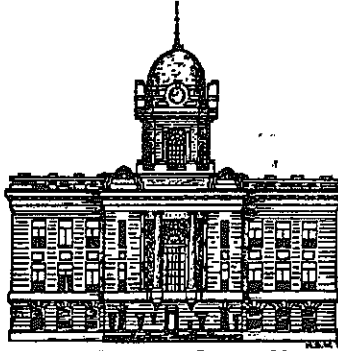


# Jasper County, Iowa

**Joe Brock**

**Denny Carpenter**

**Dennis Stevenson**



**Board of Supervisors  
Courthouse  
PO Box 944  
Newton IA 50208  
Phone 641-792-7016  
Fax 641-792-1053**

## **JASPER COUNTY BOARD OF SUPERVISORS AGENDA**

**[www.co.jasper.ia.us](http://www.co.jasper.ia.us)**

**October 21, 2014**

**9:30 a.m.**

- Item 1      Human Resources – Dennis Simon**
  - a) Employee hiring resolution for PT Transport Officer
  
- Item 2      Human Resources – Dennis Simon/Bob Meller, Meller Insurance & Consulting**
  - a) Approval of Health, Dental & Vision Insurance rates
  - b) Employee Cafeteria Plan Election Forms – 01/01/2015 – 12/31/2015
  - c) Elected Officials Cafeteria Plan Election Form – 01/01/2015 – 12/31/2015
  - d) Approval of Principal Group Voluntary Term Life Insurance
  
- Item 3      Sheriff – John Halferty**
  - a) Equitable Sharing Agreement and Certification
  
- Item 4      Engineer – Russ Stutt**
  - a) Culvert construction agreement with Polk County
  - b) Snow removal agreement with the State of Iowa
  
- Item 5      Iowa Skilled Community - Angie Arthur**
  - a) Update on Iowa Skilled Community
  
- Item 6      Approve use of Courthouse lawn for the Young Professionals of Jasper County Annual Chili Cook-off to be held prior to the parade on November 28, 2014**
  
- Item 7      Approval of Recorder's Monthly Report for September, 2014**
  
- Item 8      Approval of Board of Supervisors minutes for 10/14/2014**
  
- Item 9      Board Appointments**

**PUBLIC INPUT & COMMENTS**

Resolution 14-

WHEREAS, a position vacancy has been approved for the following appointment by the Board of Supervisors through the Personnel Requisition Process.

NOW, THEREFORE BE IT RESOLVED that the Board of Supervisors approves and certifies the following appointment to the Auditor for payroll implementation:

<u>DEPARTMENT</u>	<u>POSITION</u>	<u>EMPLOYEE</u>	<u>PAY RATE</u>	<u>RANGE/STEP</u>	<u>EFFECTIVE DATE</u>
Sheriff Office	Part-time Transport Officer	Robert Andrew Jr	\$12.64	R29 / Step 1 Hourly Non-Bargaining	10/21/14

Part-time positions will not be eligible for County benefits.  
Resolution adopted this 21<sup>st</sup> day of October, 2014

\_\_\_\_\_  
Joseph Brock, Chairman

Attest:

\_\_\_\_\_  
Dennis Parrott, Auditor

RECORDED IN BOARD OF SUPERVISORS MINUTES  
BOOK 20                      10/21/14                      PAGE

Wellmark Health Plan, Inc.  
 Renewal Rates  
January 1, 2015 Through December 31, 2015

	<u>Current Traditional Plan #3</u>	<u>Renewal Traditional Plan #3</u>	<u>Current HDHP Plan #4</u>	<u>Renewal HDHP Plan #4</u>	<u>Monthly Totals</u>
Single	52	52	27	27	79
Family	70	70	21	21	91
<b>Total</b>	<b>122</b>	<b>122</b>	<b>48</b>	<b>48</b>	<b>170</b>
Single	\$570.10	\$584.86	\$484.74	\$450.70	
Family	<u>\$1,425.24</u>	<u>\$1,462.14</u>	<u>\$1,211.86</u>	<u>\$1,126.74</u>	
<b>Monthly Premium</b>	<b>\$129,412.00</b>		<b>\$38,537.04</b>		<b>\$167,949.04</b>
<b>Monthly Premium</b>		<b>\$132,762.52</b>		<b>\$35,830.44</b>	<b>\$168,592.96</b>
<b>% Difference</b>		<b>2.59%</b>		<b>-7.02%</b>	<b>0.0038%</b>

JASPER COUNTY

HEALTH INSURANCE COSTS

	2013		2014		2015		Percentage Change	
	Single Rate	Family Rate	Single Rate	Family Rate	Single Rate	Family Rate	Totals	Change
Medical	\$552.62	\$1,215.70	\$570.09	\$1,425.23	\$584.86	\$1,462.14	\$160,344.38	1.49%
# Contracts	73	90	73	90	73	90	\$4,547.13	8.92%
Totals	\$40,341.26	\$109,413.00	\$41,616.57	\$128,270.70	\$42,694.78	\$131,592.60	\$5,626.76	5.00%
County Contribution	94%	94%	93%	93%	92%	92%	\$1,075.80	0%
Totals	\$37,920.78	\$102,848.22	\$38,703.41	\$119,291.75	\$39,279.19	\$121,065.19	\$2,972.96	18.04%
Total Medical Cost		\$140,769.00		\$157,995.16		\$171,058.69	\$174,566.93	2.05%
Life/LTD	162		162		163			
Dental	162		162		163			
Vision	162		162		163			
CBA Single Coverage	73		73		73			
County Monthly Total		\$153,438.14		\$171,058.69		\$174,566.93		

## Delta Dental of Iowa

### Summary of Covered Services and Benefits:

#### Jasper County

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>SM</sup> / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	Yes	Yes
- Included in Benefit Period Maximum	\$1,500	\$1,500
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
<b>Benefits</b>	<i>Frequencies and limitations:</i>	
<b>Check-Ups and Teeth Cleaning</b> (Diagnostic and Preventive Services)	100%	100%
- Dental Cleaning	<i>2 in a benefit period aggregate with perio maintenance therapy</i>	
- Oral Evaluations	<i>2 in a benefit period</i>	
- Fluoride Applications	<i>1 every 12 months to age 19</i>	
- X-Rays	<i>Bitewings - 1 every 12 months; Full mouth - 1 every 5 years</i>	
- Sealant Applications	<i>1 in a lifetime per permanent 1st and 2nd molars to age 15</i>	
- Space Maintainers	<i>To age 15</i>	
<b>Cavity Repair and Tooth Extractions</b> (Routine and Restorative Services)	90%	80%
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Consultations		
- Posterior Composites w/o Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	80%	80%
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	80%	80%
- Conservative Procedures (Non-surgical)	<i>1 every 24 months per quadrant</i>	
- Complex Procedures (Surgical)	<i>1 in a benefit period per quadrant</i>	
- Periodontal Maintenance Therapy	<i>2 in a benefit period aggregate with dental cleaning</i>	
<b>High Cost Restorations (Cast Restorations)</b>	50%	50%
- Cast Restorations		
- Crowns	<i>1 every 5 years</i>	
- Inlays	<i>1 every 5 years</i>	
- Onlays	<i>1 every 5 years</i>	
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	50%	50%
- Bridges	<i>1 every 5 years</i>	
- Dentures	<i>1 every 5 years</i>	
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
<b>Straighter Teeth (Orthodontics)</b>	50%	50%
<b>Additional Options</b>		
- Annual Maximum Carryover - To Go <sup>SM</sup>	Included	Included

This dental plan includes the Annual Maximum Carryover - To Go<sup>SM</sup> for carryover of unused Benefit Period Maximum to the next benefit contract year.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.



**Jasper County  
Group # 1237  
Contract Period 1/1/15 through 12/31/15  
Financial Exhibit**

**Delta Dental PPO<sup>SM</sup>**

**Experience Period**                      Claims Paid 9/1/13 through 8/31/14

Claims Paid 9/1/13 through 8/31/14	\$109,694
Estimate of Incurred But Not Reported Claims	\$3,393
Fully Incurred Claims	\$113,087
Trend in Claims	\$6,073
Projected Claims Based on Current Experience	\$119,160
Claims and Enrollment Fluctuation Adjustment	(\$8,251)
<b>Projected Annual Claims Based on Current Enrollment</b>	<b>\$110,909</b>

**Fixed Fees**

Administrative Fees  
Operating Costs  
Broker Fee

\$23,988  
\$6,209

**Subtotal Fixed Fees**

\$30,197

**Projected Annual Expense**

\$141,106

**I acknowledge acceptance of this renewal at the rates shown above.**

Percent of Premium Contributed by Employer: Single \_\_\_\_\_ % Family \_\_\_\_\_ %

Total Employees Enrolled: \_\_\_\_\_ Total Employees Eligible: \_\_\_\_\_

Signature of Group Administrator \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Please sign and return to fax # 888-337-5157

Date \_\_\_\_\_

<b>Enrollment as of 8/31/14</b>	
Single	79
Family	89
Total	<u>168</u>
<b>Current Rates</b>	
Effective 1/1/14 through 12/31/14	
Single	\$32.88
Family	\$96.64
<b>Renewal Rates</b>	
Effective 1/1/15 through 12/31/15	
Single	\$34.52
Family	\$101.48
<b>Renewal Percentage Change</b>	
	5.0%

**DELTA DENTAL OF IOWA**

## Delta Dental of Iowa

### Summary of Covered Services and Benefits: Alternate 5

#### Jasper County Group # 1237

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,000	\$1,000
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	Yes	Yes
- Orthodontic lifetime maximum	\$2,000	\$2,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)</b>	<b>100%</b>	<b>100%</b>
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
<b>Cavity Repair and Tooth Extractions (Routine and Restorative Services)</b>	<b>90%</b>	<b>80%</b>
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Consultations		
- Posterior Composites w/o Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	<b>80%</b>	<b>80%</b>
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	<b>80%</b>	<b>80%</b>
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
- Periodontal Maintenance Therapy		
<b>High Cost Restorations (Cast Restorations)</b>	<b>50%</b>	<b>50%</b>
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	<b>50%</b>	<b>50%</b>
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
<b>Straighter Teeth (Orthodontics)</b>	<b>50%</b>	<b>50%</b>
<b>Additional Options</b>		
-Annual Maximum Carryover - To Go <sup>SM</sup>	Included	Included

This dental plan includes the Annual Maximum Carryover - To Go<sup>SM</sup> for carryover of unused Benefit Period Maximum to the next benefit contract year.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.

