer

**Retirees with Current Contract (September 1, 2020)**

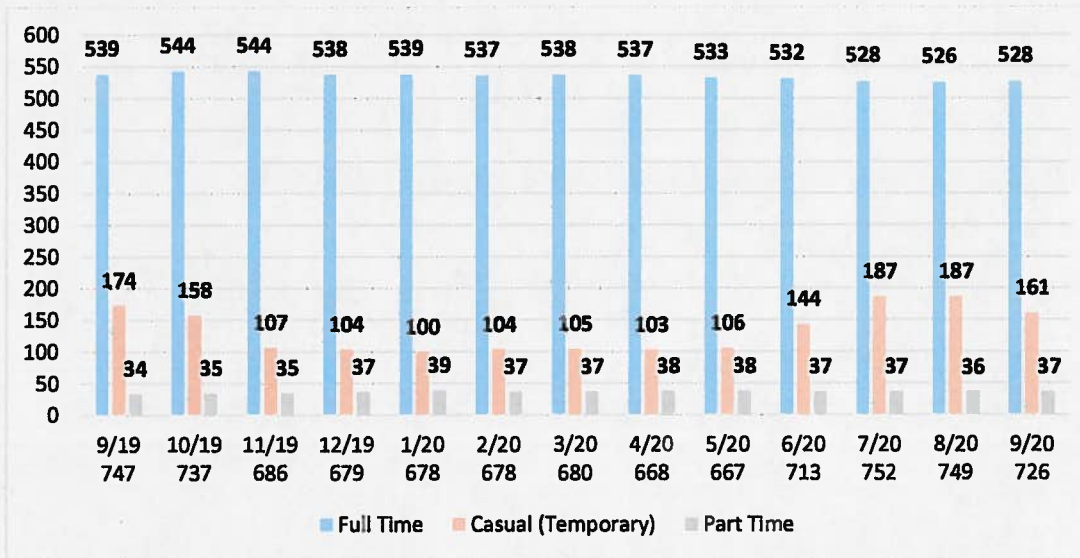
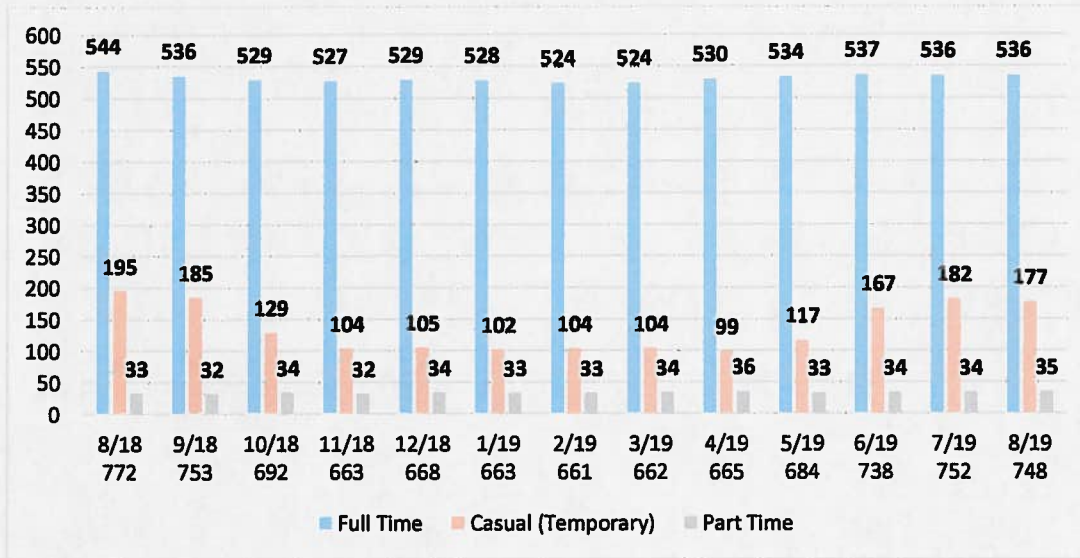
Name	Department	Retirement Date	Contract Expiration	Hourly Pay
Alan Kaufman (Kaufman Aviation)	H.W .Browne Airport	01/01/02	09/30/20	\$77,028 annually

**Retirees Working as Needed (September 1, 2020)\***

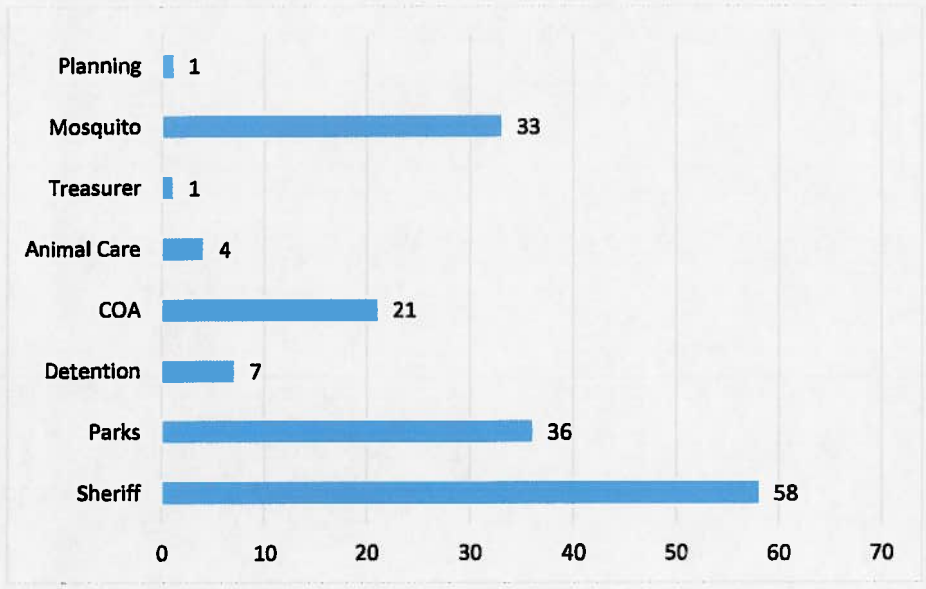
Name	Department	Retirement Date	Contract Expiration	Hourly Pay	Hours worked in August
Mary Maki	Health	6/8/18	Upon notice of completion	\$20.00	133.75
Bethany Jacques	Health	7/1/19	September 30, 2021	\$50.00	11.75
Mary Patnode	Health	9/30/18	September 30, 2020	\$45.00	91.5

\*This report does not include retired Court employees with a current contract.

**Number of Employees (Reported for First of Month)**



**Number of Temporary Employees by Department (September 1, 2020):**



**Status Report**  
**Saginaw County Employee Groups**  
September 1, 2020

Employee Group	Employees	Expiration of Contract	Status
Commissioners	11	December 31, 2020	Set
Elected Officials	6	December 31, 2020	Set
Judges	12	State of Michigan Commission	Set
Non-Union	11	September 30, 2020 Annual via Budget	Set
UAW – Managers	56	9/30/2021	Set
UAW – Professionals	65	9/30/2021	Set
UAW – Clerical, Technical, & Para-Professionals	20	9/30/2021	Set
COAM – Sheriff Unit II-Sergeants	13	9/30/2019	In negotiations
POAM – Detention Youth Care Specialists	22	9/30/2021	Set
POAM – Prosecutors	18	9/30/2021	Set
POAM – Detention Center Supervisors	4	9/30/2021	Set
Teamsters – Health Dept/COA Employees	74	9/30/2021	Set
COAM – Sheriff Unit III- Captain/Lieutenants	5	9/30/2021	Set
POAM – Animal Shelter Employees	10	9/30/2021	Set
POAM – Probation Officers, Family Division	7	9/30/2021	Set
TPOAM – Courthouse Employees	135	9/30/2021	Set
Teamsters – Public Health Nurses	9	9/30/2021	Set
POAM – Sheriff Unit 1 (312 Eligible)	43	9/30/2022	Set
GELC – Probation Officers, District Court	6	9/30/2021	Set
POAM – Sheriff Unit 1 (Non-312 Eligible)	38	9/30/2021	Set
<b>Total</b>	<b>565</b>		





# COUNTY OF SAGINAW

OFFICE OF COUNTY CONTROLLER

111 SOUTH MICHIGAN AVENUE  
SAGINAW, MICHIGAN 48602

## LABOR RELATIONS

**ROBERT V. BELLEMAN**

Controller/Chief Administrative Officer  
rbelleman@saginawcounty.com

September 10, 2020

Commissioner Michael A. Webster, Chairman  
Saginaw County Board of Commissioners  
111 South Michigan Ave.  
Saginaw, MI 48602

9-22-31

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
SEP 10 PM 2:29

Re: New County Policy – Americans with Disabilities Act Accommodation Policy  
Revision to County Policies #345 Workers' Compensation and #361 Disability Leave

Dear Chairman Webster:

Attached for the consideration of the Labor Relations Committee is new proposed County Policy, Americans with Disabilities Act (ADA) Accommodation Policy and revised County Policies #345 Workers' Compensation and #361 Disability Leave.

The Americans with Disabilities Act Accommodation Policy details the process the County follows when an employee or applicant for employment requests a reasonable accommodation in accordance with the Americans with Disabilities Act. It defines who may make an accommodation request, and to whom the request should be made. It further details the interactive process the County will go through when a request for a reasonable accommodation is made, including steps the County must go through before approving or denying a request for accommodation. It also details how the County will request medical documentation relating to the request, and under what circumstances that information may be shared. Finally, it details the process by which a request is approved and the circumstances under which it may be denied, or an alternative accommodation offered.

The Workers' Compensation and Disability Leave policies have been revised in response to the new ADA Accommodation Policy. The Light Duty section of the Workers' Compensation Policy has been amended to reflect that alternative work duties may be assigned as an accommodation for employees who have a work-related injury or illness. Likewise, the Disability Policy has also been revised to include a return to work section which details that individuals who are participants in the County's disability program will be evaluated for possible accommodations in accordance with the ADA Accommodations Policy. A few additional language clarifications were also made in the policies.

Legal counsel has assisted in the drafting of the new policy and the revisions to the existing policies. I will be available at the Labor Relations Committee meeting to answer questions about the new and revised policies.

Sincerely,



Jennifer Broadfoot  
Personnel Director

Cc: Robert Belleman, County Controller/CAO  
David Gilbert, Legal Counsel  
Kristina Rubis, Personnel Specialist  
Gladys Strobel, Payroll and Benefits Supervisor

Category 300  
Number:

Subject: Americans' with Disabilities Act Accommodation (ADA) Policy

1. **PURPOSE:** It is the purpose of this policy to establish a written and readily accessible policy regarding reasonable accommodations in accordance with the Title I of the ADA, to provide guidance and resources about reasonable accommodations, to establish a respectful and consistent interactive process to explore reasonable accommodations and to provide a timely and thoughtful review process for requests for reasonable accommodations.
2. **AUTHORITY:** The Saginaw County Board of Commissioners.
3. **APPLICATION:** This policy applies to all employees of Saginaw County and all applicants for employment with the County.
4. **RESPONSIBILITY:** Request for accommodation from employees or applicants for employment will be processed through the Controller's Office. A request that is connected to a disability application or workers' compensation will go through the Payroll Division of the Controller's Office. All other requests will be processed through the Personnel Division.
5. **DEFINITIONS:**
  - 5.1 **Applicant:** A person who expresses interest in employment and satisfies the minimum requirements for application established by the job description.
  - 5.2 **Americans with Disabilities Act Coordinators:** the individuals designated to coordinate compliance with Title I of the ADA.
  - 5.3 **Direct Threat:** A significant risk of substantial harm to the health, safety, or well-being of the individual or others that cannot be eliminated or reduced by reasonable accommodation. Determination of whether or not an individual presents a direct threat shall be based on an individualized assessment of the individual's present ability to safely perform the essential functions of the job.
  - 5.4 **Essential Functions of the job:** Job activities that are determined by the employer to be core to performing the job; these functions cannot be modified, as they are duties so fundamental that the individual cannot do the job without being able to perform them. A function can be essential if:
    - The job exists specifically to perform the function(s); or
    - There are a limited number of other employees who could perform the function(s); or

- The function(s) is/are specialized and the individual is hired based on the employee's expertise.

