



# *Milton Township*

32097 Bertrand St., Niles, MI 49120 Phone (269)684-7262 Fax (269)684-1742  
Email: [milton@miltontwp.org](mailto:milton@miltontwp.org) Website: [www.miltontwp.org](http://www.miltontwp.org)

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## **Agenda for Milton Township Regular Board Meeting Milton Township Hall - 32097 Bertrand St., Niles, MI Tuesday September 11, 2018 7:00 P.M.**

### **Call to Order/Pledge of Allegiance:**

### **Community Reports:**

1. Planning Commission Ex Officio Member
2. Other committee chairs
3. Visiting officials

### **Anyone Wishing to Speak to the Board: (3 min/person)**

### **Board Member Comments:**

### **Approval of Agenda:**

### **Approval of Previous Minutes:**

### **Business (w/attendees):**

1. Hidden Hills Application
2. 2017-2018 Yearly Audit

### **Old Business:**

1. Noise/Nuisance Ordinances Reviews
2. Direct Deposit

### **New Business:**

1. 69580 Beebe Road
2. Noise Ordinance
3. Computer Purchases
4. QuickBooks Online
5. Milton Township Group Insurance Plan Ordinance
6. Flu Shots

### **Financial Report:**

1. Review of Township Budget
2. Financial Reports
3. Approval of Checks

### **Adjournment:**



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## Minutes for Milton Township Board of Trustees

### Regular Board Meeting

Milton Township Hall - 32097 Bertrand St., Niles, MI

Tuesday August 14, 2018 7:00P.M.

Meeting called to order at 7:00pm and the pledge was recited.

Members Present: Supervisor Robert Benjamin, Treasurer Susan Flowers (Arrived 7:04pm), Trustee Eric Renken, Trustee Kelly Sweeney

Members Absent: Clerk Steve Sante

Motion: Sweeney made a motion to have Renken serve as secretary for the meeting in the absence of the clerk.

Second: Benjamin

Discussion: None

Motion Carried With a Vote of 3-0

#### Community Reports:

Ex-Officio: Sweeney reports that phase three of the MUP will be completed after bats leave the surrounding trees for the season. This portion of construction will be up to Redfield Road.

Steve Sante, whom is the clerk, provided a written report that the August Primary Election had a total of 476 voters, which is up from 225 in 2014.

SMCAS: No Report Provided

Flowers reports that a favorable audit report was returned for the Edwardsburg Fire Department.

Visiting Officials: None

Board Member Comments: None

Public Comment: Virginia Kraft questioned if building permits must be posted. Benjamin takes the question as an action item.

#### Approval of Agenda:

No Changes

#### Approval of Previous meeting minutes:

Motion: Sweeney made a motion to approve the 7/10/18 minutes as presented

Second: Flowers

Discussion: None

Motion Carried Unanimously

## OLD BUSINESS

Noise/Nuisance Ordinance Reviews: A discussion was held by the board.

Motion: Renken made a motion to send the noise ordinance to a public hearing during our next board meeting on 9/11/18 at 7:00pm.

Second: Sweeney

Discussion: None

Motion Carried Unanimously

Law Enforcement: The proposal for a law enforcement millage needs to be on a ballot, but it won't be on the November ballot. If it is placed on another ballot that needs to be communicated to our residents via our website and newsletter.

**Smith's Chapel:** The Township is looking to terminate the Smith's Chapel Historical Commission contract, as they no longer are active in operations of the property.

Motion: Sweeney made a motion to terminate the contract with the Smith's Chapel Historical Commission

Second: Renken

Discussion: None

Roll Call: Flowers Yes, Renken Yes, Sweeney Yes, Benjamin Yes

Motion Carried

## NEW BUSINESS

Credit Card Policy:

Flowers will review if there is liability to the township if credit card limits are increased and if so, should we cap how much a card holder can ask for.

Site Condominium Development Ordinance

Benjamin would like the board to review the ordinance and bring back feedback.

Rezoning Gumwood/Redfield/Fir/Stateline

Renken recuses himself from this discussion, as he is a resident of this area.

Benjamin indicates the area needs to be re-zoned to single family residence so there is not spot zoning in the area

Motion: Benjamin makes a motion for the P.C. at the next scheduled meeting on 9/4/18 to consider the rezoning of the properties contained in the Gumwood/Redfield/Fir/ and the Stateline and call a public hearing at that meeting

Second: Sweeney

Discussion: None

Motion Carried (Vote of 3-0)

## 2018-2019 Budget

The budget was discussed. No budget resolutions were made.