Financial Exhibit :

Alternate 5

Jasper County  
Group # 1237

Changes on the Summary of Covered Services and Benefits exhibit are shown in red; all other benefits remain the same.

Employer Contribution

Complete this Section\*

Single \_\_\_\_\_ ER Contribution\* \_\_\_\_\_  
Family \_\_\_\_\_ Number of benefit Eligible Employees\* \_\_\_\_\_

Plan Costs

Rates guaranteed from 01/01/2015 through 12/31/2015

	<u>Single</u>	<u>Family</u>	<u>Annual Expense</u>
Contracts	79	89	
Insured rates (monthly premium)**	\$34.52	\$106.49	\$146,461

\*\*Insured rates include standard broker commissions

Please sign below and return to Delta Dental of Iowa at fax # 888-337-5157

\*Please update employer contribution and number of benefit eligible employees above and sign below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

- continued -



## Delta Dental of Iowa

### Summary of Covered Services and Benefits: Alternate 4

#### Jasper County Group # 1237

Deductibles, Maximums & Eligibility	Delta Dental PPO <sup>SM</sup>	Delta Dental Premier <sup>®</sup> / Non Par
- Individual Deductible	\$15	\$25
- Family Deductible	\$45	\$75
- Deductible applies to Check-Ups and Teeth Cleaning?	No	No
- Benefit Period Maximum	\$1,500	\$1,500
- Eligible children to age	26	26
- Full-time (unmarried) students eligible to age	99	99
- Does Individual Deductible apply to Orthodontics?	Yes	Yes
- Orthodontic lifetime maximum	\$2,000	\$2,000
- Orthodontics: Eligible children to age	19	19
- Orthodontics: Full-time students eligible to age	19	19
- Adult Orthodontics	No	No
<b>Benefits</b>		
<b>Check-Ups and Teeth Cleaning (Diagnostic and Preventive Services)</b>	<b>100%</b>	<b>100%</b>
- Dental Cleaning		
- Oral Evaluations		
- Fluoride Applications		
- X-Rays		
- Sealant Applications		
- Space Maintainers		
<b>Cavity Repair and Tooth Extractions (Routine and Restorative Services)</b>	<b>90%</b>	<b>80%</b>
- Emergency Treatment		
- General Anesthesia/Sedation		
- Restoration of Decayed or Fractured Teeth		
- Limited Occlusal Adjustments		
- Routine Oral Surgery		
- Consultations		
- Posterior Composites w/o Alternate Processing		
<b>Root Canals (Endodontic Services)</b>	<b>80%</b>	<b>80%</b>
- Apicoectomy		
- Direct Pulp Cap		
- Pulpotomy		
- Retrograde Fillings		
- Root Canal Therapy		
<b>Gum and Bone Diseases (Periodontal Services)</b>	<b>80%</b>	<b>80%</b>
- Conservative Procedures (Non-surgical)		
- Complex Procedures (Surgical)		
- Periodontal Maintenance Therapy		
<b>High Cost Restorations (Cast Restorations)</b>	<b>50%</b>	<b>50%</b>
- Cast Restorations		
- Crowns		
- Inlays		
- Onlays		
- Post and Cores		
- Recementing Crowns/Inlays/Onlays		
<b>Dentures and Bridges (Prosthetic Services)</b>	<b>50%</b>	<b>50%</b>
- Bridges		
- Dentures		
- Repairs and Adjustments		
- Recementing of Bridges		
- Implants Not Covered		
<b>Straighter Teeth (Orthodontics)</b>	<b>50%</b>	<b>50%</b>
<b>Additional Options</b>		
- Annual Maximum Carryover - To Go <sup>SM</sup>	Included	Included

This dental plan includes the Annual Maximum Carryover - To Go<sup>SM</sup> for carryover of unused Benefit Period Maximum to the next benefit contract year.

This is a general description of coverage. It is not a statement of your contract. Actual coverage is subject to terms and conditions specified in the benefits document itself and enrollment regulations in force when the benefits become effective. Certain exclusions and limitations apply. Please refer to your dental benefits document for details.



Financial Exhibit :

Alternate 4

Jasper County  
Group # 1237

Changes on the Summary of Covered Services and Benefits exhibit are shown in red; all other benefits remain the same.

Employer Contribution

Complete this Section\*

ER Contribution\*

Single \_\_\_\_\_

Number of benefit Eligible Employees\* \_\_\_\_\_

Family \_\_\_\_\_

Plan Costs

Rates guaranteed from 01/01/2015 through 12/31/2015

	<u>Single</u>	<u>Family</u>	<u>Annual Expense</u>
Contracts	79	89	
Insured rates (monthly premium)**	\$37.82	\$114.44	\$158,077

\*\*Insured rates include standard broker commissions

Please sign below and return to Delta Dental of Iowa at fax # 888-337-5157

\*Please update employer contribution and number of benefit eligible employees above and sign below.

Signature \_\_\_\_\_

Date \_\_\_\_\_

- continued -

JASPER COUNTY

HEALTH INSURANCE COSTS

WITH INCREASED DENTAL BENEFIT

	2013		2014		2015		Percentage Change		Totals	Totals	Percentage Change
	Single Rate	Family Rate	Single Rate	Family Rate	Single Rate	Family Rate	Single Rate	Family Rate			
Medical											
# Contracts	\$552.62	\$1,215.70	\$570.09	\$1,425.23	\$584.86	\$1,462.14			\$160,344.38		1.49%
Totals	73	90	73	90	73	90			\$4,547.13		8.92%
County Contribution	\$40,341.26	\$109,413.00	\$41,616.57	\$128,270.70	\$42,694.78	\$131,592.60			\$6,164.66		15.73%
Totals	94%	94%	93%	93%	92%	92%			\$1,075.80		0%
Total Medical Cost	\$37,920.78	\$102,848.22	\$38,703.41	\$119,291.75	\$39,279.19	\$121,065.19			\$2,972.86		18.04%
Life/LTD									\$171,058.69		11.48%
Dental	162		162		163				\$4,547.13		8.92%
Vision	162		162		163				\$6,164.66		15.73%
CBA Single Coverage	162		162		163				\$1,075.80		0%
County Monthly Total	73		73		73				\$2,972.86		18.04%
									\$175,104.83		2.37%

## CURRENT VISION BENEFITS

**Deductible: \$0**

This plan pays 100% up to the calendar year maximum. After the calendar year maximum is reached, no further benefits are payable.

Coverage	Maximums	
<b>Exam</b>	\$0	Exams are covered through Wellmark BC/BS medical plan.
<b>Frames</b>	\$125	1 pair(s) of frames payable every 24 Month(s)
<b>Single Lenses</b>	\$50 per pair	1 set(s) of lenses payable every 12 Month(s)
<b>Bifocal Lenses</b>	\$75 per pair	
<b>Trifocal Lenses</b>	\$100 per pair	
<b>Lenticular Lenses</b>	\$150 per pair	
<b>Contacts</b>	\$175	The maximum payment for a pair of contact lenses will be equal to the maximum payment for single vision lenses plus frames. The contact lenses benefit will be in lieu of the lens and frame benefit.

## PROPOSED VISION BENEFITS

**Deductible: \$0**

This plan pays 100% up to the calendar year maximum. After the calendar year maximum is reached, no further benefits are payable.

Coverage	Maximums	
<b>Exam</b>	\$0	Exams are covered through Wellmark BC/BS medical plan.
<b>Frames</b>	\$150	1 pair of frames payable every 24 Month(s)
<b>Single Lenses</b>	\$50 per pair	1 set(s) of lenses payable every 12 Month(s)
<b>Bifocal Lenses</b>	\$75 per pair	
<b>Trifocal Lenses</b>	\$100 per pair	
<b>Lenticular Lenses</b>	\$150 per pair	
<b>Contacts</b>	\$200	The maximum payment for a pair of contact lenses will be equal to the maximum payment for single vision lenses plus frames. The contact lens benefits will be in lieu of the lens and frame benefit.

This benefit summary does not include all of the benefits, restrictions, and limitations that apply to the coverage. Please refer to the policy or benefit booklets for more complete benefit information.

Insured vision hardware benefit through Principal Life Company.

- continued -

# Your group insurance benefits

Proposal for JASPER COUNTY IA  
Effective Date January 1, 2015

Underwritten by  
Principal Life Insurance Company  
Des Moines, IA 50392-0002  
www.principal.com

Prepared by  
PATRICK B NELSON

Thank you for considering group insurance from Principal Life Insurance Company for your employee benefit program. This proposal includes rates and benefit information for:

- Group Vision Insurance

## CONVENTIONALLY INSURED RATES

Coverage	Monthly Employee Rate	Lives	Monthly Costs	Annual Costs
Vision Insurance				
Employee	\$6.60	84		
Family	\$16.80	89		
			\$2,049.60	\$24,595.20
<b>Grand Total</b>			<b>\$2,049.60</b>	<b>\$24,595.20</b>
<b>Renewal Date for Vision</b>	January 1, 2016			

### Rating Assumptions. These rates are based on the following:

- Iowa as the contract state. If you have employees located in other states, we may apply benefits based on those states' provisions, when applicable.
- An effective date of January 1, 2015. Suggested premiums and benefits are only valid for the effective date shown on this proposal and are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.
- There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.
- As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM

ITEM #2b  
Oct 21, 2014 Agenda

## (AFSCME & Non-Bargaining)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State
Please Mark Box If New Address <input type="checkbox"/> New Address		Date of Birth (Mo/day/yr) <input type="checkbox"/> male <input type="checkbox"/> female	
		ZIP code	

Jasper County will continue to provide at no cost to all eligible employees: \$30,000 group term life and AD&D, long-term disability, single dental and vision benefits coverage.

***The County's medical plan contribution for plan #3 coverage will change to 92% of the monthly billed rates. Employees will contribute 8% for single and family coverage. The County monthly contribution will be \$572.58 for single and \$1,345.16 for family coverage.***

The Vision hardware and Dental benefits will remain with Principal and Delta Dental. The eyeglass frame allowance will increase from \$125 to \$150 every 24 months.