5.5 **Interactive Process:** A discussion between the employer and the individual with a disability to determine a reasonable accommodation for the individual with a disability. To be interactive both sides must communicate and exchange information.

5.6 **Individual with a Disability:** An individual who:

- Has a physical, sensory, or mental impairment that substantially limits one or more major life activities; or
- Has a record or history of such impairment; or
- Is regarded as having such impairment.

5.7 **Qualified Individual with a Disability:** An individual who:

- Satisfies the requisite skill, experience, education, and other job related requirements of the job the individual holds or desires; and
- Can perform the essential functions of the position with or without reasonable accommodation.

5.8 **Major Life Activities:** Those functions that are important to most people's daily lives.

May include, but are not limited to, caring for oneself, performing manual tasks, seeing, hearing, eating, sleeping, walking, standing, lifting, bending, speaking, breathing, learning, eating, concentrating, thinking, communicating, and working.

Major life activities also include the operation of a major bodily function, including but not limited to functions of the immune system, normal cell growth, digestive, bowel, bladder, neurological, brain, respiratory, circulatory, endocrine, and reproductive functions.

5.9 **Medical Documentation –** Information from the requestor's treating provider which is sufficient to enable the employer to determine whether an individual has a disability and whether and what type of reasonable accommodation is needed when the disability or need for accommodation is not obvious.

5.10 **Reasonable Accommodation –** An adjustment or alteration that enables a qualified individual with a disability to apply for a job, perform job duties, or enjoy the benefits and privileges of employment. Reasonable accommodations may include:

- Modifications or adjustments to a job application process to permit a qualified individual with a disability to be considered for a job; or

- Modifications or adjustments to enable a qualified individual with a disability to perform the essential functions of the job; or
- Modifications or adjustments that enable qualified individuals with disabilities to enjoy equal benefits and privileges of employment.

5.11 **Reassignment:** Reassignment to a vacant position for which an employee is qualified is “last resort” form of reasonable accommodation. This type of accommodation must be provided to an employee, who, because of a disability can no longer perform the essential functions of the position they currently hold, with or without reasonable accommodation, unless the employer can show that it is an undue hardship.

5.12 **Substantially limiting:** In accordance with the ADAAA final regulations, the determination of whether an impairment substantially limits a major life activity requires an individualized assessment, and an impairment that is episodic or in remission may also meet the definition of disability if it would substantially limit a major life activity when active. Some examples of these types of impairments may include epilepsy, hypertension, asthma, diabetes, major depressive disorder, bipolar disorder and schizophrenia. An impairment, such as cancer that is in remission but that may possibly return in a substantially limiting form, is also considered a disability under EEOC final ADAAA regulations.

5.12 **Undue Hardship:** A specific reasonable accommodation that would require significant difficulty, disruption to the service or workforce or expense. It is determined on a case by cases basis considering factors that include the nature or cost of the accommodation requested and the impact of the accommodation on the operations of the department. A department is not required to provide accommodations that would impose an undue hardship on the operation of the department.

## 6. Policy:

6.1 Individuals who may request a reasonable accommodation include:

- Any qualified applicant with a disability who needs assistance with the job application procedure or the interview or selection process; or
- Any qualified County employee with a disability who needs a reasonable accommodation to perform the essential functions of the position; or
- A third party, such as a family member, healthcare professional or other representative, on behalf of the qualified applicant or employee with a disability, when the applicant or employee is unable to make the request for reasonable accommodation. When possible, the County must contact the applicant or employee to confirm that the accommodation is wanted. The

applicant or employee has the discretion to accept or reject the proposed accommodation.

- Individuals who are currently using illegal drugs are excluded from coverage under the County ADA policy.

6.2 The applicant or employee may make a reasonable accommodation request to any or all of the following:

- Immediate supervisor or manager in the employee's chain of command
- Controller's Office staff (Personnel or Payroll staff, as appropriate)
- Any County official with whom the applicant has contact during the application process, interview and/or selection process
- A designated ADA Coordinator

The request can be made at any time. A request is any communication in which an individual asks or states that he or she needs the County to provide or change something because of a medical condition. An initial request for an accommodation can be made in any manner (e.g. writing, electronically, in person or orally.) Oral requests must be documented in writing to ensure efficient processing of requests. A request form may be obtained in the Controller's Office.

In making the request, the requestor is responsible for requesting a reasonable accommodation or providing enough notice to the County that an accommodation is needed.

The individual requesting an accommodation does not have to use any special words and does not have to mention the ADA or use the phrase "reasonable accommodation" or "disability."

6.3 When a supervisor or department head observes or receives information indicating that an employee is having trouble performing the job due to a medical condition or disability, further inquiry may be required. They should consult with Personnel for direction on how to proceed. If the matter is related to a condition for which the employee is currently seeking or has previously been approved for disability leave or is relating to workers' compensation, they should contact Payroll.

6.4 Communication is key throughout the entire reasonable accommodation process. The interactive process is a collaborative process between the employee, applicant and/or member of the public and the County. This process is required when:

- The need for a reasonable accommodation is not obvious;
- The specific limitation, problem, or barrier is unclear;
- An effective reasonable accommodation is not obvious;
- The parties are considering different forms of reasonable accommodations;

- The medical condition changes or fluctuates; or
- There are questions about the reasonableness of the requested accommodation.

The interactive process should begin as soon as possible after a request for reasonable accommodation is made or the request for accommodation becomes known.

The process should include a fair exchange of relevant information and communication between the individual and the County. An individual may also request that a union representative or another support individual be present during the discussion.

6.5 Before approving or denying a request for accommodation, the County will:

- 1) Determine if the individual is a qualified individual with a disability;
- 2) Determine if the accommodation is needed to:
  - Enable a qualified applicant with a disability to be considered for the position the individual desires;
  - Enable a qualified employee with a disability to perform the essential functions of the position;
  - Enable a qualified employee with a disability to enjoy equal benefits or privileges of employment as similarly situated employees without disabilities;
- 3) Determine whether the requested accommodation is reasonable;
- 4) Determine whether there is a reasonable accommodation that will be effective for the requestor and the County;
- 5) Determine whether the reasonable accommodation will impose an undue hardship on the County's operations.

Accommodation will be determined on a case by case basis. A requestor's accommodation preference is always seriously considered, however, the County is not obligated to provide the requestor's accommodation of choice, so long as the County offers an effective accommodation or determines the accommodation would cause an undue hardship.

6.6 In some cases, the disability and need for accommodation will be reasonably evident or already known, for example, when the requestor is blind. In these cases, the County will not seek further medical documentation. If a requestor's disability

and/or need for reasonable accommodation are not obvious or known, the County may require medical documentation showing the requestor has a covered disability that requires accommodation. The County may request medical documentation in certain other circumstances. For example, when:

- The information submitted by the requestor is insufficient to document the disability or the need for the accommodation.
- A question exists as to whether an individual can perform the essential functions of the position, with or without reasonable accommodation.
- A question exists as to whether the individual will pose a direct threat to himself/herself or others.

Where medical documentation is necessary, the Controller's Office will make the request. The party making the request for accommodation will be asked to complete an Authorization for Release of Medical Records before the Controller's Office communicates with their medical provider. The individual may choose to not complete the Authorization, however if they do so, it is the individual's responsibility to ensure the County receives the requested medical information. The Employee's medical provider will also be provided an accommodation request assessment and medical inquiry form to assist with the provision of needed information.

Only medical documentation relating to the individual's request for accommodation and ability to perform the essential functions of the position will be requested. When medical documentation or information is requested, it must provide it in a timely manner, or the County may deny the reasonable accommodation request.

Medical information obtained in connection with the reasonable accommodation process shall be kept confidential. All medical information obtained in connection with such requests must be collected and maintain on separate forms and in separate files from non-medical personnel files and records.

The Controller's Office may disclose medical information shared in connection with the reasonable accommodation process to the following:

- Supervisors, Department Heads, or other Controller's Office staff, who have a need to know, may be told about the necessary work restrictions and about the accommodations necessary to perform the employee's duties. However, such information about the employee's medical condition should only be disclosed if strictly necessary, such as for safety reasons;



- First aid and safety personnel may be informed when appropriate, if the employee may require emergency medical treatment or assistance in an emergency evacuation;
- To consult with legal counsel about accommodation requests, denial of accommodation requests, or purchasing of specific assistance technology or other resources; or
- Government officials assigned to investigate compliance with the ADA.

When medical information is disclosed in accordance with the above, the recipients of the information must comply with all confidentiality requirements.

The fact that an individual is receiving an accommodation because of a disability is confidential and may only be shared with those individuals who have a need to know for purposes of implementing the accommodation such as the requestor's supervisor and the Controller's Office.

- 6.7 As soon as it is determined that a reasonable accommodation will be provided, the Controller's Office will process the request and provide the reasonable accommodation in as short a timeframe as possible. The timeframe necessary to process a request will depend on the nature of the accommodation requested, and whether it is necessary to obtain supporting documentation. If an approved accommodation cannot be provided within a reasonable time, the decision maker will inform the requestor of the status of the request before the end of 30 days. Where feasible, if there is a delay in providing the request, temporary measures will be taken to provide assistance.

Once approved, the reasonable accommodation should be documented for record keeping purposes and the records maintained by the Controller's Office.

- 6.8 The County may deny a request for reasonable accommodation where:
- The individual is not a qualified individual with a disability;
  - The reasonable accommodation results in undue hardship or the individual poses a direct threat to themselves or others. Undue hardship and direct threat are determined on a case-by-case basis with guidance from the Controller's Office.
  - Where no reasonable accommodation including reassignment to a vacant position, will enable the employee to perform all of the essential functions of the job.

The explanation for the denial must be provide to the requestor in writing. The explanation should clearly state the reason for the denial. When the specific request

for an accommodation has been denied, but another reasonable accommodation offered in its place, the letter should explain both the reason for denying the request and the reasons that the accommodation being offered will be effective.

- 6.9 An interactive process must occur prior to the County making a determination on undue hardship. Determination of undue hardship is made on a case-by-case basis. In determining whether granting a reasonable accommodation will cause undue hardship, the County considers factors such as the nature and cost of the accommodation in relation to the size and resources of the County and impact the accommodation will have on the operations of the County.
- 6.10 The determination that an individual poses a “direct threat” (i.e., a significant risk of substantial harm to the health and safety of the individual or others) which cannot be reduced or eliminated by a reasonable accommodation, must be based on an individual assessment of the individual’s present ability to safely perform the essential functions of their job with or without reasonable accommodation. A determination that the individual poses a direct threat cannot be based on fears, misconceptions, or stereotypes about the individual’s disability. Instead, the County must make a reasonable medical judgement relying on the most current medical knowledge and the best available objective evidence.