Financial Reports:

Flowers reports the township fund balances total \$657,608.94

#### Approval of Checks

Motion: Sweeney made a motion to approve the checks as written

Second: Renken

Discussion: None

Roll Call: Flowers Yes, Renken Yes, Sweeney Yes, Benjamin Yes

Motion Carried

#### Employee Performance Review:

An employee performance review was completed for Eileen Glick, whom is the zoning administrator and code enforcement official

Sweeney stated that he is having problems with communication with Eileen and would like to see that improved

Benjamin indicated he would like the zoning administrator to review the site condominium ordinance with the P.C. and have Eileen provide feedback on the ordinance

Would like to see a shorter time for complaint resolutions

Would like to see code enforcement reports provided in the monthly board packet

Would like to see set hours

Renken and Flowers had nothing to contribute

Eileen indicates the township should remove the noise ordinance because it is too hard to enforce.

#### Adjournment:

Motion: Flowers made a motion to adjourn at 8:02pm

Second: Sweeney

Discussion: None

Motion carried unanimously

September 4, 2018

To Whom it May Concern:

In regards to planning commission meeting on September 4, 2018, Kevin and Caitlyn Daus (Applicant for Hidden Hills Development- Niles MI, Milton Township) wish to waive the 30 day requirement for the board to act. We would like to grant the board adequate time to review and make their decision at the October meeting.

Thank you,



Kevin Daus



Caitlyn Daus

## CASS COUNTY PLANNING COMMISSION

### Minutes of August 22, 2018

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The meeting was called to order by William Zuhl at 4:00 p.m.

**Members Present:** William Zuhl, David Kring, Terry Ausra, Kathy Cobb, Gwenn Johnson, Annie File and David Fleming

**Members Absent:** Andy Anderson

**Approval of Agenda:** A motion was made by David Kring to approve an amended August 22, 2018, agenda, to reflect the correct date and to add "Membership Make-Up" under "New Business." The motion was seconded by David Fleming with all in favor and the motion carried.

#### **Approval of Minutes:**

A motion was made by Gwenn Johnson to approve the July 25, 2018, minutes. The motion was seconded by Annie File with all in favor and the motion carried.

#### **New Business:**

##### Milton Township – Zoning Amendment

Eileen Glick, Zoning Administrator and Code Enforcement Officer for Milton Township, was present to explain the request to have property rezoned from Agricultural to Rural Residential. Milton Township recognizes the inevitable push of Indiana residents moving into their area as an extended northern Indiana community. Even though the land is currently prime farmland, both the Cass County Future Land Use map and the Milton Township proposed Future Land Use have this area rezoned to residential.

We expressed some concern about the property being land-locked, but Glick reinforced that the owner will have to work with the county to make sure that easement is turned into a road that meets Cass County standards.

*A motion was made by Dave Fleming to approve the Milton Township Zoning Amendment. The motion was seconded by David Kring with 6 in favor and 1 in objection, and the motion carried.*

Membership Make-up -- With the resignation of Tom Swartz from the CCPC, we are left with one open spot. Since Tom represented human services, Kathy Cobb has agreed to represent human services leaving us an "at-large" position that will likely produce more interested citizens.

#### **Other Business:**

Bylaws -- Since some members of the planning commission have still only just received a copy of the by-laws, we have tabled a final review of them until a future meeting.

**Adjournment:** A motion was made by Annie File to adjourn the meeting. The motion was seconded by Terry Ausra with all in favor, and the meeting adjourned at 4:18 p.m.

**Next Meeting Date:** September 26, 2018, at 4:00 p.m. at the County Building, Kincheloe Room



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July 24, 2018

Cass County Planning Commission  
120 N. Broadway  
Cassopolis, MI 49031

Re: Rezoning

Dear Planning Commission:

In July 19, 2018 at 6:00 p.m., the Milton Township Planning Commission held a Public Hearing to review a rezoning request from Ronald and Dawn Simpson, 69580 Beebe Road, Niles, MI. The request was to have their property rezoned from Agricultural to Rural Residential.

Attached are the minutes from the Public Hearing, along with the Staff Report and report from Williams & Works, for your review and comment.

You may contact me by email at [zoning@miltontwp.org](mailto:zoning@miltontwp.org), or by phone at (269) 591-7982, if you need further information.