Open enrollment for completing paperwork will begin October 27 with forms to be returned by November 7. **The Federal ERISA and IRC Section 125 codes require employees to annually designate their plan choice and either elect or waive participation in the pre-tax and/or flexible spending account.**

Some items to remember: A Health Care Expense Account (IRC 125) election can only be changed with a birth, death, divorce, or marriage event. The Principal vision plan does not have a calendar year deductible or co-insurance and therefore benefits are based upon the last date-of-service. The medical and dental plans have calendar year deductibles and out-of-pocket maximums. If a member(s) terminates the dental plan and later wishes to re-enroll, they will be subject to one and two year deferred benefits for Basic Services and Major Services. Dependent children will have a three year deferred benefit for Orthodontics.

The following outline provides the Single and Family elections and the associated monthly costs:

**#3.) WELLMARK BC/BS- BLUE CHOICE \$500**

\$584.86 Single or  \$1,462.14 Family

**#4) WELLMARK BC/BS- BLUE CHOICE \$2600/\$5200 (HDHP/HSA)**

\$450.70 Single or  \$1,126.74 Family

**#5.) Delta Dental of IA – DENTAL COVERAGE**

\$34.52 Single or  \$66.96 Dependent cost

**#6.) Principal Life Company – VISION COVERAGE**

\$6.60 Single or  \$10.20 Dependent cost

**#7.) I Have Elected the HDHP Option and Direct the Balance of County Flex Dollars**

**Into My Health Savings Account \$ \_\_\_\_\_.**

**(EMPLOYEE MONEY)**

#8.) I Elect to Direct from my wages \$ \_\_\_\_\_ per month  
to my Section 125 Healthcare Expense Account or

I Elect to Direct from my wages \$ \_\_\_\_\_ per month  
to my Section 125 Dependent Care Reimbursement Account.

and/or

Health Savings Account (HSA) \$ \_\_\_\_\_

I decline to participate in our FSA.

You have the option to use IRC Section 125 (Flex I) to fund any payroll deduction. The pre-tax savings is approximately 27.65% (15% Federal, 5% State and 7.65% FICA).

I authorize my future compensation to be reduced by the amount exceeding the employer contribution. This amount will be on my behalf to the county Section 125 Premium Only Plan. I understand this reduces my wages for Social Security purposes, and may reduce my Social Security disability and retirement benefits. I also understand that once I made this election, I can only change it during the election period prior to the next plan year, or if there has been a qualifying change in my family's status, employment or group health care coverage as determined by IRS regulations. NOTE: Changes in election allowed due to a qualifying change in family status must be made no later than 30 days after the date of the qualifying change in status.

I understand the deadline to return this form is November 7, 2014.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (PPME)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State
Please Mark Box If New Address <input type="checkbox"/> New Address		Date of Birth (Mo/day/yr)	<input type="checkbox"/> male <input type="checkbox"/> female

Jasper County will continue to provide at no cost to all eligible employees: \$30,000 group term life and AD&D, long-term disability, single dental and vision benefits coverage.

***The County's medical plan contribution for plan #3 coverage will change to 92% of the monthly billed rates. Employees will contribute 8% for single and family coverage. The County monthly contribution will be \$584.86 for single and \$1,345.16 for family coverage.***

The Vision hardware and Dental benefits will remain with Principal and Delta Dental. The eyeglass frame allowance will increase from \$125 to \$150 every 24 months.

Open enrollment for completing paperwork will begin October 27 with forms to be returned by November 7. **The Federal ERISA and IRC Section 125 codes require employees to annually designate their plan choice and either elect or waive participation in the pre-tax and/or flexible spending account.**

Some items to remember: A Health Care Expense Account (IRC 125) election can only be changed with a birth, death, divorce, or marriage event. The Principal vision plan does not have a calendar year deductible or co-insurance and therefore benefits are based upon the last date-of-service. The medical and dental plans have calendar year deductibles and out-of-pocket maximums. If a member(s) terminates the dental plan and later wishes to re-enroll, they will be subject to one and two year deferred benefits for Basic Services and Major Services. Dependent children will have a three year deferred benefit for Orthodontics.

The following outline provides the Single and Family elections and the associated monthly costs:

**#3.) WELLMARK BC/BS- BLUE CHOICE \$500**

\$584.86 Single or  \$1,462.14 Family

**#4) WELLMARK BC/BS- BLUE CHOICE \$2600/\$5200 (HDHP/HSA)**

\$450.70 Single or  \$1,126.74 Family

**#5.) Delta Dental of IA – DENTAL COVERAGE**

\$34.52 Single or  \$66.96 Dependent cost

**#6.) Principal Life Company – VISION COVERAGE**

\$6.60 Single or  \$10.20 Dependent cost

**#7.) I Have Elected the HDHP Option and Direct the Balance of County Flex Dollars**

**Into My Health Savings Account \$\_\_\_\_\_.**



**(EMPLOYEE MONEY)**

**#8.) I Elect to Direct from my wages \$ \_\_\_\_\_ per month  
into my Section 125 Healthcare Expense Account or**

**I Elect to Direct from my wages \$ \_\_\_\_\_ per month  
into my Section 125 Dependent Care Reimbursement Account.**

**and/or**

**Health Savings Account (HSA) \$ \_\_\_\_\_**

**I decline to participate in our FSA.**

You have the option to use IRC Section 125 (Flex I) to fund any payroll deduction. The pre-tax savings is approximately 27.65% (15% Federal, 5% State and 7.65% FICA).

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I understand the deadline to return this form is November 7, 2014.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (AFSCME & Non-Bargaining)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State
Please Mark Box If New Address <input type="checkbox"/> New Address		Date of Birth (Mo/day/yr)	<input type="checkbox"/> male <input type="checkbox"/> female

Jasper County will continue to provide at no cost to all eligible employees: \$30,000 group term life and AD&D, long-term disability, single dental and vision benefits coverage.

**The County's medical plan contribution for plan #3 coverage will change to 92% of the monthly billed rates. Employees will contribute 8% for single and family coverage. The County monthly contribution will be \$572.58 for single and \$1,345.16 for family coverage.**

The Vision hardware and Dental benefits will remain with Principal and Delta Dental. The eyeglass frame allowance will increase from \$125 to \$150 every 24 months.

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Some items to remember: A Health Care Expense Account (IRC 125) election can only be changed with a birth, death, divorce, or marriage event. The Principal vision plan does not have a calendar year deductible or co-insurance and therefore benefits are based upon the last date-of-service. The medical and dental plans have calendar year deductibles and out-of-pocket maximums. If a member(s) terminates the dental plan and later wishes to re-enroll, they will be subject to one and two year deferred benefits for Basic Services and Major Services. Dependent children will have a three year deferred benefit for Orthodontics.

The following outline provides the Single and Family elections and the associated monthly costs:

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\$450.70 Single or  \$1,126.74 Family

**#5.) Delta Dental of IA – DENTAL COVERAGE**

\$37.82 Single or  ~~\$66.96~~ Dependent cost

**#6.) Principal Life Company – VISION COVERAGE**

\$6.60 Single or  \$10.20 Dependent cost

Alternate 4  
Form

**#7.) I Have Elected the HDHP Option and Direct the Balance of County Flex Dollars**

**Into My Health Savings Account \$ \_\_\_\_\_.**

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (PPME)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State    ZIP code
Please Mark Box if New Address	Date of Birth (Mo/day/yr)		
<input type="checkbox"/> New Address	<input type="checkbox"/> male	<input type="checkbox"/> female	

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Alternate 4  
Form

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Into My Health Savings Account \$\_\_\_\_\_.

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM ITEM #2c Oct 21, 2014 Agenda

## (Elected Officials & Deputies)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State
Please Mark Box If New Address <input type="checkbox"/> New Address		Date of Birth (Mo/day/yr) <input type="checkbox"/> male <input type="checkbox"/> female	

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***The County's medical plan contribution for plan #3 coverage will change to 92% of the monthly billed rates. Employees will contribute 8% for single and family coverage. The County will provide Elected Officials and Deputies \$722.58 per single and \$1,495.16 per family coverage.***

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Into my Section 125 Healthcare Expense Account or**

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and/or

Health Savings Account (HSA) \$ \_\_\_\_\_

- continued -

**(EMPLOYEE MONEY)**

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I understand the deadline to return this form is November 7, 2014.

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

# 2015 JASPER COUNTY CAFETERIA PLAN ELECTION FORM (Elected Officials & Deputies)

Employee Information			
Your Name (last, first, middle initial)		Social Security Number/ID number	
Address (street)		City	State
Please Mark Box If New Address <input type="checkbox"/> New Address		Date of Birth (Mo/day/yr) <input type="checkbox"/> male <input type="checkbox"/> female	

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**#5.) Delta Dental of IA – DENTAL COVERAGE**

\$37.82 Single or  ~~\$66.96~~ <sup>76.62</sup> Dependent cost

**#6.) Principal Life Company – VISION COVERAGE**

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Into my Section 125 Healthcare Expense Account or**

**I Elect to Direct the Balance of County Flex (\$722.58 or \$1,495.16) \$ \_\_\_\_\_ per month  
Into my Section 125 Dependent Care Reimbursement Account.**

and/or

Health Savings Account (HSA) \$ \_\_\_\_\_

Alternate 4  
Form

# Your group insurance benefits

**Proposal for JASPER COUNTY IA**  
**Effective Date January 1, 2015**

**Underwritten by**  
**Principal Life Insurance Company**  
**Des Moines, IA 50392-0002**  
**www.principal.com**

**Prepared by**  
**PATRICK B NELSON**

Thank you for considering group insurance from Principal Life Insurance Company for your employee benefit program. This proposal includes rates and benefit information for:

- Group Voluntary Life Insurance

## **GROUP VOLUNTARY RATES**

---

<b>Coverage</b>	<b>Monthly Rate</b>
<b>Group Voluntary Term Life Insurance - Employee</b>	<b>Employee</b>
29 & Under	\$0.102 per \$1,000
30 - 34	\$0.113 per \$1,000
35 - 39	\$0.169 per \$1,000
40 - 44	\$0.273 per \$1,000
45 - 49	\$0.421 per \$1,000
50 - 54	\$0.686 per \$1,000
55 - 59	\$1.078 per \$1,000
60 - 64	\$1.496 per \$1,000
65 - 69	\$2.762 per \$1,000
70 & Over	\$4.548 per \$1,000
<b>Group Voluntary Term Life Insurance - Spouse</b>	<b>Spouse</b>
29 & Under	\$0.102 per \$1,000
30 - 34	\$0.113 per \$1,000
35 - 39	\$0.169 per \$1,000
40 - 44	\$0.273 per \$1,000
45 - 49	\$0.421 per \$1,000
50 - 54	\$0.686 per \$1,000
55 - 59	\$1.078 per \$1,000
60 - 64	\$1.496 per \$1,000
65 - 69	\$2.762 per \$1,000
70 & Over	\$4.548 per \$1,000

NOTE: Voluntary Term Life rates do not include the AD&D rate. The spouse is charged based upon his/her individual age.