In determining whether an individual poses a direct threat, the factors to be considered include:

- Duration of the risk;
- Nature and severity of the potential harm;
- Likelihood that the potential harm will occur; and
- Imminence of the potential harm.

- 6.11 If the request for reasonable accommodation is denied, the requestor must also be informed of their ability to appeal the decision through the County’s appeal process. Appeals should be filed with the County Controller/CAO.

7. Administrative Procedures: None.

8. **CONTROLLER/CAO LEGAL COUNSEL REVIEW:** The Controller/CAO has determined that this Policy, as submitted to the Board of Commissioners, contains the necessary substance in order to carry out the purpose of the policy. The County Civil Counsel has determined that this Policy, as submitted, contains content that appears to be legal activities of the Saginaw County Board of Commissioners.

Approved as to Substance:

Approved as to Legal Content:

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**Saginaw County Controller/CAO**

**Saginaw County Civil Counsel**

Category: 300  
Number: 345

Subject: **WORKERS' COMPENSATION**

1. **PURPOSE:** It is the purpose of this policy to establish a uniform procedure and compensation scale in order to provide for the health and well-being of Saginaw County employees in the event that they are injured ~~hurt~~ while on duty and performing a service for the County.
2. **AUTHORITY:** The Saginaw County Board of Commissioners.
3. **APPLICATION:** The rules and regulations herein set forth apply to all employees paid by Saginaw County, pursuant to Policy # 301.
4. **RESPONSIBILITY:** The Controller/CAO shall be responsible for the implementation and administration of this policy.
5. **DEFINITIONS:** NONE
6. **POLICY:**
  - 6.1 **Policy.** In the event of a work related injury or illness, employees and subsequently supervisors must report injuries on the day of occurrence to the Payroll and Benefits Supervisor ~~Claims Manager~~ in the Controller's Office using the supervisor's Report of Injury Form. Death or serious injury must be reported by telephone and followed up with the supervisor's Report of Injury Form.
  - 6.2 **Monitoring of Absence.** During the time an employee is recuperating from an injury, the Controller's Office monitors progress of absence or return to work status. If the employee is released to return to active employment, the Payroll and Benefits Supervisor ~~claims manager~~ coordinates return to work restrictions (if any) with Department Head.
  - 6.3 **Pay Status.** An employee who is injured during the course of his/her employment shall be paid for all hours scheduled to work on the date of the injury and shall be paid for the days scheduled to work during the first seven (7) calendar days following the date of the injury not chargeable to any other benefit. The employee shall not receive more than 100% of his/her regular weekly wage as compensation for time off due to work related illness or injury. In the event the employee is overpaid in accordance with this provision he/she shall reimburse the County for the amount of overpayment.
  - 6.4 **Fringe Benefits.** Fringe benefit continuation is limited to one year maximum from date of injury.

6.5 Paid Time Off. Accrual of PTO hours while on Workers' Compensation or Disability Leave is limited to the first 90 days on leave.

6.6 Accommodations ~~Light Duty~~. All employees who may become unable to perform their essential function of the job ~~normal job description duties~~ due to medical restrictions associated with ~~either non-work related or~~ work-related injuries or illnesses may shall be ~~assessed for light duty~~ accommodated, if the County has work available consistent with the medical restrictions. Individuals who are accommodated, and shall comply with the requirements ~~of the Light Duty Job Program outlined~~ within this section. The goal ~~of the program~~ is to get the employee back to productive employment and normal duties as soon as medically possible. ~~Light duty jobs have been developed to enable the County of Saginaw to assign employees to work, which will accommodate their medical restrictions.~~

6.6.1 The County of Saginaw will assign other job duties ~~assign light duty jobs~~ after review of and consistent with medical assessment evidence of restrictions associated with the employee's injury. These other job duties ~~light duty jobs~~ may or may not:

6.6.1.1 be located in the department where the employee is normally assigned,

6.6.1.2 be within the bargaining unit where the employee is normally assigned,

6.6.1.3 consist of duties which the employee normally performs,

6.6.1.4 take place during shifts, which the employee normally works.

6.6.2 All employees assigned to other work duties ~~a light duty job~~ will report to that work site as directed, take directions as given by the job site supervisor and perform duties as instructed.

6.6.3 Individuals who do not normally work within a specific County Department or who are not members of a bargaining unit found within a specific Department may be assigned to fill other work duty ~~light duty~~ assignments within that Department. These other work duty ~~light duty~~ assignments are not permanent assignments or positions.

7. ADMINISTRATIVE PROCEDURES: NONE

8. CONTROLLER/CAO LEGAL COUNSEL REVIEW: The Controller/CAO has determined that this policy as submitted to the Board of Commissioners contains the necessary substance in order to carry out the purpose of the policy. The County Civil Counsel has determined that this policy as submitted contains content that appears to be legal activities of the Saginaw County Board of Commissioners.

Approved as to Substance:

Approved as to Legal Content:

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Saginaw County Controller/CAO

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Saginaw County Civil Counsel

ADOPTED: November 23, 1999; AMENDED: April 23, 2002; August 12, 2008

Category: 300  
Number: 361

Subject: **DISABILITY LEAVE**

1. **PURPOSE:** It is the purpose of this policy to establish a system of uniform and appropriate rules and regulations regarding employees who are unable to work due to non-work related reasons.
2. **AUTHORITY:** The Saginaw County Board of Commissioners.
3. **APPLICATION:** The rules and regulations herein set forth apply to all employees paid by Saginaw County, pursuant to Policy # 301.
4. **RESPONSIBILITY:** The Controller's Office shall be responsible for the implementation and administration of this policy.
5. **DEFINITIONS:** NONE
6. **POLICY:**

6.1 **Coverage.** A non-probationary regular full-time employee who is unable to work for reasons due to injury or illness of a non-work related nature is eligible to apply for disability leave (described in 6.2). Upon approval, the disability plan works in concert with the Paid Time Off process described in the Paid Time Off Policy (Policy # 341). The plan requires an unpaid 14 calendar day waiting period during the disability before the disability compensation program begins, however, the employee must use his/her Paid Time Off bank during the 14 calendar day period, if such PTO time is available. Prior to beginning a Disability Leave, an employee may choose to retain up to forty (40) PTO hours of banked time by opting for unpaid time once his/her PTO bank reaches forty (40) hours, (or the desired amount of banked time up to forty [40] hours), by indicating so on his/her disability application. If the disability continues beyond the 14 calendar days, the employee shall receive 60% of his/her pay up to one year or the employee's seniority, whichever is less. The employee may also choose to supplement disability pay with PTO, so long as total pay is no more than 100% of the employee's pay.

Disability leave may be allowed in cases of sickness or injury occurring during a Paid Time Off (vacation) period. Evidence of such incapacity from the first (1<sup>st</sup>) day must however be provided to the satisfaction of the employer.

If a subsequent disability occurs, solely resulting from the same illness or injury, the original fourteen day waiting period described above shall be considered the waiting period required for the subsequent disability except however, no more than one year of disability pay shall be paid for the same illness or injury.

PTO shall only accrue for the first ninety (90) days of the disability. All payroll deductions in effect prior to disability will be deducted from disability payments. The disability plan will also provide for health, optical and dental coverage to continue during the entire period of disability (up to one year) with the same employee co-pay or percentage of premium contribution. Basic life insurance coverage will also continue without cost during the disability. Voluntary additional coverage will be maintained based on continuous employee premium payments.

6.2 Eligibility. Under no circumstances will an employee be eligible for benefits described in Section 6.1 except by County approved medical disability. Requests are submitted and processed through the Controller's Office and for Court employees in coordination with ~~or~~ the designated court official(s). Benefits will not be paid unless the employee submits the attending physician's certificate of disability stating the nature of illness or injury and anticipated period of disability. In all cases of alleged disability, the County retains the right to verify said certificate(s) and may refer the employee to a physician of its choice whenever it deems necessary, which will be paid for by the County.

6.2.1 An eligible employee requesting disability leave who may also be eligible under the Family Medical Leave Act (FMLA) requirements shall have the time used counted towards the annual (FMLA) entitlement of twelve (12) total weeks (See Policy #364).

6.3 Final Determination. The Controller's Office will exclusively make the final determination to grant a disability claim and notification will be provided to the affected Department Head along with any work restrictions.

6.4 Termination. Disability payments shall terminate when the employee is able to return to regular work or restricted work if directed by medical authority and can be accommodated ~~approved~~ by the County or when the treating physician's statement of disability expires and an extension is not provided; ~~or~~ when the employee retires as a result of disability or normal service retirement; ~~or~~ upon layoff, death, discharge, or resignation or after twelve months pursuant to section 6.1 above. If disability benefits are exhausted and the employee cannot return to work, with or without reasonable accommodation, the employee's employment with the County of Saginaw shall be terminated. If an employee is terminated because of exhausting disability leave, all insurance and other employment benefits will also terminate.

6.5 Social Security Offset. Disability payment described herein shall be offset by any Social Security disability payment or insurance settlement relating to such disability (subject to language contained in a collective bargaining agreement) due or received by the employee. An employee determined to be disabled for an indefinite period shall be obligated to apply for benefits from the Social Security Administration and in such case any disability payments received



by the employee from the County for any period paid by Social Security shall be repaid by the employee to the County.

— **6.6 Returning to Work. The employer will ensure that employees are able to return to the workplace as quickly and safely as possible. All employees will be evaluated for possible accommodations in accordance with the County's Americans' with Disabilities Act Policy. Light Duty. All employees are subject to the Light Duty rules contained in Section 6.6 of the Worker's Compensation Policy, Policy # 345.**

7. ADMINISTRATIVE PROCEDURES: NONE
8. CONTROLLER/CAO LEGAL COUNSEL REVIEW: The Controller/CAO has determined that this policy as submitted to the Board of Commissioners contains the necessary substance in order to carry out the purpose of the policy. The County Civil Counsel has determined that this policy as submitted contains content that appears to be legal activities of the Saginaw County Board of Commissioners.

Approved as to Substance:

Approved as to Legal Content:

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Saginaw County Controller/CAO

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Saginaw County Civil Counsel

ADOPTED: November 23, 1999

AMENDED: April 23, 2002; August 12, 2008



**WILLIAM L. FEDERSPIEL**  
*Sheriff*  
**COURTS & PUBLIC SAFETY**  
**VIGUEL GOMEZ**  
*Undersheriff*

RECEIVE & FILE

9-22-4

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2020 AUG 31 PM 5:01

September 1, 2020

Saginaw County Board of Commissioners  
111 S. Michigan Avenue  
Saginaw, MI 48602

Dear Chair Kilpatrick:

This letter is to request a waiver of the hiring freeze to hire 2 deputy positions currently in the Law Enforcement division and 2 corrections positions.