Sincerely,

Eileen Glick

Zoning Administrator and Code Enforcement Officer





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## Planning Commission Members

Jeremy Clanton, Ken Filipek, Roger Kempton, Scott Kretchman, Paul Romanetz, Karen Shirk, Kelly Sweeney

## Draft Minutes for Milton Township Planning Commission Meeting

Milton Township Hall – 32097 Bertrand St., Niles, MI

### PLANNING COMMISSION MEETING

July 19, 2018 7:00 P.M.

#### Call to Order/Pledge of Allegiance:

1. Meeting was call to order at 7:01 PM
2. Pledge of Allegiance was recited
3. All were present with the exception of Ken Filipek (excused)

#### Anyone Wishing to Speak to the Planning Commission: (3 min/person)

1. Jeff Neumann, Kestrel Hills, Milton Township #3 speaker for Kestrel Hills
  - a. See attached email

#### Approval of Agenda:

- Kelly made a motion to approve the agenda
- Jeremy seconded the motion.
- Discussion.
- Motion passed.

#### Approval of Previous Minutes:

- Kelly made a motion to approve the June Special Meeting Minutes as amended
- Paul seconded the motion.
- Discussion.
- Motion passed.
- Paul made a motion to approve the June Regular Meeting Minutes as amended
- Roger seconded the motion.
- Discussion.
- Motion passed.

#### Community Reports:

1. Zoning Administrator – ZA gave her report attached
2. Township Board Representative – Read comments from the Berrien County Planning Commission
3. Zoning Board of Appeals Representative – There were no appeals

### **New Business:**

1. August meeting date
  - a. Kelly made a motion to approve the August Planning Commission meeting to August 6<sup>th</sup> at 7:00 PM
  - b. Jeremy seconded the motion.
  - c. Discussion.
  - d. Motion passed.
2. Rezoning for Parcel ID #: 14-070-010-023-20 (Beebe Rd.)
  - a. Kelly made a motion to approve the Rezoning for Parcel ID Number: 14-070-010-023-20 (Beebe Rd) based on the written reports from William & Works (Planner of Record) and the Zoning Administrator
  - b. Jeremy seconded the motion.
  - c. Discussion
  - d. Motion passed.

### **Old Business:**

1. Master Plan (Status update and set public hearing date)
  - a. Karen schedule the Public Hearing for 7:00 PM on September 4, 2018
2. Accessory building size and height zoning
  - a. Tabled
3. Discussion on future public roads
  - a. Tabled

### **Board Member Comments:**

#### **Announcements:**

#### **Adjournment**

- Jeremy made a motion to adjourn
- Roger seconded the motion
- Motion Carries meeting was adjourned at 7:42 PM



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## Planning Commission Members

Jeremy Clanton, Ken Filipek, Roger Kempton, Scott Kretchman, Paul Romanetz, Karen Shirk, Kelly Sweeney

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## Minutes for Special Meeting

**Public Hearing: Rezoning for PARCEL ID NUMBER: 14-070-010-023-20 (Beebe Rd)**  
**Milton Township Hall – 32097 Bertrand St., Niles, MI**  
**July 19, 2018 6:30 P.M.**

### Call to Order/Pledge of Allegiance:

1. Meeting was call to order at 6:35 PM
2. Pledge of Allegiance was recited
3. All were present with the exception of Ken Filipek (excused)

### Approval of Agenda:

### Public Comments: --- limited to 3 minutes/person

### Scheduled Public Hearing: Rezoning for PARCEL ID NUMBER: 14-070-010-023-20 (Beebe Rd)

1. Meeting was properly noticed (Leader Publication, all residents within 300 feet notified)
2. Zoning Administrator report received
3. Planner of Record report received

### Chairperson Comments:

We will be following the Township of Milton Planning Commission Bylaws Adopted June 1, 2009 and Amended on July 2013 as outlined below:

1. Chairperson opens the public hearing and announces the subject.
2. Chairperson summarizes the procedures/rules to be followed during the hearing.
3. Township planner/engineer/other consultants present their report and recommendation
4. Applicant presents the main points of the application.
5. Persons speaking in support of the application are recognized.
6. Persons speaking in opposition to the application are recognized.
7. Chairperson closes the public hearing and returns to the regular/special meeting.
8. Planning Commission begins deliberation and arrives at a decision with specified reasons for the decision. A decision can be postponed by a vote of the commission for reasons identified in the motion for postponement.

**Note:** All comments by the public, staff and Planning Commission members shall be directed to the chairperson and shall relate to the subject of the public hearing: unrelated comments shall be ruled out-of-order by the chairman.