**Group Voluntary Term  
AD&D Insurance**                      \$0.031 per \$1,000  
(Employee and Spouse)

NOTE: AD&D is automatically added to any Voluntary Term Life benefit elected. The AD&D rate will be added when premium is calculated. The employee and spouse are charged separately.

**Group Voluntary Term  
Child Insurance**                      \$5,000 of coverage for \$1.00 per family  
   \$10,000 of coverage for \$2.00 per family

**For voluntary coverage, the volume, lives, monthly and annual costs will be determined upon final enrollment.**

**Renewal Date for Voluntary Term Life**                      January 1, 2017

**Rating Assumptions.** These rates are based on the following:

- Iowa as the contract state. If you have employees located in other states, we may apply benefits based on those states' provisions, when applicable.
- An effective date of January 1, 2015. Suggested premiums and benefits are only valid for the effective date shown on this proposal and are provided for illustration purposes only. Acceptance of your group, the final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy.
- There are limitations, restrictions and exclusions in this policy. There are also certain restrictions involving payment of premium, termination, fraud, eligibility and participation. Final rates are dependent on entering into an insurance contract where all limitations, exclusions, and restrictions are taken into consideration.
- As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.



## Your group **voluntary term life** benefits

<p>Voluntary Term Life insurance policy pays a benefit to the beneficiary if the insured dies. To participate in the program, your company must enroll the greater of 20% or five employees. All eligible employees may enroll for coverage.</p>		
	<b>EMPLOYEE</b>	<b>SPOUSE</b>
<b>Benefits for ALL MEMBERS</b>	<p>Employees choose to purchase benefits in \$10,000 increments.</p> <p>Minimum amount: \$10,000 Maximum amount: \$300,000</p>	<p>Eligible spouses choose an amount in \$5,000 increments.</p> <p>Minimum amount: \$5,000 Maximum amount: 100% of employee coverage, up to \$100,000</p> <p>Employee coverage is required for spouse to elect coverage.</p>
<b>Accidental Death &amp; Dismemberment Insurance</b>	<p>Included. Benefit equal to the base voluntary term coverage.</p> <p>This is automatically included for employees and spouses electing Voluntary Term Life Insurance.</p>	
<b>Proof of Good Health</b>	<p>Proof of good health is required for life insurance amounts greater than:</p> <p>For Members under age 70: \$60,000</p> <p>For Members age 70 and over: \$10,000</p>	<p>Proof of good health is required for life insurance amounts greater than:</p> <p>For Dependents under age 70: \$20,000</p> <p>For Dependents age 70 and over: \$10,000</p>
<b>Benefit Age Reduction</b>	<p>35% reduction of benefits at age 70 and an additional 20% reduction at age 75.</p> <p>Age reductions apply to the benefit amount after proof of good health</p>	
<b>Child Benefit</b>	<p>For eligible children 14 days of age or older, employees may elect coverage in the amount of</p> <ul style="list-style-type: none"> <li>• \$5,000, or</li> <li>• \$10,000</li> </ul> <p>For eligible children under 14 days of age, employees who elect child coverage receive \$1,000 of coverage.</p> <p>Child benefits cannot exceed 100% of the employee's coverage.</p>	

### ADDITIONAL BENEFITS

**Accelerated Benefit.** Terminally ill employees can receive up to 75%, not to exceed \$250,000, of their life insurance benefit if their life expectancy is 12 months or less (as diagnosed by a physician) and the death benefit is at least \$10,000. When an employee uses the accelerated benefit, the death benefit is reduced by the accelerated benefit payment. There are possible tax consequences to receiving an accelerated payment and the employee should contact a tax advisor for details. Receipt of accelerated benefits could also affect eligibility for public assistance. The charge for this provision is included in the premium.

**Coverage During Disability.** If an employee becomes totally disabled before age 60, coverage will continue and premium will be waived for the employee and any covered dependents. The employee must be totally disabled for 9 months before the waiver begins. Coverage continues without premium payment until the employee recovers or turns age 65, whichever occurs first. No benefits will be paid for any disability that results from: willful self-injury or self-destruction, while sane or insane / war or act of war / voluntary participation in an assault, felony, criminal activity, insurrection, or riot.

**Portability.** Employees may continue coverage for themselves and any covered dependents until age 75 if the employee ceases to qualify as a member. The employee or spouse must enroll within 60 days from the date they cease to qualify as a member. Maximum age requirements apply. Portability is not available if coverage is continued during disability/ the employee has received accelerated benefits / individual purchase rights have been exercised / the employee dies / a dependent no longer meets the eligibility requirements.

**AD&D Benefits.** Employees and spouses receive an additional benefit if they die or lose their hands, feet or vision as the result of an accident. The loss must occur within 365 days of the accident.

We pay the full benefit when an employee or spouse loses his or her life, half the benefit when an employee or spouse loses one hand, one foot, or sight of one eye and one fourth of the benefit when an employee or spouse loses the thumb and index finger on the same hand. The full benefit is also paid for the loss of both hands, both feet, sight of both eyes, one hand and sight of one eye, one foot and sight of one eye, or one hand one foot. Our AD&D coverage includes the following features for covered individuals.

- **Seatbelt/Airbag** – \$10,000 if an insured dies wearing a seatbelt or protected by an airbag.
- **Education** – \$3,000 per year for up to four years for dependent(s) enrolled at an accredited post-secondary school at the time of an insured's death.
- **Repatriation** – Up to \$2,000 for preparation and transportation of the body if an insured dies at least 100 miles from his or her permanent residence.
- **Loss of Use/Paralysis** – AD&D pays a benefit of 100% for quadriplegia; 50% for paraplegia, hemiplegia, loss of use of both hands or both feet, or loss of use of one hand and one foot; or 25% for loss of use of one arm, one leg, one hand or one foot. Loss of use means the total and irrevocable loss of voluntary movement for 12 consecutive months. Paralysis must be permanent, complete and irreversible.
- **Loss of Speech and/or Hearing** – AD&D pays a benefit of 100% for loss of both speech and hearing; 50% for loss of speech or hearing; 25% for loss of hearing in one ear. Loss must be irrevocable and continue for 12 consecutive months.
- **Exposure** – Exposure to the elements is considered an accidental injury if an insured incurs a covered loss within one year of exposure resulting from an accidental injury.
- **Disappearance** – AD&D pays for loss of life if an insured disappears while a passenger in a conveyance involved in an accidental wrecking or sinking and the body is not found within one year of the accident.

**AD&D Limitations.** Unless otherwise covered in the policy or required by state or federal law, AD&D benefits are not paid for losses resulting from: willful self-injury or self-destruction / disease or treatment of disease or complications following the surgical treatment of disease / participation in certain criminal activities / participation in certain activities such as flying, ballooning, parachuting, parasailing, bungee jumping or other aeronautic activities / duty as a member of a military organization / war or act of war / the use of alcohol, if the insured's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the insured's operation of a motor vehicle or motor boat if the insured's alcohol concentration level exceeds the legal limit in the jurisdiction where the injury occurs / the insured's use of certain drugs, narcotics or hallucinogens not prescribed by a licensed physician / a work-related sickness or injury for an insured spouse.

## POLICY PROVISIONS

**Eligibility.** Eligible employees include full-time employees actively working at least 30 hours per week. Employees must be enrolled for Group Voluntary Term Life coverage before it can be offered to their dependents. Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.

**Coverage Termination.** Employees' coverage doesn't terminate as long as they remain active employees paying premiums and you continue to sponsor the program.

**Individual Purchase Rights.** Several circumstances exist where employees and covered dependents can convert to individual policies. Upon coverage termination, employers are required to inform employees of their individual purchase rights to convert to an individual policy without proof of good health. The purchase amount varies depending on the termination situation.

***Benefit Limitations & Exclusions.*** Benefits are not paid for employees and dependents who commit suicide within the first 24 months of coverage. Benefits will not be paid if you or your dependents are outside the United States for certain reasons for more than six months.

***Claim Processing.*** Principal Life makes claim administration easy and convenient for employers by offering an online life insurance claim form. Once the form is complete, employers submit the information directly over a secure, confidential Web site, expediting the claim review process. The employer can choose to use the online form or a printable version that can be faxed or mailed. Along with the online claim form, Principal Life also provides Express Claim Processing for claims that meet certain criteria. Through the Express Claim Process, decisions are reached within five working days without the employer or beneficiary submitting paperwork.

# General provisions for non-medical insurance

## **RENEWING YOUR COVERAGE**

Your non-medical insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.

## **TERMINATION AND RENEWABILITY OF YOUR COVERAGE**

The insurance is renewable for all insureds at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your firm relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your firm no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.

## **POLICY CHANGES**

Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.

## **FEDERAL & STATE LAWS**

Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

## Your company of choice for employee benefits

You can count on the Principal Financial Group® (The Principal®) for employee benefit solutions. Principal Life Insurance Company, a member of The Principal, offers insurance products with choice and flexibility that allow you to design a benefit program that meets your needs and budget. The result: benefits that help you attract and retain quality employees.

A member of the *FORTUNE 500*®, The Principal is a leader in the life insurance industry. Plus, Principal Life consistently receives high financial strength ratings from independent rating agencies. With over 65 years in the employee benefits marketplace, we offer you the expertise of our local benefit professionals, a broad portfolio of competitive group products and outstanding service.