Sincerely

William L. Federspiel  
Saginaw County Sheriff

Cc: Suzy Koeplinger



# COUNTY OF SAGINAW

OFFICE OF COUNTY CONTROLLER

111 SOUTH MICHIGAN AVENUE  
SAGINAW, MICHIGAN 48602

## LABOR RELATIONS

**ROBERT V. BELLEMAN**

Controller/Chief Administrative Officer  
rbelleman@saginawcounty.com

September 9, 2020

Michael A. Webster, Chairman  
Board of Commissioners  
County of Saginaw  
111 S. Michigan Avenue  
Saginaw MI 48602

9-22-27

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2020 SEP -9 AM 11:05

**RE: REQUEST TO CONTINUE HIRING FREEZE FOR FISCAL YEAR 2021**

Dear Chairman Webster:

I am requesting the Labor Relations Committee recommend to the Board of Commissioners the continuation of the County-wide Hiring Freeze. Saginaw County continues to experience financial challenges with expenditures outpacing revenues, with unfunded liabilities associated with MERS Defined Benefit Plan and Other Post Employment Benefit (OPEB) (i.e. retiree healthcare), and with the additional financial constraints due to COVID-19. The Fiscal Year 2021 General Fund budget currently anticipates the use of approximately \$1.2 million in fund balance to cover expected revenue shortfalls associated with the financial impacts of COVID-19. General Fund departments were asked to reduce their budgets by 4.21 percent to minimize the use of fund balance in Fiscal Year 2021. The Board of Commissioners still have received request for additional funding resources for programs and services, which were unable to be accommodated.

The County has had a Hiring Freeze in place for several years. The Hiring Freeze results in financial savings to all funds by delaying the hiring process and requiring Elected Officials and Department Heads to justify to the Board of Commissioners why they need to fill the vacant position.

To that end, I respectfully request the Labor Relations Committee recommend to the Board of Commissioners institution of a hiring freeze October 1, 2020 through September 30, 2021 by approving the following suggested language:

**"The Board of Commissioners hereby finds justification to control its annual appropriations by instituting a hiring freeze effective October 1, 2020 through September 30, 2021 on all departments, except the Courts. The Courts are exempt from the hiring freeze pursuant to an MOU dated September 4, 2019. Once an authorized position becomes available in any department, said department shall**

**leave the position vacant if an external hire is desired or required to fill said vacancy. The department is encouraged to reorganize its personnel compliment resulting in fewer overall fulltime county employees. In the alternative, the department may submit a formal business case request to Labor Relations Committee for the Board of Commissioners' consideration of a waiver of said hiring freeze. Said vacant position shall not be filled by an external candidate except by specific Board of Commissioners authorization. The hiring freeze shall not apply to the statutorily required positions identified in Exhibit A."**

Elected and Appointed Department Heads are to submit in writing requests to waive the hiring freeze. The request should include enough information for members of the Labor Relations Committee and the Board of Commissioners to validate the need to fill said vacant position. The business case should indicate clear and concise rationale for the position; options considered either to consolidate within the department or with another department, to modify the current position status to either a part time/seasonal position or to eliminate the position altogether and the operational impact these options would have on the department if pursued. The request should also include a brief overview of the services provided by the position and whether those services are affected by seasonal demands. There are many occasions this requirement to make a business case for the waiver of the hiring freeze is neither provided nor made.

I will be attending the September 14, 2020 Labor Relations Committee meeting to address this request and answer any questions you or other members of the Committee may have.

Sincerely,



Robert V. Belleman  
Controller/CAO

C: Dave Gilbert, Civil Counsel  
Jennifer Broadfoot, Personnel Director

**County of Saginaw  
Hiring Freeze Policy  
October 1, 2020 through September 30, 2021**

“The Board of Commissioners hereby finds justification to control its annual appropriations by instituting a hiring freeze effective October 1, 2020 through September 30, 2021 on all departments, except the Courts. The Courts are exempt from the hiring freeze pursuant to an MOU dated September 4, 2019. Once an authorized position becomes available in any department, said department shall leave the position vacant if an external hire is desired or required to fill said vacancy. The department is encouraged to reorganize its personnel compliment resulting in fewer overall fulltime county employees. In the alternative, the department may submit a formal business case request to Labor Relations Committee for the Board of Commissioners’ consideration of a waiver of said hiring freeze. Said vacant position shall not be filled by an external candidate except by specific Board of Commissioners authorization. The hiring freeze shall not apply to the statutorily required positions identified in Exhibit A.”

**Exhibit "A"**  
**Mandated Statutory Appointments**  
 (Revised 9/10/18)

<b>Circuit Court</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Law Librarian/Deputy County Clerk	Appointed/Exempt	MCL 600.4851(3)

<b>Family Division</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Attorney-Referee	Appointed/Exempt	MCL 400.251; MCR 3.913
Cty Juvenile Officer/Referee Atty	Appointed/Exempt	MCL 400.251
Assistant County Juvenile Officer	Appointed/Exempt	MCL 400.251
Circuit Court Family Division Court Recorder	Appointed/Exempt	MCL 600.835

<b>Probate Court</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Probate Court Reporter	Appointed/Exempt	MCL 600.835 (1)

<b>Friend of The Court</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Friend of The Court	Appointed/Exempt	MCL 552.523; MCL 552.503

<b>District Court</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Magistrate	Appointed/Exempt	MCL 600.8501
Bailiff	Appointed/Exempt	MCL 600.8322
Recorder/Secretary	Appointed/Exempt	MCL 600.8602(1)
Court Clerk/CEO	Appointed/Exempt	MCL 600.8602(1)

<b>Sheriff</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Undersheriff	Appointed/Exempt	MCL 51.71

<b>Treasurer</b>		
<b>Position</b>	<b>By Contract</b>	<b>Citation</b>
Chief Deputy Treasurer/Accounting	Appointed/Exempt	MCL 48.37
Deputy Treasurer/Tax Foreclosure Mgr/Financial Analyst	Appointed/Exempt	MCL 48.37

<b>Clerk</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Chief Deputy Clerk	Appointed/Exempt	MCL 50.63
Deputy Clerk	Appointed/Exempt	MCL 50.63
<b>Register of Deeds</b>		
<b>Position</b>	<b>Status</b>	<b>Citation</b>
Deputy Register of Deeds	Appointed/Exempt	MCL 53.91

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, October 12, 2020 at 4:00 p.m.**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform.  
As the County Building is closed to the public, the meeting is open remotely  
to the public to follow along and participate during the public portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.

**Topic:** See Agenda below

**Date/Time:** October 12, 2020 04:00 PM EST

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: 802 444 1727

**INSTRUCTIONS using ZOOM audio conferencing:**

Dial: 1 (877) 853-5257 or 1 (888) 475-4499 US Toll-free and enter Meeting ID: 802 444 1727

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Jennifer Broadfoot, Personnel Director, re:**
    - **10-20-18** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of September 2020 (*Receive & File*)
  2. **William Federspiel, Sheriff, re:**
    - **10-20-13** Requesting waiver of the hiring freeze to fill two (2) Jail Security positions that were created in the new budget cycle and one (1) Jail Security position created due to a termination, for a total of three (3) positions
  3. **Michael Hanley, County Clerk, re:**
    - **10-20-17** Requesting waiver of the hiring freeze to fill three (3) vacant or soon to become vacant positions of Legal Specialist I in the Circuit Court Records Office
  4. **Amy Deford, Retirement Administrator, re:**
    - **10-20-19** Submitting for approval amendment of its Defined Contribution Plan to permit loans in accordance with MERS guidelines and applicable IRS regulations
- V. Miscellaneous
- VI. Adjournment



**AGENDA**  
**Special Meeting**  
**LABOR RELATIONS COMMITTEE**  
**Tuesday, October 20, 2020 at 4:00 p.m.**  
**303 Johnson St., Saginaw, MI 48607**

Members: Kirk Kilpatrick-Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News, WSGW*

**The Labor Relations Committee meeting will be held at  
TheDow Event Center – Red Room, 303 Johnson St., Saginaw, MI 48607**

**The meeting is open to the public to participate during the public comment portion of the meeting. To mitigate the spread of the COVID-19 pandemic, protect the public health, and provide essential protections to Saginaw County residents, the Saginaw County Board of Commissioners will conduct entrance screening on all individuals prior to entry into the Red Room and masks are required. Entrance screening will begin at 3:30 p.m. and consist of a temperature check and answering health questions. Masks, gloves and hand sanitizer will be provided. No food or drink will be provided, although you may bring your own. 6' Social Distancing and use of masks will be strictly enforced.**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  - **10-20-22 UNION/MGMT BENEFIT COMMITTEE**, re: Submitting HAP/ASR plan recommendations  
(*To be distributed – The committee will meet Mon., October 19, 2020 at 8:00 a.m.*)
- V. Miscellaneous
- VI. Adjournment

# AGENDA

## LABOR RELATIONS COMMITTEE

111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602

**Monday, November 9, 2020 at 4:00 p.m.**

**VIA TELECONFERENCE PER**

**PA 228 of 2020**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform.  
As the County Building is closed to the public, the meeting is open remotely  
to the public to follow along and participate during the public portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.

Topic: [See Agenda below](#)

Date/Time: **November 9, 2020 04:00 PM EST**

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: **802 444 1727**

**INSTRUCTIONS using ZOOM audio conferencing:**

Dial: **1 (877) 853-5257 or 1 (888) 475-4499 US Toll-free and enter Meeting ID: 802 444 1727**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Jennifer Broadfoot, Personnel Director, re:**
    - **11-17-12** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of October 2020 (*Receive & File*)
  2. **Amy Deford, Retirement Administrator, re:**
    - **11-17-10** Requesting approval of Defined Benefit and Defined Contribution Plan Adoption Agreement Addendums that expand on the definition of Service Credit Qualification
  3. **Linda James, 70<sup>th</sup> District Court Administrator, re:**
    - **11-17-11** Requesting a temporary Personnel Control Number (PCN) in order to train a replacement for the Attorney-Magistrate who is due to retire January 4, 2021
  4. **Mary McLaughlin, Community Corrections Manager, re:**
    - **11-17-13** Requesting waiver of the hiring freeze to fill the position of Pretrial Screener
  5. **Christina Harrington, Health Officer, re:**
    - **11-17-15** Requesting creation of a Personnel Control Number (PCN) (0.5 FTE) to the Laboratory Budget (221-60110) and waiver of the hiring freeze to fill the new position of Lab Technologist to assist with additional testing capacity

11-6-20/sek/cll

6. **Kristina Rubis, Personnel Specialist, re:**

- **11-17-16** Forwarding for discussion employee survey results regarding school-age children and how they are attending school
- **11-17-17** Forwarding elected official/department head survey results regarding employees who are working remotely

7. **Bonnie Kanicki, Animal Care & Control Director, re:**

- **11-17-18** Requesting waiver of the hiring freeze to fill the position of Kennel Technician (PT)

V. Miscellaneous

VI. Adjournment

**AMENDED AGENDA**  
**LABOR RELATIONS COMMITTEE**  
111 S. Michigan Ave., Rm. 200, Saginaw, MI 48602  
**Monday, November 9, 2020 at 4:00 p.m.**  
**VIA TELECONFERENCE PER**  
**PA 228 of 2020**

Members: Kirk Kilpatrick - Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *Media*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform.  
As the County Building is closed to the public, the meeting is open remotely  
to the public to follow along and participate during the public portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.

