
**THE CITY OF BLUE ISLAND
COOK COUNTY, ILLINOIS**

**RESOLUTION
NUMBER 2018-015**

**A RESOLUTION AUTHORIZING AN AGREEMENT WITH
EMPLOYEE BENEFITS CORPORATION FOR SERVICES FOR THE
CITY TO COMPLY WITH THE CONSOLIDATED
RECONCILIATION ACT OF 1985 (COBRA)**

**DOMINGO F. VARGAS, Mayor
Randy Heuser, City Clerk**

**DEXTER JOHNSON
LETICIA VIEYRA
NANCY RITA
TOM HAWLEY
BILL FAHRENWALD
CANDACE CARR
KENNETH PITTMAN**

**GEORGE POULOS
FRED BILOTTO
KEVIN DONAHUE
ALECIA SLATTERY
JANICE OSTLING
JAIRO FRAUSTO
NANCY THOMPSON**

Aldermen

RESOLUTION NO. 2018-015

A RESOLUTION AUTHORIZING AN AGREEMENT WITH EMPLOYEE BENEFITS CORPORATION FOR SERVICES FOR THE CITY TO COMPLY WITH THE CONSOLIDATED RECONCILIATION ACT OF 1985 (COBRA)

WHEREAS, the City of Blue Island has the authority to contract and be contracted with pursuant to 65 ILCS 5/2-2-12;

WHEREAS, the City plans to enter into a service agreement for services for the City to comply with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) provided by Employee Benefits Corporation in accordance with the terms of the Service Agreement attached hereto as Exhibit A;

WHEREAS, the appropriate city officials have considered and reviewed the Service Agreement attached as Exhibit A and find the same to be in the best interests of the City;

NOW AND THEREFORE, BE IT RESOLVED by the City Council of the City of Blue Island, Cook County, Illinois, as follows:

SECTION 1: AGREEMENT FORM AND TERMS AUTHORIZED

The terms and conditions as shown in the Service Agreement for services for the City to comply with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) to be provided by Employee Benefits Corporation, attached as Exhibit A to this Resolution, are hereby approved.

SECTION 2: AUTHORIZATION OF AGENT TO EXECUTE AND ACT IN ACCORDANCE WITH AGREEMENT

The City Council further authorizes the Mayor or his designee to execute any and all documentation that may be necessary to carry out the intent of this Resolution. The officers,

employees, and/or agents of the City shall take all action necessary or reasonably required by the City to carry out, give effect to, and consummate the intent of this Resolution.

SECTION 3: EFFECTIVE DATE

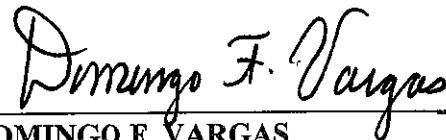
This resolution shall be in full force and effect upon its passage and approval as required by law.

(Intentionally left blank)

ADOPTED this 24th day of April, 2018, pursuant to a roll call vote as follows:

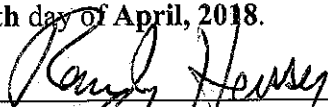
	YES	NO	ABSENT	PRESENT	ABSTAIN
Alderman Hawley	X				
Alderman Poulos	X				
Alderman Vieyra	X				
Alderman Bilotto	X				
Alderman Rita			X		
Alderman Donahue			X		
Alderman Carr	X				
Alderman Slattery	X				
Alderman Ostling	X				
Alderman Pittman	X				
Alderman Johnson			X		
Alderman Frausto	X				
Alderman Thompson			X		
Alderman Fahrenwald	X				
Mayor Vargas					
TOTAL	10		4		

APPROVED by the Mayor on April 24, 2018.



DOMINGO F. VARGAS
MAYOR OF THE CITY OF BLUE ISLAND,
COUNTY OF COOK AND STATE OF ILLINOIS

ATTESTED and Filed in my office this
 24th day of April, 2018.



RANDY HEUSER
CITY CLERK



Service Agreement

For use with Federal COBRA and all State Continuation Administration | 1

Fax to: 608 831 4790
 Mail to: Employee Benefits Corporation, PO Box 44347, Madison WI 53744-4347
 Phone support: 800 346 2126 | 608 831 8445
 E-mail support: sales@ebcflex.com

Employee Benefits Corporation

Validation and Adoption

As set forth below, the following Employer engages Employee Benefits Corporation, PO Box 44347, Madison, WI 53744-4347 (telephone: 608 831 8445; toll free 800 346 2126), to provide services helping the Employer comply with the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) and State Continuation provisions. Minnesota State Continuation and Wisconsin State Continuation are available if you are a Minnesota or Wisconsin-based employer with less than 20 employees. If your total number of employees is 20 or more, you are subject to both federally regulated COBRA Continuation and State Continuation.