### OUR SERVICES

<b>eService Capabilities</b>	You can manage benefits 24/7 at our secure site on <a href="http://www.principal.com">www.principal.com</a> . You can add or delete members, make member changes, order ID cards, search and print booklets, view billing statements, pay premiums and access forms. At the Personal Login, employees can access benefit information, review coverage, check claim status, review <u>Explanations of Benefits</u> , access booklets and more.
<b>Claim Services</b>	You and your employees receive fast, accurate service from a team of registered nurses, certified vocational rehabilitation experts and Social Security specialists who pride themselves in offering individualized assistance to each of our customers.
<b>Hearing Aid Discounts</b>	Principal Life is proud to join with American Hearing Benefits, Inc. to offer our members significant savings on all styles of Starkey digital hearing aids. With the AHB discount program, members are entitled to free annual hearing screenings for themselves and their families, referrals to reputable local providers, up to 60% off suggested retail prices, and a full two-year extended warranty included with purchase at no additional charge.
<b>Simple Payroll Deduction</b>	We offer four billing options for voluntary coverage, making it easy to deduct premium payments from employee paychecks. Choose from weekly, bi-weekly, monthly and bi-monthly.
<b>Beneficiary Support Services</b>	Beneficiaries have free access to: <ul style="list-style-type: none"> <li>• Grief Support Services, provided by Magellan Health Services--connects beneficiaries with professionals who can provide comfort, offer guidance and suggest coping strategies.</li> <li>• Financial Services--allows beneficiaries to connect with experienced professionals from The Principal who can help with a variety of products and services to help them plan their future.</li> <li>• Will Preparation Services provided by ARAG® offers spouse and dependent beneficiaries three-months of online access to create a will, living will, healthcare power of attorney, and financial power of attorney.</li> </ul>
<b>Will Preparation Services</b>	Employees covered for Voluntary Term Life insurance have free access to Will Preparation Services provided by ARAG Services, LLC. <p>Through this value-added service, employees are able to create the following legal documents:</p> <ul style="list-style-type: none"> <li>• Will</li> <li>• Living will</li> <li>• Healthcare power of attorney</li> <li>• Financial power of attorney</li> </ul> <p>Also included are:</p> <ul style="list-style-type: none"> <li>• An identity theft kit with information on how to protect their identities.</li> <li>• An identity theft action kit to help them restore and reclaim their identity, in the event their identity is stolen.</li> <li>• A document to help them record personal and financial information.</li> </ul> <p>The use of the services provided by ARAG Services, LLC should not be considered as a substitute for consultation with an attorney.</p>
<b>Epic Xylitol®</b>	Employees have access to discounts on Epic Xylitol® dental products - including toothpaste, oral

<b>Dental System</b>	rinse, mints and gums. Xylitol® is a natural sweetener that is very effective in preventing tooth decay.
----------------------	--

Count on Principal Life for your employee benefit needs. We offer the solutions you're looking for.

**Principal Life and its affiliates are not responsible for any loss, injury, claim liability, or damages related to the use of the discounts and services.**

The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group insurance products underwritten by Principal Life Insurance Company. The discounts and services are not part of any insurance contract and may be changed or discontinued at any time. Although Principal Life has arranged to make these programs available to you, the third party providers are solely responsible for their products or services.

# Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our 'customer-first' approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, #08191410564-1 generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

**If this proposal adds a coverage to your account, please include a signed application with this proposal.**

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Sign below for authorization of request(s):

\_\_\_\_\_  
Officer Signature Date

\_\_\_\_\_  
Producer Signature Date

**Return the full proposal including signed authorization for processing.**

Please note: The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines and federal or state regulations.



## Equitable Sharing Agreement and Certification



OMB Number 1123-0011  
Expires 9-30-2014

- Police Department   
  Sheriff's Office   
  Task Force (Complete Table A)  
 Prosecutor's Office   
  National Guard Counterdrug Unit   
  Other

*\* Please fill each required field. Hover mouse over any fillable field for pop-up instructions. \**

**Agency Name:** Jasper County Sheriff's Office

**NCIC/ORI/Tracking Number:**

I	A	0	5	0	0	0	0	0
---	---	---	---	---	---	---	---	---

**Mailing Address:** 2300 Law Center Drive

**City:** Newton

**State:** IA

**Zip:** 50208

**Finance Contact:** First: John

Last: Halferty

Phone: 6417925912

E-mail: jhalferty@jaspersheriff.org

**Preparer:** - First: John

Last: Halferty

Same as  
Finance Contact

Phone: 6417925912

E-mail: jhalferty@jaspersheriff.org

**Independent Public Accountant:**

E-mail: donna.kruger@auditor.state.ia.us

**Last FY End Date:** 06/30/2013

**Agency Current FY Budget:**

\$4,204,826.00

- New Participant:** Read the Equitable Sharing Agreement and sign the Affidavit.  
 **Existing Participant:** Complete the Annual Certification Report, read the Equitable Sharing Agreement, and sign the Affidavit.  
 **Amended Form:** Revise the Annual Certification Report, read the Equitable Sharing Agreement, and sign the Affidavit.

### Annual Certification Report

	Summary of Equitable Sharing Activity	Justice Funds <sup>1</sup>	Treasury Funds <sup>2</sup>
1	Beginning Equitable Sharing Fund Balance (must match Ending Equitable Sharing Fund Balance from prior FY)		
2	Federal Sharing Funds Received		
3	Federal Sharing Funds Received from Other Law Enforcement Agencies and Task Forces (To populate, complete Table B)		
4	Other Income		
5	Interest Income Accrued <span style="float: right;">Non-Interest Bearing <input checked="" type="radio"/> Interest Bearing <input type="radio"/></span>		
6	Total Equitable Sharing Funds (total of lines 1 - 5)	\$0.00	\$0.00
7	Federal Sharing Funds Spent (total of lines a - m below)	\$0.00	\$0.00
8	Ending Balance (difference between line 7 and line 6)	\$0.00	\$0.00

<sup>1</sup> Justice Agencies are: FBI, DEA, ATF, USPIS, USDA, DCIS, DSS, and FDA.

<sup>2</sup> Treasury Agencies are: IRS, ICE, CBP, TTB, USSS, and USCG.



Summary of Shared Funds Spent		Justice Funds	Treasury Funds
a	Total spent on salaries under permitted salary exceptions		
b	Total spent on overtime		
c	Total spent on informants, "buy money", and rewards		
d	Total spent on travel and training		
e	Total spent on communications and computers		
f	Total spent on weapons and protective gear		
g	Total spent on electronic surveillance equipment		
h	Total spent on buildings and improvements		
i	Total transfers to other participating state and local law enforcement agencies (To populate, complete Table C)		
j	Total spent on other law enforcement expenses (To populate, complete Table D)		
k	Total Expenditures in Support of Community-Based Programs (To populate, complete Table E)		
l	Total Windfall Transfers (To populate, complete Table F)		
m	Total spent on matching grants (To populate, complete Table G)		
n	<b>Total</b>	\$0.00	\$0.00
o	Did your agency receive non-cash assets? <input type="radio"/> Yes <input checked="" type="radio"/> No If yes, complete Table H.		

Please fill out the following tables, if applicable.

**Table A: Members of Task Force**

Agency Name	NCIC/ORI/Tracking Number										
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 12.5%; height: 20px;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> <td style="width: 12.5%;"></td> </tr> </table>										

**Table B: Equitable Sharing Funds Received from other Agencies**

Transferring Agency Name, City, and State	Justice Funds	Treasury Funds						
Agency Name: <input style="width: 450px;" type="text"/>								
NCIC/ORI/Tracking Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>								

**Table C: Equitable Sharing Funds Transferred to Other Agencies**

Receiving Agency Name, City, and State	Justice Funds	Treasury Funds						
Agency Name: <input style="width: 450px;" type="text"/>								
NCIC/ORI/Tracking Number: <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 12.5%; height: 20px;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td><td style="width: 12.5%;"></td></tr></table>								

**Table D: Other Law Enforcement Expenses**

Description of Expense	Justice Funds	Treasury Funds

**Table E: Expenditures in Support of Community-Based Programs**

Recipient	Justice Funds	

**Table F: Windfall Transfers**

Recipient	Justice Funds	Treasury Funds

**Table G: Matching Grants**

Matching Grant Name	Justice Funds	Treasury Funds

**Table H: Other Non-Cash Assets Received**

Source	Description of Asset
Justice <input type="radio"/>	
Treasury <input type="radio"/>	

**Table I: Civil Rights Cases**

Name of Case	Type of Discrimination Alleged			
		<input type="checkbox"/> Race	<input type="checkbox"/> Color	<input type="checkbox"/> National Origin
	<input type="checkbox"/> Disability	<input type="checkbox"/> Age	<input type="checkbox"/> Other	

**Paperwork Reduction Act Notice**

Under the Paperwork Reduction Act, a person is not required to respond to a collection of information unless it displays a valid OMB control number. We try to create accurate and easily understood forms that impose the least possible burden on you to complete. The estimated average time to complete this form is 30 minutes. If you have comments regarding the accuracy of this estimate, or suggestions for making this form simpler, please write to the Asset Forfeiture and Money Laundering Section, 1400 New York Avenue, N.W., Washington, DC 20005.

# Equitable Sharing Agreement

This Federal Equitable Sharing Agreement, entered into among (1) the Federal Government, (2) the above-stated law enforcement agency ("Agency"), and (3) the governing body, sets forth the requirements for participation in the federal Equitable Sharing Program and the restrictions upon the use of federally forfeited cash, property, proceeds, and any interest earned thereon, which are equitably shared with participating law enforcement agencies.

By its signatures, the Agency agrees that it will be bound by the statutes and guidelines that regulate shared assets and the following requirements for participation in the federal Equitable Sharing Program. Receipt of the signed Equitable Sharing Agreement and Certification (this "Document") is a prerequisite to receiving any equitably shared cash, property, or proceeds.

**1. Submission.** This Document must be submitted to [aca.submit@usdoj.gov](mailto:aca.submit@usdoj.gov) within 60 days of the end of the Agency's fiscal year. This Document must be submitted electronically with the Affidavit/Signature submitted by fax. This will constitute submission to the Department of Justice and the Department of the Treasury.