Topic: [See Agenda below](#)

Date/Time: **November 9, 2020 04:00 PM EST**

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: **802 444 1727**

**INSTRUCTIONS using ZOOM audio conferencing:**

Dial: **1 (877) 853-5257** or **1 (888) 475-4499** US Toll-free and enter Meeting ID: **802 444 1727**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Jennifer Broadfoot, Personnel Director, re:**
    - **11-17-12** Employment Status Report, Exit Interviews, Employee Groups, and Retiree Employment Contracts covering the month of October 2020 (*Receive & File*)
    - **11-17-20** Requesting waiver of the hiring freeze to fill the position of Personnel Specialist
  2. **Amy Deford, Retirement Administrator, re:**
    - **11-17-10** Requesting approval of Defined Benefit and Defined Contribution Plan Adoption Agreement Addendums that expand on the definition of Service Credit Qualification
  3. **Linda James, 70<sup>th</sup> District Court Administrator, re:**
    - **11-17-11** Requesting a temporary Personnel Control Number (PCN) in order to train a replacement for the Attorney-Magistrate who is due to retire January 4, 2021
  4. **Mary McLaughlin, Community Corrections Manager, re:**
    - **11-17-13** Requesting waiver of the hiring freeze to fill the position of Pretrial Screener

5. **Christina Harrington, Health Officer, re:**

- **11-17-15** Requesting creation of a Personnel Control Number (PCN) (0.5 FTE) to the Laboratory Budget (221-60110) and waiver of the hiring freeze to fill the new position of Lab Technologist to assist with additional testing capacity

6. **Kristina Rubis, Personnel Specialist, re:**

- **11-17-16** Forwarding for discussion employee survey results regarding school-age children and how they are attending school
- **11-17-17** Forwarding elected official/department head survey results regarding employees who are working remotely

7. **Bonnie Kanicki, Animal Care & Control Director, re:**

- **11-17-18** Requesting waiver of the hiring freeze to fill the position of Kennel Technician (PT)

V. Miscellaneous

VI. Adjournment

**AGENDA**  
**Special Meeting**  
**LABOR RELATIONS COMMITTEE**  
**Tuesday, November 17, 2020 at 4:00 p.m.**  
**TheDow Event Center – Atrium/Garden Room**  
**303 Johnson St., Saginaw, MI 48607**

Members: Kirk Kilpatrick-Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News, WSGW*

**The Labor Relations Committee meeting will be held at  
TheDow Event Center – Atrium/Garden Room, 303 Johnson St., Saginaw, MI 48607**

**The meeting is open to the public to participate during the public comment portion of the meeting. To mitigate the spread of the COVID-19 pandemic, protect the public health, and provide essential protections to Saginaw County residents, the Saginaw County Board of Commissioners will conduct entrance screening on all individuals prior to entry into TheDow and masks are required. Entrance screening will begin at 3:30 p.m. and consist of a temperature check and answering health questions. Masks, gloves and hand sanitizer will be provided. No food or drink will be provided, although you may bring your own. 6' Social Distancing and use of masks will be strictly enforced.**

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda

1. **Amy Deford, Retirement Administrator**, re:

- **11-17-22** Submitting for approval MERS Defined Benefit and Defined Contribution Plan Adoption Agreement Addendums that expand on the definition of Service Credit Qualifications  
(*Amended after Labor Relations Committee met November 9, 2020*)

2. **Closed Session**, re:

- Pursuant to MCL 15.268(c) of the Open Meetings Act, the committee will convene a Closed Session to discuss strategy connected with the negotiation of collective bargaining agreements (*All Commissioners Invited*)

- V. Miscellaneous
- VI. Adjournment



COUNTY OF SAGINAW  
OFFICE OF COUNTY CONTROLLER

LABOR  
RELATIONS

111 SOUTH MICHIGAN AVENUE  
SAGINAW, MICHIGAN 48602

November 13, 2020

ROBERT V. BELLEMAN  
Controller/Chief Administrative Officer  
rbelleman@saginawcounty.com

Michael Webster, Chair  
Saginaw County Board of Commissioners  
111 S. Michigan  
Saginaw, MI 48602

11-17-22

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS  
2020 NOV 13 AM 11:44

Re: MERS Defined Benefit and Defined Contribution 401 Plan Adoption Agreement Addendums

Dear Chairman Webster:

Based on feedback from municipalities that have MERS (Municipal Employees Retirement System) retirement plans, there were common errors and issues regarding information that was being reported to MERS each month. MERS took a comprehensive look at plan provisions and processes through a review of industry best practices and trends. Using this research, MERS developed the revised policies and procedures for all plans.

To be consistent with all MERS municipalities, MERS is providing a structured form to better define how we calculate service credit. The change being made from our original Defined Benefit and Defined Contribution Adoption Agreements are to expand on the definition of Service Credit Qualification. The original agreement states service credit is given if an employee works a minimum of ten (10) eight (8) hour days in a month. Effective January 1, 2021, the day of work definition will not apply and will be replaced with specific hours required to work in a calendar month.

The amended language would be all full-time employees working 80 hours per calendar month and permanent part-time employees working 40 hours per calendar month would receive service credit.

I am submitting the Defined Benefit and Defined Contribution Plan Adoption Agreement Addendums to Labor Relations Committee for their approval.

If you should have questions, please feel free to contact me at 790-5577. I will be available at the next Labor Relations Committee meeting answer any questions you may have.

Sincerely,

Amy J. Deford  
Retirement Administrator

Enc.

c: Robert V. Belleman, Controller/CAO  
Jennifer Broadfoot, Personnel Director  
Dave Gilbert, Gilbert & Smith PC, Labor Relations Specialist

## Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

II. Employer name Saginaw Co

Municipality number 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

Division number 73030119

Division name on file with MERS Dist Judges

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

District Judges hired before 1/1/1999.

Employee classification contains **public safety employees:**  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).



## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030119

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than _____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than _____ per _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from _____ to _____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.

The probationary period will be \_\_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030119

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working)

80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
<b>Short- and Long-Term Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Compensation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Unpaid Family Medical Leave Act (FMLA)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other:</b> _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other 2:</b> _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the Federal *Uniformed Services Employment and Reemployment Rights Act* of 1994 (USERRA), IRC 414(u), effective January 1, 2007, IRC 401(a)(37).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030119

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="checkbox"/> Base Wages	<input type="checkbox"/> Box 1 Wages	<input type="checkbox"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030119

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

**Regular Wages**

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Salary or hourly wage X hours  | <input type="checkbox"/> On-call pay  |
| <input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) | <input type="checkbox"/> Other: _____ |

**Other Wages** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Shift differentials | <input type="checkbox"/> Severance issued over time (weekly/bi-weekly) |
| <input type="checkbox"/> Overtime            | <input type="checkbox"/> Other: _____                                  |

**Lump Sum Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> PTO cash-out       | <input type="checkbox"/> Educational degrees               |
| <input type="checkbox"/> Longevity          | <input type="checkbox"/> Moving expenses                   |
| <input type="checkbox"/> Bonuses            | <input type="checkbox"/> Sick payouts                      |
| <input type="checkbox"/> Merit pay          | <input type="checkbox"/> Severance (if issued as lump sum) |
| <input type="checkbox"/> Job certifications | <input type="checkbox"/> Other: _____                      |

**Taxable Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) | <input type="checkbox"/> Car allowance |
| <input type="checkbox"/> Prizes, gift cards   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Personal use of a company car  |  |

**Reimbursement of Nontaxable Expenses** (as defined by the IRS) apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Gun, tools, equipment, uniform | <input type="checkbox"/> Mileage reimbursement  |
| <input type="checkbox"/> Phone                          | <input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement) |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Other: _____   |

### Types of Deferrals

**Elective Deferrals of Employee Premiums/Contributions** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> 457 employee and employer contributions | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs       | <input type="checkbox"/> Other: _____      |

### Types of Benefits

**Nontaxable Fringe Benefits of Employees** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Health plan, dental, vision benefits    | <input type="checkbox"/> Group term or whole life insurance < \$50,000 |
| <input type="checkbox"/> Workers compensation premiums           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Short- or Long-term disability premiums |  |

**Mandatory Contributions** apply: YES  NO

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Defined Benefit employee contributions                  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MERS Health Care Savings Program employee contributions |                                       |

**Taxable Fringe Benefits** apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing reimbursement                         | <input type="checkbox"/> Group term life insurance > \$50,000 |
| <input type="checkbox"/> Stipends for health insurance opt out payments | <input type="checkbox"/> Other: _____                         |

**Other Benefits / Lump Sum Payments** apply: YES  NO

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Workers compensation settlement payments | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

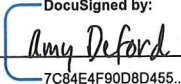
DIV: 73030119

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

**Authorized Signature:**  \_\_\_\_\_  
7C84E4F90D8D455...

**Printed Name:** Amy Deford \_\_\_\_\_

**Title:** Retirement Administrator \_\_\_\_\_

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

## Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

---

II. Employer name Saginaw Co

Municipality number 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

Division number 73030101

Division name on file with MERS General

---

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

All full-time and permanent part-time employees hired before 1/1/2000

---

Employee classification contains **public safety employees**:  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030101

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than ____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than ____ per ____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from ____ to ____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DS  
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NW

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.  
The probationary period will be \_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030101

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working)

80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
<b>Short- and Long-Term Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Compensation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Unpaid Family Medical Leave Act (FMLA)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other:</b> _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other 2:</b> _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the Federal *Uniformed Services Employment and Reemployment Rights Act* of 1994 (USERRA), IRC 414(u), effective January 1, 2007, IRC 401(a)(37).



## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030101

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="radio"/> Base Wages	<input type="radio"/> Box 1 Wages	<input type="radio"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030101

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

**Regular Wages**

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Salary or hourly wage X hours  | <input type="checkbox"/> On-call pay  |
| <input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) | <input type="checkbox"/> Other: _____ |

**Other Wages** apply: YES  NO

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Shift differentials | <input type="checkbox"/> Severance issued over time (weekly/bi-weekly) |
| <input checked="" type="checkbox"/> Overtime            | <input type="checkbox"/> Other: _____                                  |

**Lump Sum Payments** apply: YES  NO

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> PTO cash-out | <input type="checkbox"/> Educational degrees               |
| <input checked="" type="checkbox"/> Longevity    | <input type="checkbox"/> Moving expenses                   |
| <input type="checkbox"/> Bonuses                 | <input type="checkbox"/> Sick payouts                      |
| <input type="checkbox"/> Merit pay               | <input type="checkbox"/> Severance (if issued as lump sum) |
| <input type="checkbox"/> Job certifications      | <input type="checkbox"/> Other: _____                      |

**Taxable Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) | <input type="checkbox"/> Car allowance |
| <input type="checkbox"/> Prizes, gift cards   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Personal use of a company car  |  |

**Reimbursement of Nontaxable Expenses** (as defined by the IRS) apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Gun, tools, equipment, uniform | <input type="checkbox"/> Mileage reimbursement  |
| <input type="checkbox"/> Phone                          | <input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement) |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Other: _____   |

### Types of Deferrals

**Elective Deferrals of Employee Premiums/Contributions** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> 457 employee and employer contributions | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs       | <input type="checkbox"/> Other: _____      |

### Types of Benefits

**Nontaxable Fringe Benefits of Employees** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Health plan, dental, vision benefits    | <input type="checkbox"/> Group term or whole life insurance < \$50,000 |
| <input type="checkbox"/> Workers compensation premiums           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Short- or Long-term disability premiums |  |

**Mandatory Contributions** apply: YES  NO

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Defined Benefit employee contributions                  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MERS Health Care Savings Program employee contributions |                                       |

**Taxable Fringe Benefits** apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing reimbursement                         | <input type="checkbox"/> Group term life insurance > \$50,000 |
| <input type="checkbox"/> Stipends for health insurance opt out payments | <input type="checkbox"/> Other: _____                         |

**Other Benefits / Lump Sum Payments** apply: YES  NO

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Workers compensation settlement payments | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

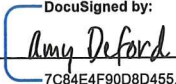
DIV: 73030101

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

**Authorized Signature:**  \_\_\_\_\_  
7C84E4F90D8D455...

**Printed Name:** Amy Deford \_\_\_\_\_

**Title:** Retirement Administrator \_\_\_\_\_

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

# Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711 [www.mersofmich.com](http://www.mersofmich.com)

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

**II. Employer name** Saginaw Co

**Municipality number** 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit. Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

**Division number** 73030109

**Division name on file with MERS** UAW Managers

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

All full-time employees hired before 3/1/1998

Employee classification contains **public safety employees:**  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030109

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than ____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than ____ per ____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from ____ to ____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.