**Anyone Wishing to Speak to the Planning Commission: (3 min/person)**

1. Township planner/engineer/other consultants present their report and recommendation
  - a. Written report from William and Works received
  - b. Written report from Zoning Administrator received
2. Applicant presents the main points of the application.
  - a. Name: Ronald and Dawn Simpson
  - b. Address: 69580 Beebe Road, Niles, MI 49120
  - c. Statement: Would like to rezone the parcel into 3 smaller parcels
3. Persons speaking in support of the application are recognized.
  - a. There was no one speaking in support.
4. Persons speaking in opposition to the application are recognized.
  - a. Person 1
    - i. Name: Bob Franz
    - ii. Address: Pineview Farms LLC
    - iii. Statement: Email message
      1. Please be advised that we have an ongoing farming operation and plan to continue operating this farming operation into the future.

**Board Member Comments:**

None

**Adjournment:**

- Kelly made a motion to adjourn at 6:45 PM
- Jeremy seconded the motion
- Motion Carries

## STAFF REPORT – REZONING REQUEST

**APPLICANT:** Ronald and Dawn Simpson

**TYPE:** Rezoning property from Agricultural Production to Rural Residential

**BACKGROUND:** Applicant/Property Owners, Ronald and Dawn Simpson, 69580 Beebe Road, Niles MI 49120 own a 6.84 acre parcel on Beebe Road. Parcel ID 14-070-010-023-20. Applicant is requesting to have this parcel of land rezoned from Agricultural Production to Rural Residential. Applicant wishes to divide this parcel into several smaller parcels to sell to his children. Parcels in the Agricultural Production District require a minimum of 10 acres. The Rural Residential District requires a minimum of two (2) acres.

Section 18.06 of the Milton Township Zoning Ordinance states that an amendment to the ordinance (Text or Map) may be initiated by any person filing an application. In making a Map Amendment (Rezoning) recommendation to the Township Board, the Planning Commission shall consider the following criteria:

- 1) Whether or not the proposed rezoning is consistent with the goals, policies and future land use map of the Milton Township Master Plan; or, if conditions have changed significantly since the Master Plan was adopted, the consistency with recent development trends in the area.

The Future Land Use Map, provided in both the 2012 Master Plan and the update that is currently being worked on, shows parcels in that area transitioning from Agricultural Production to Rural Residential. This allows for residential development at densities of an average of one unit per two acres. The provision of Rural Residential areas will lead toward the preservation of the Township's rural atmosphere.

- 2) Whether or not the proposed district and the uses allowed are compatible with the site's physical, geological, hydrological and other environmental features. The potential uses allowed in the proposed zoning district shall also be compatible with surrounding uses in terms of land suitability, impacts on the community, density, potential influence on property values and traffic impacts.

The land is compatible with the uses allowed in the Rural Residential District.

- 3) Whether, if rezoned, the site is capable of accommodating the uses allowed, considering existing or planned infrastructure including roads, sanitary sewers, storm sewer, water, sidewalks, and road lighting.

The site is capable of accommodating single family dwellings, which is the proposed use.

- 4) Other factors deemed appropriate by the Planning Commission.

Submitted by:

Eileen Glick  
Zoning Administrator



# williams&works

engineers | surveyors | planners

## MEMORANDUM

**To:** Milton Township Planning Commission  
**Date:** July 12, 2018  
**From:** Andy Moore, AICP  
Whitney Newberry  
**RE:** Simpson Rezoning Request

Mr. Ronald F. Simpson has submitted an application for a rezoning, requesting that his property located at 69580 Beebe Road be rezoned from the Agricultural Production zoning district to the Rural Residential zoning district. The purpose of this memorandum is to review the application pursuant to Section 18.06 of the Township Zoning Ordinance.

**Background** The subject property is approximately 6.84 acres in area and is landlocked. It is accessed via an easement/shared drive connecting to Beebe Road along the southern border of the property. According to the information submitted, the applicant plans to divide the property into three lots for future residential construction.

**Review Standards.** When reviewing an application for rezoning, the following criteria must be considered by the Planning Commission pursuant to Section 18.06(b) of the Zoning Ordinance. Those standards are below, along with our remarks on each.

- 1) Whether or not the proposed rezoning is consistent with the goals, policies and future land use map of the Milton Township Master Plan; or, if conditions have changed significantly since the Master Plan was adopted, the consistency with recent development trends in the area.