**2. Signatories.** This agreement must be signed by the head of the Agency and the head of the governing body. Examples of Agency heads include police chief, sheriff, director, commissioner, superintendent, administrator, chairperson, secretary, city attorney, county attorney, district attorney, prosecuting attorney, state attorney, commonwealth attorney, and attorney general. The governing body's head is the person who allocates funds or approves the budget for the Agency. Examples of governing body heads include city manager, mayor, city council chairperson, county executive, county council chairperson, director, secretary, administrator, commissioner, and governor.

**3. Uses.** Any shared asset shall be used for law enforcement purposes in accordance with the statutes and guidelines that govern the federal Equitable Sharing Program as set forth in the current edition of the Department of Justice's *Guide to Equitable Sharing for State and Local Law Enforcement (Justice Guide)*, and the Department of the Treasury's *Guide to Equitable Sharing for Foreign Countries and Federal, State, and Local Law Enforcement Agencies (Treasury Guide)*.

**4. Transfers.** Before the Agency transfers cash, property, or proceeds to other state or local law enforcement agencies, it must first verify with the Department of Justice or the Department of the Treasury, depending on the source of the funds, that the receiving agency is a current and compliant Equitable Sharing Program participant.

**5. Internal Controls.** The Agency agrees to account separately for federal equitable sharing funds received from the Department of Justice and the Department of the Treasury. Funds from state and local forfeitures and other sources must not be commingled with federal equitable sharing funds. The Agency shall establish a separate revenue account or accounting code for state, local, Department of Justice, and Department of the Treasury forfeiture funds. Interest income generated must be accounted for in the appropriate federal equitable sharing account.

The Agency agrees that such accounting will be subject to the standard accounting requirements and practices employed for other public funds as supplemented by requirements set forth in the current edition of the *Justice Guide* and the *Treasury Guide*, including the requirement in the *Justice Guide* to maintain relevant documents and records for five years.

The misuse or misapplication of shared resources or the supplantation of existing resources with shared assets is prohibited. Failure to comply with any provision of this agreement shall subject the recipient agency to the sanctions stipulated in the current edition of the *Justice or Treasury Guides*, depending on the source of the funds/property.

**6. Audit Report.** Audits will be conducted as provided by the Single Audit Act Amendments of 1996 and OMB Circular A-133. The Department of Justice and Department of the Treasury reserve the right to conduct periodic random audits.

## Affidavit - Existing Participant

Under penalty of perjury, the undersigned officials certify that **they have read and understand their obligations under the Equitable Sharing Agreement** and that the information submitted in conjunction with this Document is an accurate accounting of funds received and spent by the Agency under the *Justice and/or Treasury Guides* during the reporting period and that the recipient Agency is in compliance with the National Code of Professional Conduct for Asset Forfeiture.

The undersigned certify that the recipient Agency is in compliance with the nondiscrimination requirements of the following laws and their Department of Justice implementing regulations: Title VI of the Civil Rights Act of 1964 (42 U.S.C. § 2000d *et seq.*), Title IX of the Education Amendments of 1972 (20 U.S.C. § 1681 *et seq.*), Section 504 of the Rehabilitation Act of 1973 (29 U.S.C. § 794), and the Age Discrimination Act of 1975 (42 U.S.C. § 6101 *et seq.*), which prohibit discrimination on the basis of race, color, national origin, disability, or age in any federally assisted program or activity, or on the basis of sex in any federally assisted education program or activity. The Agency agrees that it will comply with all federal statutes and regulations permitting federal investigators access to records and any other sources of information as may be necessary to determine compliance with civil rights and other applicable statutes and regulations.

**During the past fiscal year: (1) has any court or administrative agency issued any finding, judgment, or determination that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above; or (2) has the Agency entered into any settlement agreement with respect to any complaint filed with a court or administrative agency alleging that the Agency discriminated against any person or group in violation of any of the federal civil rights statutes listed above?**       Yes     No

**If you answered yes to the above question, complete Table I**

**Agency Head**

Signature: \_\_\_\_\_  
 Name: John R. Halferty  
 Title: Sheriff  
 Date: \_\_\_\_\_  
 E-mail: jhalferty@jaspersheriff.org

**Governing Body Head**

Signature: \_\_\_\_\_  
 Name: Joe Brock  
 Title: Board Chair-Jasper County  
 Date: \_\_\_\_\_  
 E-mail: jbrock@co.jasper.ia.us

Attest: \_\_\_\_\_ Dennis Parrott, Auditor


**Subscribe to Equitable Sharing Wire:**

The Equitable Sharing Wire is an electronic newsletter that gives you important, substantive, information regarding Equitable Sharing policies, practices, and procedures.


**Final Instructions:**

- Step 1: Click to save for your records
- Step 2: Click to save in XML format

- Step 3: E-mail the XML file to [aca.submit@usdoj.gov](mailto:aca.submit@usdoj.gov)
- Step 4: Fax THIS SIGNED PAGE ONLY to (202) 616-1344

FOR AGENCY USE ONLY Entered by _____  Entered on _____  <input type="radio"/> FY End: 06/30/2013 <input checked="" type="radio"/> NCIC: IA0500000    Agency: Jasper County Sheriff's Office <input type="radio"/> State: IA    Finance Contact: John Halferty		Date Printed: October 13, 2014 15:45  Phone: (641) 792-5912  E-mail: <a href="mailto:jhalferty@jaspersheriff.org">jhalferty@jaspersheriff.org</a>
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**AGREEMENT FOR COOPERATIVE PUBLIC SERVICE**

**BETWEEN**

**POLK COUNTY, IOWA**

**AND**

**JASPER COUNTY, IOWA**

THIS AGREEMENT is entered into by and between the Polk County Board of Supervisors, on behalf of Polk County, Iowa, hereinafter referred to as "Polk County", and the Jasper County Board of Supervisors, hereinafter referred to as the "Jasper County".

1. This Agreement shall consist of four (4) pages and Attachments A, B, C, D and E which shall be considered a part of this Agreement.
2. This Agreement shall become effective upon its execution by the parties, and shall remain in effect until the duties of the parties are completed to the satisfaction of all parties.
3. The purpose of this Agreement is listed in Attachment A.
4. The duties of Polk County are listed in Attachment B.
5. The duties of Jasper County are listed in Attachment C.
6. Attachment D is the estimated cost of the project.
7. Attachment E is a map of the project location.
8. Polk County shall be the lead agency for carrying out the terms of this agreement.
9. Polk County Public Works shall administer performance of this Agreement for Polk County.

10. Any party may terminate this Agreement by sending written notice of termination, specifying the reasons for termination, at least sixty days prior to the effective date of termination. Notice shall be sent to the governing body of the other parties at their principal place of doing business by registered mail. The termination of this Agreement shall not relieve any party to this Agreement of any obligations or liability arising during the terms of the Agreement.
11. In the event of a breach by any entity of this Agreement, that breach shall not be considered to affect any remaining terms or conditions of this Agreement. If any terms or conditions of this Agreement are held to be invalid or illegal, those remaining terms or conditions shall not be construed to be affected.
12. This is the entire Agreement between all parties and it may be amended only upon the agreement of all parties and only in writing.
13. The parties shall approve the Agreement by resolution or motion of their respective Board or Council, which shall authorize the execution of the Agreement.

**EXECUTION OF AGREEMENT**

**IN WITNESS THEREOF**, Polk County has caused this Agreement to be executed in three (3) separate counterparts, each of which shall be considered an original, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Polk County, Iowa  
Board of Supervisors

By: \_\_\_\_\_  
Chairperson

Attest \_\_\_\_\_  
Jamie Fitzgerald, Polk County Auditor

**EXECUTION OF AGREEMENT**

**IN WITNESS THEREOF**, Jasper County has caused this Agreement to be executed in three (3) separate counterparts, each of which shall be considered an original, on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_

Jasper County, Iowa  
Board of Supervisors

by: \_\_\_\_\_  
Chairperson

Attest \_\_\_\_\_  
Jasper County Auditor



## ATTACHMENT A

The purpose of this Agreement is to establish the terms and conditions between Polk County and Jasper County for proposed 2014 replacement of Polk County Structure No. 6637, on NE 120 Street (W 148<sup>th</sup> Street S), 0.8 miles south of NE 44<sup>th</sup> Avenue, between Section 25, Beaver Township (Polk) and Section 30 Washington Township (Jasper).

Project includes the removal of an existing the 8' x 13' Arch Structural Plate Pipe Culvert that has failed with Triple 72" diameter CMP culverts with headwalls. See Attachment C for project cost and detailed quantity listing.

ATTACHMENT B

Duties of Polk County

Polk County, through their Public Works Department, shall provide all planning, design, administration, engineering and inspection for the project without reimbursement by Jasper County with an estimated value of \$6,500.

The labor, equipment, materials and traffic control required for the replacement of structure BR 6657 shall be completed by a third party contractor with Polk County.

Upon completion of the work, the Polk County shall prepare and forward a billing to Jasper County for their share of the project cost that shall not exceed \$43,690.80 and will not be due prior to July 1, 2015.

ATTACHMENT C

Duties of Jasper County

Jasper County shall promptly upon receipt of the billing from the County, make payment for their share of the project cost direct to Polk County. Work will be completed in 2014. Payment will be due upon receipt of the billing, but not before July 1, 2015.