The probationary period will be \_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030109

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working) 80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
<b>Short- and Long-Term Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Compensation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Unpaid Family Medical Leave Act (FMLA)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other:</b> _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other 2:</b> _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the *Federal Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)*, IRC 414(u), effective January 1, 2007, IRC 401(a)(37).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030109

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="checkbox"/> Base Wages	<input type="checkbox"/> Box 1 Wages	<input type="checkbox"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030109

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

<b>Regular Wages</b>	
<input checked="" type="checkbox"/> Salary or hourly wage X hours	<input type="checkbox"/> On-call pay
<input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified)	<input type="checkbox"/> Other: _____
<b>Other Wages</b> apply: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Shift differentials	<input type="checkbox"/> Severance issued over time (weekly/bi-weekly)
<input checked="" type="checkbox"/> Overtime	<input type="checkbox"/> Other: _____
<b>Lump Sum Payments</b> apply: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> PTO cash-out	<input type="checkbox"/> Educational degrees
<input checked="" type="checkbox"/> Longevity	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> Bonuses	<input type="checkbox"/> Sick payouts
<input type="checkbox"/> Merit pay	<input type="checkbox"/> Severance (if issued as lump sum)
<input type="checkbox"/> Job certifications	<input type="checkbox"/> Other: _____
<b>Taxable Payments</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement)	<input type="checkbox"/> Car allowance
<input type="checkbox"/> Prizes, gift cards	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Personal use of a company car	
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Gun, tools, equipment, uniform	<input type="checkbox"/> Mileage reimbursement
<input type="checkbox"/> Phone	<input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement)
<input type="checkbox"/> Fitness	<input type="checkbox"/> Other: _____
<b>Types of Deferrals</b>	
<b>Elective Deferrals of Employee Premiums/Contributions</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> 457 employee and employer contributions	<input type="checkbox"/> IRA contributions
<input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs	<input type="checkbox"/> Other: _____
<b>Types of Benefits</b>	
<b>Nontaxable Fringe Benefits of Employees</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Health plan, dental, vision benefits	<input type="checkbox"/> Group term or whole life insurance < \$50,000
<input type="checkbox"/> Workers compensation premiums	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Short- or Long-term disability premiums	
<b>Mandatory Contributions</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Defined Benefit employee contributions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MERS Health Care Savings Program employee contributions	
<b>Taxable Fringe Benefits</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Clothing reimbursement	<input type="checkbox"/> Group term life insurance > \$50,000
<input type="checkbox"/> Stipends for health insurance opt out payments	<input type="checkbox"/> Other: _____
<b>Other Benefits / Lump Sum Payments</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Workers compensation settlement payments	<input type="checkbox"/> Other: _____



## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

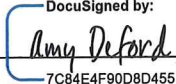
DIV: 73030109

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

**Authorized Signature:**  \_\_\_\_\_  
DocuSigned by:  
7C84E4F90D8D455...

**Printed Name:** Amy Deford

**Title:** Retirement Administrator

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

## Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

---

**II. Employer name** Saginaw Co

**Municipality number** 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

**Division number** 73030110

**Division name on file with MERS** UAWProfessional

---

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

All full-time employees hired before 3/1/1998

---

Employee classification contains **public safety employees:**  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030110

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than _____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than _____ per _____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from _____ to _____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.

The probationary period will be \_\_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030110

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working)

80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
<b>Short- and Long-Term Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Compensation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Unpaid Family Medical Leave Act (FMLA)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other:</b> _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other 2:</b> _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the Federal *Uniformed Services Employment and Reemployment Rights Act* of 1994 (USERRA), IRC 414(u), effective January 1, 2007, IRC 401(a)(37).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030110

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="radio"/> Base Wages	<input type="radio"/> Box 1 Wages	<input type="radio"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030110

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

**Regular Wages**

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Salary or hourly wage X hours  | <input type="checkbox"/> On-call pay  |
| <input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) | <input type="checkbox"/> Other: _____ |

**Other Wages** apply: YES  NO

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Shift differentials | <input type="checkbox"/> Severance issued over time (weekly/bi-weekly) |
| <input checked="" type="checkbox"/> Overtime            | <input type="checkbox"/> Other: _____                                  |

**Lump Sum Payments** apply: YES  NO

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> PTO cash-out | <input type="checkbox"/> Educational degrees               |
| <input checked="" type="checkbox"/> Longevity    | <input type="checkbox"/> Moving expenses                   |
| <input type="checkbox"/> Bonuses                 | <input type="checkbox"/> Sick payouts                      |
| <input type="checkbox"/> Merit pay               | <input type="checkbox"/> Severance (if issued as lump sum) |
| <input type="checkbox"/> Job certifications      | <input type="checkbox"/> Other: _____                      |

**Taxable Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) | <input type="checkbox"/> Car allowance |
| <input type="checkbox"/> Prizes, gift cards   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Personal use of a company car  |  |

**Reimbursement of Nontaxable Expenses** (as defined by the IRS) apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Gun, tools, equipment, uniform | <input type="checkbox"/> Mileage reimbursement  |
| <input type="checkbox"/> Phone                          | <input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement) |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Other: _____   |

### Types of Deferrals

**Elective Deferrals of Employee Premiums/Contributions** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> 457 employee and employer contributions | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs       | <input type="checkbox"/> Other: _____      |

### Types of Benefits

**Nontaxable Fringe Benefits of Employees** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Health plan, dental, vision benefits    | <input type="checkbox"/> Group term or whole life insurance < \$50,000 |
| <input type="checkbox"/> Workers compensation premiums           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Short- or Long-term disability premiums |  |

**Mandatory Contributions** apply: YES  NO

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Defined Benefit employee contributions                  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MERS Health Care Savings Program employee contributions |                                       |

**Taxable Fringe Benefits** apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing reimbursement                         | <input type="checkbox"/> Group term life insurance > \$50,000 |
| <input type="checkbox"/> Stipends for health insurance opt out payments | <input type="checkbox"/> Other: _____                         |

**Other Benefits / Lump Sum Payments** apply: YES  NO

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Workers compensation settlement payments | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co


DIV: 73030110

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

Authorized Signature:  \_\_\_\_\_  
7C84E4F90D8D455...

Printed Name: Amy Deford \_\_\_\_\_

Title: Retirement Administrator \_\_\_\_\_

Date: November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

## Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

II. Employer name Saginaw Co

Municipality number 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

Division number 73030111

Division name on file with MERS Gnr1 Loca1486

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

All full-time employees hired before 9/30/2000

Employee classification contains **public safety employees:**  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).



## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030111

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than ____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than ____ per ____.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from ____ to ____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.

The probationary period will be \_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030111

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working)

80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
<b>Short- and Long-Term Disability</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Workers' Compensation</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Unpaid Family Medical Leave Act (FMLA)</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other:</b> _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Other 2:</b> _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the Federal *Uniformed Services Employment and Reemployment Rights Act* of 1994 (USERRA), IRC 414(u), effective January 1, 2007, IRC 401(a)(37).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030111

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="radio"/> Base Wages	<input type="radio"/> Box 1 Wages	<input type="radio"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030111

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

**Regular Wages**

- |  |                                       |
|--|---------------------------------------|
| <input checked="" type="checkbox"/> Salary or hourly wage X hours  | <input type="checkbox"/> On-call pay  |
| <input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) | <input type="checkbox"/> Other: _____ |

**Other Wages** apply: YES  NO

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Shift differentials | <input type="checkbox"/> Severance issued over time (weekly/bi-weekly) |
| <input checked="" type="checkbox"/> Overtime            | <input type="checkbox"/> Other: _____                                  |

**Lump Sum Payments** apply: YES  NO

- |  |  |
|--|--|
| <input checked="" type="checkbox"/> PTO cash-out | <input type="checkbox"/> Educational degrees               |
| <input checked="" type="checkbox"/> Longevity    | <input type="checkbox"/> Moving expenses                   |
| <input type="checkbox"/> Bonuses                 | <input type="checkbox"/> Sick payouts                      |
| <input type="checkbox"/> Merit pay               | <input type="checkbox"/> Severance (if issued as lump sum) |
| <input type="checkbox"/> Job certifications      | <input type="checkbox"/> Other: _____                      |

**Taxable Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) | <input type="checkbox"/> Car allowance |
| <input type="checkbox"/> Prizes, gift cards   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Personal use of a company car  |  |

**Reimbursement of Nontaxable Expenses** (as defined by the IRS) apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Gun, tools, equipment, uniform | <input type="checkbox"/> Mileage reimbursement  |
| <input type="checkbox"/> Phone                          | <input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement) |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Other: _____   |

### Types of Deferrals

**Elective Deferrals of Employee Premiums/Contributions** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> 457 employee and employer contributions | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs       | <input type="checkbox"/> Other: _____      |

### Types of Benefits

**Nontaxable Fringe Benefits of Employees** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Health plan, dental, vision benefits    | <input type="checkbox"/> Group term or whole life insurance < \$50,000 |
| <input type="checkbox"/> Workers compensation premiums           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Short- or Long-term disability premiums |  |

**Mandatory Contributions** apply: YES  NO

- |  |                                       |
|--|---------------------------------------|
| <input type="checkbox"/> Defined Benefit employee contributions                  | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> MERS Health Care Savings Program employee contributions |                                       |

**Taxable Fringe Benefits** apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing reimbursement                         | <input type="checkbox"/> Group term life insurance > \$50,000 |
| <input type="checkbox"/> Stipends for health insurance opt out payments | <input type="checkbox"/> Other: _____                         |

**Other Benefits / Lump Sum Payments** apply: YES  NO

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Workers compensation settlement payments | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

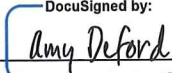
DIV: 73030111

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

**Authorized Signature:**  \_\_\_\_\_  
7C84E4F90D8D455...

**Printed Name:** Amy Deford \_\_\_\_\_

**Title:** Retirement Administrator \_\_\_\_\_

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

## Defined Benefit Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Benefit (DB) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

---

II. Employer name Saginaw Co

Municipality number 730301

This is an amendment of the existing Adoption Agreement for the MERS Defined Benefit.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

Division number 73030115

Division name on file with MERS Hlth Dept

---

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Benefit. If an employee classification is **included** in the plan, then employees that meet this definition will receive service credit if they work the required number of hours to meet the service credit qualification defined below. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS. For example, if Division is "General," please insert specific classifications that are eligible for MERS such as "Clerical Staff," "Elected Officials," "Library Director," etc.:

Full-time employees hired before 1/1/1999

---

Employee classification contains **public safety employees**:  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030115

If you elect to include a special classification (chart below), then the employee will be required to meet the Service Credit Qualification as defined under section IV (Provisions) in order to earn a month of service. Excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than _____ months in total.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than 40 _____ per month _____.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from _____ to _____ only.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Voter-Elected Officials</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Contract Employees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DS  
AD  
AD  
NW

**Probationary Periods** (select one):

- Service will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, the employer will not report or provide service.