Note: In the states of Arizona, Florida, Kentucky, Massachusetts, Montana, North Carolina, Nebraska, Ohio, Rhode Island, Tennessee, Vermont, Virginia, and Washington, Employee Benefits Corporation is registered under the "doing business as" (DBA) name EBC Benefits Administration Corporation. In the state of New Hampshire, Employee Benefits Corporation is registered under the DBA name Employee Benefits Administrators of Wisconsin.

Organization Information

City of Blue Island
 Legal Name of Organization

3 6 - 6 0 0 5 7 9 8
 Federal Employer ID Number (FEIN) (xxxxxxxx)

Is the company listed above part of a controlled group?

Yes No (If you chose "Yes" the attached Related Employers Form must be completed)

Plan Details

Administration Type: COBRA
 COBRA with State Continuation (indicate state): Connecticut Minnesota New York Texas Wisconsin
 State Continuation only: Minnesota Wisconsin

Effective Date: 1 0 / 0 1 / 2 0 1 7
 (Start Date) COBRASecure Effective Date (mm-dd-yyyy)

Number of employees: 1 0 9
 Number of employees enrolled in the Health Plan

Current COBRA Administration

Does the employer have continuants currently enrolled in COBRA or pending a COBRA election? Yes No

COBRA is currently administered: In-house by employer
 Outsourced: _____
 Name of administrator if COBRA is currently outsourced

If outsourced and there are enrolled or pending continuants, your current COBRA administrator will notify the carrier(s) and terminate these continuants:
 Yes No

Health Plans Select the COBRA plans that you currently offer your active employees.

	Automatically Bundled with Medical Insurance	Separately Elected
<input checked="" type="checkbox"/> Medical Insurance	N/A	N/A
<input checked="" type="checkbox"/> Dental Insurance	<input type="radio"/>	<input checked="" type="radio"/>
<input checked="" type="checkbox"/> Vision Insurance	<input type="radio"/>	<input checked="" type="radio"/>
<input type="checkbox"/> Health Reimbursement Arrangement	<input type="radio"/>	<input type="radio"/>
<input type="checkbox"/> Prescription Drug (select only if separate carrier notices are required)	<input type="radio"/>	N/A
<input type="checkbox"/> Health Care Flexible Spending Account (FSA)	N/A	N/A
<input type="checkbox"/> Employer Maintained Wellness Program	N/A	N/A
<input type="checkbox"/> Employee Assistance Plan (EAP)	N/A	N/A
<input type="checkbox"/> Other _____	N/A	N/A
<input type="checkbox"/> Life Insurance - for Minnesota State Continuation only:		
<input type="checkbox"/> Basic Life Insurance		
<input type="checkbox"/> Voluntary Life Insurance		
<input type="checkbox"/> Basic Life Insurance with ADD&D		

Broker Information

N/A

Agency/Organization Name **Mellon Insurance Services, Inc.**

Federal Employer ID Number (FEN) or Social Security Number (xx-xxxxxx) **36-3929609**

Agency/Organization Street Address **353 N. Clark St.**

City **Chicago**

State **IL**

Zip Code **60654**

Agent/Broker Last Name **Duenas**

First Name **Adriana**

Title **Producer**

Phone (xxx-xxx-xxxx) **312-595-6089**

Extension

Fax (xxx-xxx-xxxx) **312-595-9333**

E-mail address (required to receive email copy of signed contracts to client) **Adriana.Duenas@Alliant.com**

Employee Benefits Corporation Representative **Andrea Visione**

Please Sign and Date the Service Agreement

Andrea Trucco
Employee Signature

Date (mm-dd-yyyy) **09/11/2017**

Print Name **Andrea Trucco**

Title **Assistant General Counsel**

Brian Cress
Employee Benefits Corporation Signature

Date (mm-dd-yyyy) **09/22/2017**

Print Name **Brian Cress**

Title **Senior Onboarding Specialist**



Date: March 3, 2018
To: Finance Committee
From: Michael Marzal, Director of Finance and Administration
Re: COBRA Secure Service Agreement
Cc:
Board Action: Consider a Resolution

Request for Board Action: Consider a resolution authorizing the City to enter into an agreement with COBRA Secure for post-employment COBRA services.

Overview: The City entered into an agreement with COBRA Secure in September 2017 to provide post-employment COBRA services. This agreement was entered into without City Council approval. Therefore staff is seeking to correct this item and formally approve the agreement. Under the terms of the agreement the City pays \$1.00 per employee per month for COBRA Secure to be our third party COBRA vendor. COBRA Secure sends the proper paperwork, bills the employees and ensure compliance with State and Federal COBRA law.

Options and Recommendation: Enter into an agreement with COBRA Secure for post-employment COBRA services.

Financial Impact: Budgeted \$1,200

Motion: Enter into an agreement with COBRA Secure for post-employment COBRA services.

Attachments: Agreement

Additional Information: N/A