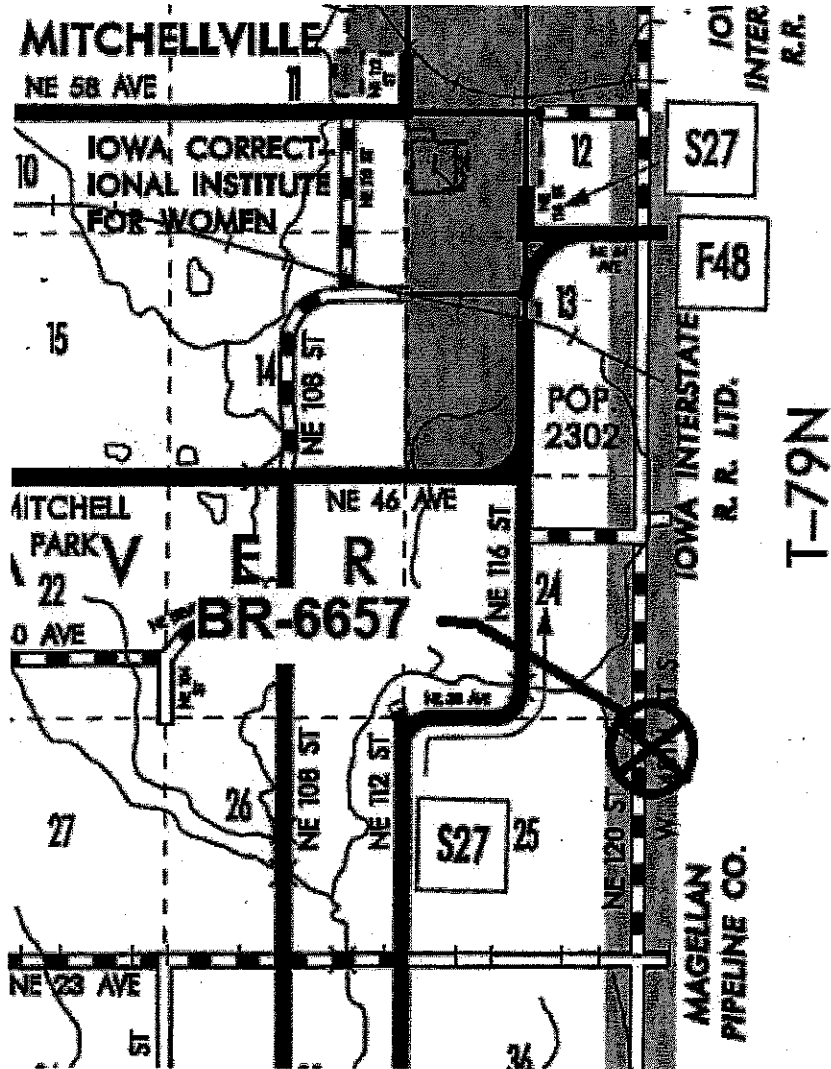
ATTACHMENT D

Cost Estimate

<b>PROJECT COST SUMMARY</b>					
<b>CULVERT REPLACEMENT - LBR-6657</b>					
<b>NE 120 St., south of NE 44 Ave.</b>					
<b>ITEM NO</b>	<b>ITEM DESCRIPTION</b>	<b>UNIT</b>	<b>QTY</b>	<b>UNIT PRICE</b>	<b>TOTAL PRICE</b>
1	SPECIAL BACKFILL (3" Clean)	TON	111.00	\$ 32.00	\$ 3,552.00
2	GRANULAR BACKFILL	TON	416.00	\$ 15.00	\$ 6,240.00
3	HMA, 3M ESAL, 1/2", INCLUDES BINDER	TON	70.00	\$ 90.00	\$ 6,300.00
4	REMOVAL OF EXISTING STRUCTURE	LS	1.00	\$ 1,500.00	\$ 1,500.00
5	EXCAVATION, CL. 20	CY	1,130.00	\$ 3.00	\$ 3,390.00
6	STRUCTURAL CONCRETE (HEADWALLS)	CY	21.82	\$ 1,500.00	\$ 32,730.00
7	REINFORCING STEEL	LB	3,488.00	\$ 1.00	\$ 3,488.00
8	CULV, CMP RDWY PIPE, 72" DIA., PLACE ONLY	LF	198.00	\$ 50.00	\$ 9,900.00
9	TEMPORARY STREAM DIVERSION	EACH	1.00	\$ 1,500.00	\$ 1,500.00
10	REVTMENT, SPECIAL	TON	40.00	\$ 50.00	\$ 2,000.00
11	REMOVAL OF PAVEMENT	SY	160.00	\$ 10.00	\$ 1,600.00
12	SAFETY CLOSURE	EACH	2.00	\$ 100.00	\$ 200.00
13	PAVEMENT MARKINGS, WATERBOURNE	STA	3.25	\$ 24.00	\$ 78.00
14	TRAFFIC CONTROL	LS	1.00	\$ 1,500.00	\$ 1,500.00
15	MOBILIZATION	LS	1.00	\$ 2,000.00	\$ 2,000.00
<b>TOTAL CONTRACT WORK COST</b>					<b>\$ 75,978.00</b>
Polk County Culvert Purchase- 198' of 72" Dia, 3x 1, 14 Ga. CMP with 3 bands					\$ 11,403.60
<b>TOTAL PROJECT COST</b>					<b>\$ 87,381.60</b>
<b>LESS 50% JASPER COUNTY</b>					<b>\$ 43,690.80</b>
<b>50% POLK COUNTY</b>					<b>\$ 43,690.80</b>

ATTACHMENT E

Project Location Map





# Iowa Department of Transportation

## ROADWAY MAINTENANCE AGREEMENT

AGENCY \_\_\_\_\_  
 COUNTY Jasper  
 CITY \_\_\_\_\_  
 BOARD Supervisors

This written agreement made and entered into by and between the (AGENCY) (COUNTY) (CITY) (BOARD) of Jasper County, Party of the First Part, and the Iowa Department of Transportation, Party of the Second Part. The parties hereby desire to enter into this roadway maintenance agreement concerning the following roadway:

### 1. ROUTINE MAINTENANCE

- A. Party of the First Part will perform the following routine maintenance:  
 Approximately 1.07 miles of asphalt surfaced roads from the County road near the north end of the lake, then south to the first run-around on the west side of the lake and from the County road on the east side of the lake, then south to the loop at the picnic area on the east side of the lake in Rock Creek State Park. Routine Maintenance may include snow and ice control, spot HMA overlays, HMA and PCC crack/joint/spot filling and patching, leveling of transverse joints, strip sealing, edge sealing, application of granular materials, blading of granular surfaces, shoulder repair, roadside mowing and herbicide applications, maintenance of clear channels through and adjoining drainage structures, repair or replacement of safety appurtenances and traffic control devices, and replacement of inadequate traffic signs and markings.
- B. Party of the First Part will perform the above described routine maintenance in compliance with the Iowa Department of Transportation's standard maintenance policies and procedures which include, but are not limited to, the Department's standards for maintenance activities and instructional memorandums. Particularly, Party of the First Part shall comply with:  
 As required per attached
- C. Party of the Second Part will perform the following routine maintenance:  
 None

### 2. SPECIAL MAINTENANCE

- A. Party of the First Part will perform the following special maintenance:  
 Not applicable

B. Party of the First Part will perform the above described special maintenance in compliance with the Iowa Department of Transportation's standard maintenance policies and procedures which include, but are not limited to, the Department's standards for maintenance activities and instructional memorandums. Particularly, Party of the First Part shall comply with:  
Not applicable

C. Party of the Second Part will perform the following special maintenance:  
Not applicable

### 3. PAYMENT

A. It is agreed that payment for the routine maintenance operations will be made after the work has been completed for the fiscal year ending June 30, and payment for maintenance operations will be made after the work has been completed. It is also understood and agreed that the right is reserved by both Parties to review, adjust, or terminate this Agreement at any time, provided however that written notice be given either Party at least thirty days prior to such review, adjustment, or termination.

B. Payment for routine maintenance at the rate of \$ 2000.00 per lane mile per year.  
Total lane miles 2.14 at \$ 2000.00 per lane mile = \$ 4280.00

C. Payment for special maintenance shall be made as follows: \$0.00

### 4. AGREEMENT TIME PERIOD

Beginning Date: July 1, 2014

Ending Date: June 30, 2015

5. Party of the First Part agrees to indemnify and save harmless the Party of the Second Part, the State of Iowa, and its agents or employees from any and all causes of action, suits, at law or in equity, for losses, damages, claims or demands, and from any and all liability and expense of whatsoever nature (including reasonable attorney fees), arising out of or in connection with the execution, performance, or attempted performance of this Agreement and work provided herein.

6. If any section, provision or part of this Agreement shall be found to be invalid or unconstitutional, such judgment shall not affect the validity of the Agreement as a whole or any section, provision, or part thereof not found to be invalid or unconstitutional.

7. Party of the First Part will follow all federal and state laws and regulations with regard to worker safety and the handling and disposal of hazardous waste and/or substances in performing any maintenance task.

8. Any subsequent change or modification to the terms of this Agreement shall be in the form of a duly executed addendum or amendment to this Agreement.

### RECOMMENDED FOR APPROVAL:

Jasper County Board of Supervisors

(AGENCY) (COUNTY) (CITY) (BOARD)

BY \_\_\_\_\_

TITLE Chairman -- Board of Supervisors

(DATE)

IOWA DEPARTMENT OF TRANSPORTATION

BY

District Engineer

(DATE)



**RECORDER'S MONTHLY REPORT**

**STATE OF IOWA, JASPER COUNTY**

**TO THE BOARD OF SUPERVISORS OF JASPER COUNTY:**

I Nancy Parrott, Recorder of the above named county and state; do hereby certify that the above is true and correct statement of the fee collected by me in my office for the period of Sept 1, 2014 thru Sept 30, 2014, and the same have been paid to the county Treasurer.