The probationary period will be \_\_\_\_\_ month(s).

Comments:

- Service will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030115

### IV. Provisions

#### 1. Service Credit Qualification

To clarify how eligible employees earn service credit, please indicate how many hours per month an eligible employee needs to work. For example, if you require 10 eight-hour days, this would be 80 hours per month. If an 'hour per day' has been defined (like ten 7-hour days), electing 70 hours will be required. Employees must meet the definition of Plan Eligibility in order to earn service credit under the plan.

To receive one month of service credit, an employee shall work (or be paid for as if working)

80 hours in a month.



#### 2. Leaves of Absence

Indicate by checking the boxes below, whether the potential for service credit will be allowed if an eligible employee is on one of the following types of leave, regardless of meeting the service credit qualification criteria.

Regardless whether an eligible employee is awarded service credit while on the selected type(s) of leave:

- MERS will skip over these months when determining the FAC amount for benefit calculations.
- Third-party wages **are not** reported for leaves of absence.
- Employers **are not** required to remit employer contributions based on leaves of absence when no wages are paid by the employer. However, an employer may submit additional voluntary contributions for the period of the leave in an amount determined by the employer.
- For **contributory divisions**, employee contributions are required for service credit to be retained. Employee contributions will be collected based on the Service Credit Qualification. Employers will calculate employee contributions due using the employee's current hourly rate (prior to leave). For example if 120 hours is required for service credit, then employee contributions shall be equal to 120 hours times the employee's hourly rate. Employees have three times the length of leave, to a maximum of five years, to pay required employee contributions. Leaves of absence are required to be reported to MERS, including the employee's start and end date per month, along with the employee's hourly rate.

Type of Leave	Service Credit Granted	Service Credit Excluded
Short- and Long-Term Disability	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Workers' Compensation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Unpaid Family Medical Leave Act (FMLA)	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other: _____ For example, sick and accident, administrative, educational, sabbatical, etc.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other 2: _____ Additional leave types as above	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Leaves of absence due to military service are governed by the *Federal Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)*, IRC 414(u), effective January 1, 2007, IRC 401(a)(37).



## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030115

### 3. Definition of Compensation

The Definition of Compensation is used to calculate a participant's final average compensation and is used in determining both employer and employee contributions. Wages paid to employees, calculated using the elected definition, must be reported to MERS.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	<input type="radio"/> Base Wages	<input type="radio"/> Box 1 Wages	<input type="radio"/> Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b> Defined Benefit employee contributions MERS Health Care Savings Program employee contributions	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030115

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

<input checked="" type="checkbox"/> <b>CUSTOM:</b> If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.	
<b>Types of Compensation</b>	
<b>Regular Wages</b>	
<input checked="" type="checkbox"/> Salary or hourly wage X hours	<input type="checkbox"/> On-call pay
<input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified)	<input type="checkbox"/> Other: _____
<b>Other Wages</b> apply: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> Shift differentials	<input type="checkbox"/> Severance issued over time (weekly/bi-weekly)
<input checked="" type="checkbox"/> Overtime	<input type="checkbox"/> Other: _____
<b>Lump Sum Payments</b> apply: YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
<input checked="" type="checkbox"/> PTO cash-out	<input type="checkbox"/> Educational degrees
<input checked="" type="checkbox"/> Longevity	<input type="checkbox"/> Moving expenses
<input type="checkbox"/> Bonuses	<input type="checkbox"/> Sick payouts
<input type="checkbox"/> Merit pay	<input type="checkbox"/> Severance (if issued as lump sum)
<input type="checkbox"/> Job certifications	<input type="checkbox"/> Other: _____
<b>Taxable Payments</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement)	<input type="checkbox"/> Car allowance
<input type="checkbox"/> Prizes, gift cards	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Personal use of a company car	
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Gun, tools, equipment, uniform	<input type="checkbox"/> Mileage reimbursement
<input type="checkbox"/> Phone	<input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement)
<input type="checkbox"/> Fitness	<input type="checkbox"/> Other: _____
<b>Types of Deferrals</b>	
<b>Elective Deferrals of Employee Premiums/Contributions</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> 457 employee and employer contributions	<input type="checkbox"/> IRA contributions
<input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs	<input type="checkbox"/> Other: _____
<b>Types of Benefits</b>	
<b>Nontaxable Fringe Benefits of Employees</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Health plan, dental, vision benefits	<input type="checkbox"/> Group term or whole life insurance < \$50,000
<input type="checkbox"/> Workers compensation premiums	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Short- or Long-term disability premiums	
<b>Mandatory Contributions</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Defined Benefit employee contributions	<input type="checkbox"/> Other: _____
<input type="checkbox"/> MERS Health Care Savings Program employee contributions	
<b>Taxable Fringe Benefits</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Clothing reimbursement	<input type="checkbox"/> Group term life insurance > \$50,000
<input type="checkbox"/> Stipends for health insurance opt out payments	<input type="checkbox"/> Other: _____
<b>Other Benefits / Lump Sum Payments</b> apply: YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
<input type="checkbox"/> Workers compensation settlement payments	<input type="checkbox"/> Other: _____

## Defined Benefit Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 73030115

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

**Authorized Signature:**  \_\_\_\_\_  
7C84E4F90D8D455...

**Printed Name:** Amy Deford

**Title:** Retirement Administrator

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

# Defined Contribution Plan Adoption Agreement Addendum



1134 Municipal Way Lansing, MI 48917 | 800.767.MERS (6377) | Fax 517.703.9711

www.mersofmich.com

The employer, a participating municipality or court within the state of Michigan, hereby agrees to adopt and administer the MERS Defined Contribution (DC) Plan provided by the Municipal Employees' Retirement System of Michigan, as authorized by 1996 PA 220, in accordance with MERS Plan Document, as both may be amended, subject to the terms and conditions herein.

### I. Effective Date

The effective date shall be the first day of **January, 2021**.

**II. Employer name** Saginaw Co

**Municipality number** 730301

This is an amendment of the existing MERS Defined Contribution Agreement.

Any changes to plan provisions apply to employees in the division on the effective date, as well as to new hires ongoing. Definitions will apply for all service accrued after the effective date.

**Division number** 730301109300

**Division name** 109300

Note: This division should reflect how you currently define employees who are eligible to participate, for example, All full-time Employees, New hires after 1/1/2019, etc.

### III. Plan Eligibility

Only those employees eligible for MERS membership may participate in the MERS Defined Contribution Plan. If an employee classification is included in the plan, then employees that meet this definition are required to participate in the plan and earn time toward vesting. All eligible employees must be reported to MERS.

Using your Division Name above, expand on the employee classifications that are eligible to participate in MERS, such as "Clerical staff working more than 160 hours in a month," "Elected Officials" or "Admin working >32 hours per week," etc.:

All full-time employees who work more than 80 hours in a month and permanent part-time employees who work more than 40 hours in a month.

Employee classification contains **public safety employees:**  Yes  No

Public safety employees include: law enforcement, parole and probation officers, employees responsible for emergency response (911 dispatch, fire service, paramedics, etc.), public works, and other skilled support personnel (equipment operators, etc.).

## Defined Contribution Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 730301109300

If you elect to include a special classification (chart below), then the employee will be required to participate in the employer and employee contributions adopted in your plan. An excluded classification will require additional information below.

To further define eligibility (select all that apply):

Employee Classification	Included	Excluded	Not Employed
<b>Temporary Employees:</b> Those who will work for the municipality fewer than <u>12</u> months in total.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Part-Time Employees:</b> Those who regularly work fewer than _____ per _____.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Seasonal Employees:</b> Those who will work for the municipality from <u>April</u> to <u>September</u> only.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
<b>Voter-Elected Officials</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Appointed Officials:</b> An official appointed to a voter-elected office.	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Contract Employees</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AD  
 DS  
 AD  
 EC  
 NW

**Probationary Periods** (select one):

Contributions will begin after the probationary period has been satisfied. Probationary periods are allowed in one-month increments, no longer than 12 months. During this probationary period, contributions will not be reported and service toward vesting will begin when probationary period has ended.

The probationary period will be \_\_\_\_\_ month(s).

Comments:

Contributions will begin with the employee's date of hire (no Probationary Period). Effective with the date of hire, wages paid and any associated contributions must be submitted to MERS.

## Defined Contribution Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 730301109300

### IV. Provisions

#### 1. Leaves of Absence

Regardless of whether an employee is earning a wage while on the following types of leave:

- Third-party wages are not used in determining contributions for periods of leave.
- Vesting under elapsed time continues to accrue even if wages are not earned and contributions are zero.

*Note:* Employers who determine vesting based on an “hours-reported” method, should report actual worked hours for the month where there was a leave.

Types of leave include:

- Short Term and Long Term Disability
- Workers Compensation
- Unpaid Family Medical Leave Act (FMLA)

Leaves of absence due to military service are governed by the federal *Uniformed Services Employment and Reemployment Rights Act of 1994 (USERRA)*, IRC 414(u), effective January 1, 2007, IRC 401(a)(37).

## Defined Contribution Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 730301109300

### 2. Definition of Compensation

The Definition of Compensation is used to determine participant and employer contributions. Wages are strongly recommended to be reported with regular wage/contribution reports to MERS. Contributions cannot exceed IRS limitations.

Select your Definition of Compensation here. If you choose to customize your definition, skip this table and proceed to page 5.

	Base Wages	Box 1 Wages	Gross Wages
<b>Types of Compensation</b>			
<b>Regular Wages</b> Salary or hourly wage X hours PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) On-call pay	All Regular Wages included	All Regular Wages included	All Regular Wages included
<b>Other Wages</b> Shift differentials Overtime Severance issued over time (weekly/bi-weekly)	Excluded	All Other Wages included	All Other Wages included
<b>Lump Sum Payments</b> PTO cash-out Longevity Bonuses Merit pay Job certifications Educational degrees Moving expenses Sick payouts Severance (if issued as lump sum)	Excluded	All Lump Sum Payments included	All Lump Sum Payments included
<b>Taxable Payments</b> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) Prizes, gift cards Personal use of a company car Car allowance	Excluded	All Taxable Payments included	All Taxable Payments included
<b>Reimbursement of Nontaxable Expenses</b> (as defined by the IRS) Gun, tools, equipment, uniform Phone Fitness Mileage reimbursement Travel through an accountable plan (i.e. tracking mileage for reimbursement)	Excluded	Excluded	Excluded
<b>Types of Deferrals</b>			
<b>Elective Deferrals of Employee Premiums/Contributions</b> 457 employee and employer contributions 125 cafeteria plan, FSAs and HSAs IRA contributions	All Elective Deferrals included	Excluded	All Elective Deferrals included
<b>Types of Benefits</b>			
<b>Nontaxable Fringe Benefits of Employees</b> Health plan, dental, vision benefits Workers compensation premiums Short- or Long-term disability premiums Group term or whole life insurance < \$50,000	All Nontaxable Fringe Benefits included	Excluded	All Nontaxable Fringe Benefits included
<b>Mandatory Contributions</b>	All Mandatory Contributions included	Excluded	All Mandatory Contributions included
<b>Taxable Fringe Benefits</b> Clothing reimbursement Stipends for health insurance opt out payments Group term life insurance > \$50,000	Excluded	Excluded	All Taxable Fringe Benefits included
<b>Other Benefits / Lump Sum Payments</b> Workers compensation settlement payments	Excluded	Excluded	All Other Lump Sum Benefits included

## Defined Contribution Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 730301109300

**SKIP THIS TABLE** if you selected one of the standard definitions of compensation on page 4.

**CUSTOM:** If you choose this option, you must select boxes in each section you would like to include in your Definition of Compensation. You will be responsible for additional reporting details to track custom definitions.

### Types of Compensation

**Regular Wages**

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> Salary or hourly wage X hours  | <input checked="" type="checkbox"/> On-call pay |
| <input checked="" type="checkbox"/> PTO used (sick, vacation, personal, bereavement, holiday leave, or unclassified) | <input type="checkbox"/> Other: _____           |

**Other Wages** apply: YES  NO

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> Shift differentials | <input type="checkbox"/> Severance issued over time (weekly/bi-weekly) |
| <input checked="" type="checkbox"/> Overtime            | <input type="checkbox"/> Other: _____                                  |

**Lump Sum Payments** apply: YES  NO

- |  |   |
|--|---|
| <input checked="" type="checkbox"/> PTO cash-out       | <input type="checkbox"/> Educational degrees                          |
| <input checked="" type="checkbox"/> Longevity          | <input type="checkbox"/> Moving expenses                              |
| <input type="checkbox"/> Bonuses                       | <input type="checkbox"/> Sick payouts                                 |
| <input type="checkbox"/> Merit pay                     | <input checked="" type="checkbox"/> Severance (if issued as lump sum) |
| <input checked="" type="checkbox"/> Job certifications | <input type="checkbox"/> Other: _____                                 |

**Taxable Payments** apply: YES  NO

- |   |  |
|---|--|
| <input type="checkbox"/> Travel through a non-accountable plan (i.e. mileage not tracked for reimbursement) | <input type="checkbox"/> Car allowance |
| <input type="checkbox"/> Prizes, gift cards   | <input type="checkbox"/> Other: _____  |
| <input type="checkbox"/> Personal use of a company car  |  |

**Reimbursement of Nontaxable Expenses** (as defined by the IRS) apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Gun, tools, equipment, uniform | <input type="checkbox"/> Mileage reimbursement  |
| <input type="checkbox"/> Phone                          | <input type="checkbox"/> Travel through an accountable plan (i.e. tracking mileage for reimbursement) |
| <input type="checkbox"/> Fitness                        | <input type="checkbox"/> Other: _____   |

### Types of Deferrals

**Elective Deferrals of Employee Premiums/Contributions** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> 457 employee and employer contributions | <input type="checkbox"/> IRA contributions |
| <input type="checkbox"/> 125 cafeteria plan, FSAs and HSAs       | <input type="checkbox"/> Other: _____      |

### Types of Benefits

**Nontaxable Fringe Benefits of Employees** apply: YES  NO

- |  |  |
|--|--|
| <input type="checkbox"/> Health plan, dental, vision benefits    | <input type="checkbox"/> Group term or whole life insurance < \$50,000 |
| <input type="checkbox"/> Workers compensation premiums           | <input type="checkbox"/> Other: _____                                  |
| <input type="checkbox"/> Short- or Long-term disability premiums |  |

**Mandatory Contributions** apply: YES  NO

**Taxable Fringe Benefits** apply: YES  NO

- |   |   |
|---|---|
| <input type="checkbox"/> Clothing reimbursement                         | <input type="checkbox"/> Group term life insurance > \$50,000 |
| <input type="checkbox"/> Stipends for health insurance opt out payments | <input type="checkbox"/> Other: _____                         |

**Other Benefits / Lump Sum Payments** apply: YES  NO

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> Workers compensation settlement payments | <input type="checkbox"/> Other: _____ |
|---|---------------------------------------|



## Defined Contribution Plan Adoption Agreement Addendum

EMPLOYER NAME: Saginaw Co

DIV: 730301109300

### 3. Forfeiture

A forfeiture occurs when a participant separates from employment prior to meeting the associated elapsed time (or hours reported) to receive vesting. The percentage of his/her employer contribution account balance that has not vested as of the date of termination will forfeit after 12 consecutive months following the termination date reported by the employer, or earlier, if the System distributes the participant's vested portion. MERS will utilize an available forfeiture balance as an automatic funding source applied to reported employer contributions at the time of reporting.

### V. Execution:

#### Authorized Designee of Governing Body of Municipality or Chief Judge of Court

This foregoing Addendum is hereby approved by Saginaw County

at a Board Meeting which took place on: 11/17/2020  
(mm/dd/yyyy)

DocuSigned by:  
**Authorized Signature:**   
7C84E4F90D8D455...

**Printed Name:** Amy Deford

**Title:** Retirement Administrator

**Date:** November 13, 2020

I understand that approved board minutes are required to complete this request.

Board minutes should be sent to: [DataCollectionProject@mersofmich.com](mailto:DataCollectionProject@mersofmich.com)

**AGENDA**  
**Special Meeting**  
**LABOR RELATIONS COMMITTEE**  
**Tuesday, December 15, 2020 at 4:00 p.m.**  
**Via Zoom per P.A. 228 of 2020**

Members: Kirk Kilpatrick-Chair, Charles Stack - Vice-Chair, Kyle Harris, Sheldon Matthews, Michael Webster  
Others: Controller, Civil Counsel, Finance Director, Personnel Director, Board Staff, *The Saginaw News, WSGW*

***The Labor Relations Committee meeting will be held via Zoom online meeting platform. As the County Building is closed to the public except by appointment, the meeting is open remotely to the public to follow along and participate during the public portion of the meeting, as follows:***

County of Saginaw is inviting you to a scheduled Zoom meeting.  
Topic: [See Agenda below](#)  
Date/Time: [December 15, 2020 4:00 PM EST](#)

Join Zoom Meeting: <https://zoom.us/j/8024441727> Meeting ID: [802 444 1727](#)

**INSTRUCTIONS using ZOOM audio conferencing:**

Dial: 1 (877) 853-5257 or 1 (888) 475-4499 and enter Meeting ID: [802 444 1727](#)

- I. Call to order
- II. Welcome
- III. Public Comment (*Speakers limited to 3 minutes*)
- IV. Agenda
  1. **Jennifer Broadfoot, Personnel Director, re:**
    - **12-15-21** Submitting a recommendation for approval to adjust the salary range for Public Health Nurse I position to grade 16, formerly grade 15 as part of Phase I of the Job Classification and Total Compensation Study
  2. **Bonnie Kanicki, Animal Care & Control Director, re:**
    - **12-15-25** Requesting waiver of the hiring freeze and approval to hire the position of Office Assistant II
  3. **Closed Session, re:**
    - Pursuant to MCL 15.268(c) of the Open Meetings Act, the committee will convene a Closed Session to discuss strategy connected with the negotiation of collective bargaining agreements (*To be distributed prior to meeting*)
- V. Miscellaneous
- VI. Adjournment



# COUNTY OF SAGINAW

111 SOUTH MICHIGAN AVENUE  
SAGINAW, MICHIGAN 48602

# LABOR RELATIONS

12-15-21

**ROBERT V. BELLEMAN**

*Controller/Chief Administrative Officer*

[rbelleman@saginawcounty.com](mailto:rbelleman@saginawcounty.com)

December 7, 2020

Commissioner Michael A. Webster, Chairman  
Saginaw County Board of Commissioners  
111 South Michigan Ave.  
Saginaw, MI 48602

Re: Recommendation to Change Grade Placement of Public Health Nurse I Position

Dear Chairman Webster:

During Phase II of the Compensation Study, the positions of Care Management RN and Care Management Coordinator (RN) were evaluated and placed at grades 16 and 18 respectively. Based on this placement, the County requested Baker Tilly evaluate the placement of the Public Health Nurse I and II positions to see if changes in market conditions may merit an adjustment in the salary grades of these positions. The Public Health Nurse I and II positions were a part of Phase I of the Job Classification and Total Compensation Study ("Study") and were placed at grades 15 and 17.

In subsequent discussions with Ann Antonsen, Baker Tilly Project Manager, regarding market conditions for Nurses' wages, she recommended elevating the Public Health Nurse I position from grade 15 to grade 16, and leaving the Public Health Nurse II position unchanged. Ms. Antonsen indicated she believed the change in salary grade for the Public Health Nurse I position could be justified when looking at the starting salary for the Public Health Nurse I position with the comparables used at the time and with the new salary information gathered as a part of Phase II/III. She did not recommend a change to the Public Health Nurse II position, which would remain a 17. I am requesting the Labor Committee and Board approve this recommendation from Ms. Antonsen, and adjust the salary range for the Public Health Nurse I position to a grade 16.

I will be available at the Labor Relations Committee meeting to answer questions about this request.

Sincerely,

*Jennifer Broadfoot*

Jennifer Broadfoot  
Personnel Director

cc: Robert V. Belleman, Controller/CAO

---

PHONE (989) 790-5210

FAX (989) 790-5566



AGINAW

Animal Care & Control  
1312 Gratiot Avenue, Saginaw, MI 48602  
Bonnie Kanicki, Director  
[bkanicki@saginawcounty.com](mailto:bkanicki@saginawcounty.com)

Ph: (989) 797-4500

**LABOR  
RELATIONS**

Fax: (989)797-4509

December 11, 2020

Honorable Michael A. Webster, Chairman  
Board of Commissioners  
111 S. Michigan Avenue  
Saginaw, MI 48602

**RE: Request to Waive Hiring Freeze for an Office Assistant II position**

Dear Chairman Webster,

I am requesting the Labor Relations Committee recommend to the Board of Commissioners approval to waive the hiring freeze to hire a regular full-time Office Assistant at Saginaw County Animal Care and Control.

The Fiscal Year 2021 Animal Control budget included 2 Office Assistant positions. We currently have one. The Office Assistant position performs immediate administrative support work such as answering an extremely large volume of calls from the public and calls for service from law enforcement.

They also schedule and verifying appointments and directly serve customers. In addition, this position coordinates vet services, orders supplies, prepares correspondences, reports, paperwork; processes mail and invoices, maintains files and logs, performs basic data entry, and dispatches Animal Control Officers.

I will be participating, via Zoom, in the Labor Relations Committee meeting on Monday, December 15, 2020 at 4:00 pm to answer any questions you or other committee members may have.

Sincerely,

Bonnie Kanicki, Director

Cc: Mr. Robert Belleman, Controller/CAO  
Jennifer Broadfoot, Personnel Director

12-15-25

2020 DEC 11 PM 3:20

RECEIVED  
SAGINAW COUNTY  
BOARD OF COMMISSIONERS