Nancy Parrott  
Nancy Parrott, Jasper County Recorder

Date: 10-13-2014

\_\_\_\_\_  
Dennis Parrott, Jasper County Auditor

Recording Fees	0001-1-07-8110-400000	<u>8,365.00</u>	
(+) E-File Rec F	<u>2,000.00</u>		<u>10,365.00</u>
Copies	0001-1-07-8110-400000		<u>1,365.86</u>
FED TX SEARCH	0001-1-07-8110-400000		<u>0</u>
Auditors Trans.	0001-1-07-9010-410000	<u>770.00</u>	
(+) E-file Aud Tr.	<u>75.00</u>		<u>845.00</u>
Co Tran Tax	0001-1-07-8110-404000	<u>1,869.83</u>	
(+) E-file Tr. Tax	<u>102.53</u>		<u>1,972.36</u>
Over Payments	0001-4-07-0054-822000		<u>48.04</u>
ELSI Co Fees	0001-1-07-8110-403000		<u>167.75</u>

Co Boat Title	0001-1-22-6110-412000	<u>65.00</u>
Co Boat Lien	0001-1-07-8110-418000	<u>15.00</u>
Snow Title/lien	0001-1-07-8110-401100	<u>0</u>
ATV/ORV Title/lien	0001-1-07-8110-401200	<u>145.00</u>
Vital Cert Co	0001-1-07-8110-413000	<u>384.00</u>
Co. Marriages	0001-1-07-8110-417000	<u>84.00</u>
Int. Bank Acct.	0001-4-07-0054-600000	<u>1.80</u>
Recd. Mgmt.	0024-1-07-8110-414000	<u>370.00</u>
(+) E-file R.M.	<u>128.00</u>	<u>498.00</u>
E-Fee	5300-1-77-0500-416000	<u>370.00</u>
(+) E-file E-Fee	<u>128.00</u>	<u>498.00</u>

Total County Fee Collected for September, 2014 \$ 16,454.81

**Revenue Totals**

**Charge Payment Totals**

Account Number	Account Description	Cash/Check (1)	Charge	Other Pay (2)	Sub Total	Cash/Check	Other Pay	Sub Total (3)	Drawer (1) + (2) + (3)
010101	Recording 0001-1-8110-4000-1	\$8,360.00	\$5.00	\$0.00	\$8,365.00	\$0.00	\$0.00	\$0.00	\$8,360.00
010102	Recd Mgmt0024-1-8110-4140-	\$369.00	\$1.00	\$0.00	\$370.00	\$0.00	\$0.00	\$0.00	\$369.00
010103	E-Fee 5300-1-0500-4160-77	\$369.00	\$1.00	\$0.00	\$370.00	\$0.00	\$0.00	\$0.00	\$369.00
010200	Auditors 0001-1-9010-4100-07	\$770.00	\$0.00	\$0.00	\$770.00	\$0.00	\$0.00	\$0.00	\$770.00
010301	Co Tran Tax0001-1-8110-4040	\$1,869.83	\$0.00	\$0.00	\$1,869.83	\$0.00	\$0.00	\$0.00	\$1,869.83
010302	State Tran Tax	\$8,970.17	\$0.00	\$0.00	\$8,970.17	\$0.00	\$0.00	\$0.00	\$8,970.17
010502	Copies 0001-1-8110-4000-07	\$1,365.86	\$0.00	\$0.00	\$1,365.86	\$0.00	\$0.00	\$0.00	\$1,365.86
	***** Account Group 01 Total *****	\$22,073.86	\$7.00	\$0.00	\$22,080.86	\$0.00	\$0.00	\$0.00	\$22,073.86
020401	Marr Co 0001-1-8110-4170-07	\$84.00	\$0.00	\$0.00	\$84.00	\$0.00	\$0.00	\$0.00	\$84.00
020402	Marriage License - State	\$651.00	\$0.00	\$0.00	\$651.00	\$0.00	\$0.00	\$0.00	\$651.00
020403	3 Day Waiver	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
020404	Vitalcertco0001-1-8110-4130-C	\$384.00	\$0.00	\$0.00	\$384.00	\$0.00	\$0.00	\$0.00	\$384.00
020405	Vital Cert State	\$1,536.00	\$0.00	\$0.00	\$1,536.00	\$0.00	\$0.00	\$0.00	\$1,536.00
	***** Account Group 02 Total *****	\$2,655.00	\$0.00	\$0.00	\$2,655.00	\$0.00	\$0.00	\$0.00	\$2,655.00
030101	Passprt Co 0001-1-8110-4150-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
030102	Passport - Federal	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
030301	Expedite Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	***** Account Group 03 Total *****	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050100	Hunting & Fishing/Elisi	\$1,520.50	\$0.00	\$0.00	\$1,520.50	\$0.00	\$0.00	\$0.00	\$1,520.50
050101	H&Fwf/Elisi 0001-1-8110-4030-	\$167.75	\$0.00	\$0.00	\$167.75	\$0.00	\$0.00	\$0.00	\$167.75
050104	Boat Registration Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050105	Snow & Atv Registration Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050106	Boat Title Fee	\$65.00	\$0.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$65.00
050107	Boat Lien Fee	\$15.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
050108	Snow Title Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050109	Snow Lien Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050110	Atv Title Fee	\$120.00	\$0.00	\$0.00	\$120.00	\$0.00	\$0.00	\$0.00	\$120.00
050111	Atv Lien Fee	\$25.00	\$0.00	\$0.00	\$25.00	\$0.00	\$0.00	\$0.00	\$25.00
050112	Rsu Perm/Elisi	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

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**Revenue Totals**

**Charge Payment Totals**

Account Number	Account Description	Cash/Check (1)	Charge	Other Pay (2)	Sub Total	Cash/Check	Other Pay	Sub Total (3)	Drawer (1) + (2) + (3)
050113	Nrohvu Perm/Elisi	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050114	Nrsu Perm/Elisi	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050201	Boat,Write 0001-1-8110-4020-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050203	Sno/Atv WF 0001-1-8110-4010	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050204	Atv/Orv T&L Co 00011811040-	\$145.00	\$0.00	\$0.00	\$145.00	\$0.00	\$0.00	\$0.00	\$145.00
050205	Snow T&L Co 001-1-8110-401-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050206	Bt Title Co 001-1-6110-4120-2-	\$65.00	\$0.00	\$0.00	\$65.00	\$0.00	\$0.00	\$0.00	\$65.00
050207	Bt Lien Co 0001-1-8110-4180-	\$15.00	\$0.00	\$0.00	\$15.00	\$0.00	\$0.00	\$0.00	\$15.00
050301	Use Tax	\$75.00	\$0.00	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
050302	la Sales Tax	\$2,003.28	\$0.00	\$0.00	\$2,003.28	\$0.00	\$0.00	\$0.00	\$2,003.28
050303	Local Option Tax	\$293.50	\$0.00	\$0.00	\$293.50	\$0.00	\$0.00	\$0.00	\$293.50
050304	School Tax	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
050305	Overpaymt 0001-4-0054-8220-	\$48.04	\$0.00	\$0.00	\$48.04	\$0.00	\$0.00	\$0.00	\$48.04
050306	Rvrvs	\$1,234.00	\$0.00	\$0.00	\$1,234.00	\$0.00	\$0.00	\$0.00	\$1,234.00
	***** Account Group 05 Total *****	\$5,792.07	\$0.00	\$0.00	\$5,792.07	\$0.00	\$0.00	\$0.00	\$5,792.07
060101	Balance Brought Forward	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
060102	Payment	\$130.00	\$0.00	\$0.00	\$130.00	\$0.00	\$0.00	\$0.00	\$130.00
	***** Account Group 06 Total *****	\$130.00	\$0.00	\$0.00	\$130.00	\$0.00	\$0.00	\$0.00	\$130.00
070101	Ucc Search 0001-1-8110-4000	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
070102	Ucc1/Term 0001-1-8110-4000-	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
070201	Fedxsearch0001-1-8110-400C	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
070301	Interest On Bank Account	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	***** Account Group 07 Total *****	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
080101	Ciris-Standard Fee	\$2,000.00	\$0.00	\$0.00	\$2,000.00	\$0.00	\$0.00	\$0.00	\$2,000.00
080102	Ciris-Document Management l	\$128.00	\$0.00	\$0.00	\$128.00	\$0.00	\$0.00	\$0.00	\$128.00
080103	Ciris-Erecording Fee	\$128.00	\$0.00	\$0.00	\$128.00	\$0.00	\$0.00	\$0.00	\$128.00
080104	Ciris-Additional Tran Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
080105	Ciris-Transfer Fee	\$75.00	\$0.00	\$0.00	\$75.00	\$0.00	\$0.00	\$0.00	\$75.00
080106	Ciris-Transfer Tax	\$594.40	\$0.00	\$0.00	\$594.40	\$0.00	\$0.00	\$0.00	\$594.40

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**Revenue Totals**

Account Number	Account Description	Cash/Check (1)	Charge	Other Pay (2)	Sub Total	Cash/Check	Other Pay	Sub Total (3)	Drawer (1) + (2) + (3)
***** Account Group 08 Total *****		\$2,925.40	\$0.00	\$0.00	\$2,925.40	\$0.00	\$0.00	\$0.00	\$2,925.40
116610	Writing Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
***** Account Group 11 Total *****		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
	<b>Final Totals :</b>	<b>\$33,576.33</b>	<b>\$7.00</b>	<b>\$0.00</b>	<b>\$33,583.33</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$33,576.33</b>

**Charge Payment Totals**

**Counts/Totals From 9/1/2014 Through 9/30/2014**

Cash Total :	\$6,400.25	+
Check Total :	\$27,389.13	+
Other Pay Total :	\$0.00	+
Change Total :	\$213.05	-
<b>Subtotal :</b>	<b>\$33,576.33</b>	
Charge Total :	\$7.00	+
<b>Grand Total :</b>	<b>\$33,583.33</b>	

Number of Cash Payments :	241
Number of Check Payments :	390
Number of Change Payments :	31
Number of Charge Payments :	1
Number of Other Payments :	0
Number of Receipts :	580
Number of Voids :	8

<b>Charge Information</b>	
Balance Forward Information	
Number of Payments on Account :	3
Total Paid on Account :	\$130.00

Tuesday, October 14, 2014 the Jasper County Board of Supervisors met in regular session at 9:30 a.m. with Supervisors Brock, Stevenson and Carpenter present and accounted for; Chairman Brock presiding.

Sharon Wallway of Pet Kingdom requested the use of the west side of the Courthouse lawn for a pet costume contest on October 30, 2014 at 5:00p.m.

Motion by Stevenson, seconded by Carpenter to approve the use of the Courthouse lawn for a pet costume contest on October 30, 2014 at 5:00pm

YEA: CARPENTER, STEVENSON, BROCK

Sheriff John Halferty asked the Board to approve the Quarterly Report for the period beginning July 1, 2014 and ending September 30, 2014.

Motion by Carpenter, seconded by Stevenson to approve the Sheriff's Quarterly Report for the period beginning July 1, 2014 and ending September 30, 2014.

YEA: STEVENSON, CARPENTER, BROCK

Motion by Stevenson, seconded by Carpenter to approve the use of the Courthouse for the 4-H Festival of Trees event scheduled from November 24, 2014 through December 29, 2014.

YEA: CARPENTER, STEVENSON, BROCK

Motion by Carpenter, seconded by Stevenson to approve Board of Supervisor minutes for September 23, 2014.

YEA: STEVENSON, CARPENTER, BROCK

There were no Board appointments.

Motion by Carpenter, seconded by Stevenson to adjourn the Tuesday, October 14, 2014 Board of Supervisors meeting.

YEA: STEVENSON, BROCK, CARPENTER

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Dennis Parrott, Auditor

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Joe Brock, Chairman