**Remarks:** The current Township Master Plan was approved in 2012. This plan establishes general land use patterns to guide future development of the township. The goal for future land use and zoning is to "foster efficient and sustainable forms of development that preserve the community's rural personality and natural features while accommodating modest levels of sustainable growth." The Plan recognizes that the proximity of the Michigan/Indiana border and location of US-12 in the township are causing increased residential development. Because of this increasing development, the Plan notes that maintaining productive agricultural lands is a high priority among Township residents. This is done most effectively through the preservation of large and contiguous tracts of farmland.

Although the 2012 Plan is the current standard for guiding township development, an updated plan is nearing completion. While not yet adopted, it is reasonable to consider the future land use plans for both plans.

The future land use map in the 2012 Plan indicates that the property is within the Rural Residential designation. The Plan prefers Rural Residential development to be constructed

in clusters to preserve natural resource areas, with an average of one unit per two acres. The applicant's intent to split 6.84 acres into three lots generally agrees with the Plan's intent for Rural Residential land development. It is located near other rural residential properties, adding to an existing cluster of rural residential development. The proposed 2018 Plan also indicates that the property is within the Rural Residential designation. Therefore, the Planning Commission may find that the rezoning request is consistent with the Master Plan.

- 2) Whether the proposed district and the uses allowed are compatible with the site's physical, geological, hydrological and other environmental features. The potential uses allowed in the proposed zoning district shall also be compatible with surrounding uses in terms of land suitability, impacts on the community, density, potential influence on property values and traffic impacts.

**Remarks:** We do not expect significant environmental impacts from the proposed use. The subject parcel is wooded, but the surrounding area is predominately open space and farmland. The rural residential areas have open yards on the east, west, and south. There is also open farmland to the north. Because of the different land uses around the subject parcel and its relatively small size, it is unlikely that this parcel will have high ecological productivity. Therefore, its use for residential purposes should not have a significant adverse impact on the environment.

Because the applicant desires to split the land into three lots for development, it is expected that there will not be a significant increase in traffic. Also, by dividing the 6.84 acres into three lots, the applicant would likely fulfill the requirements of Section 6.04 for a minimum lot area of 2 acres. The land is adjacent to property with some residential development on the south, west, and east. Therefore, the Planning Commission may find that the proposed use is compatible with the site's environmental features and the surrounding community.

- 3) Whether, if rezoned, the site is capable of accommodating the uses allowed, considering existing or planned infrastructure including roads, sanitary sewers, storm sewer, water, sidewalks, and road lighting.

**Remarks:** The site would likely be easily able to accommodate the proposed uses of three single-family homes. The Commission should be aware that this parcel is landlocked in that it does not directly access a public or private road. It is assumed that the future lots would utilize the existing easement/shared driveway along the southern border of the property. This easement is currently being used by one other resident to the west. The maintenance of the easement and driveway should be considered, and the Zoning Administrator should confirm that the land divisions could be approved and utilize the driveway if the property were developed as proposed. The applicant should enter into some kind of maintenance agreement with the other property owner(s) to ensure a fair and equitable plan for maintaining the driveway and easement is developed and maintained.



- 4) Other factors deemed appropriate by the Planning Commission.

**Remarks:** This application and proposed use of land represents a relatively minor increase in intensity. If the applicant builds the homes as proposed, it would be consistent with the surrounding areas and likely meet the intent of the zoning ordinance, which intends for these areas be developed "to buffer the uses from agricultural or extraction activities from other residential districts."

#### **Recommendation**

At the July 19 public hearing, the Planning Commission should listen carefully to comments from the applicant and public regarding the request. Subject to those comments, it is our recommendation that the Planning Commission recommend approval of the proposed rezoning to the Township Board. The Commission may rely on the findings in this memorandum as justification in making this recommendation.

As always, please contact us if there are any questions.



# NOTICE OF PUBLIC HEARING

## Proposed Property Rezoning

MILTON TOWNSHIP, CASS COUNTY, MI  
32097 Bertrand Street  
Niles, MI 49120

**To: The residents and property owners of Milton Township, Cass County Michigan and any other interested parties.**

**PLEASE TAKE NOTICE** the Planning Commission of Milton Township, Cass County Michigan will hold a Public Hearing on Thursday, July 19, 2018, commencing at 6:30 p.m., to be held at the Milton Township Hall, 32097 Bertrand Street, Niles, MI 49120, for the purpose of considering an application submitted by Ronald Simpson, 69580 Beebe Road, Niles, MI 49120, to rezone one (1) land parcel, pursuant to Chapter 18, Section 18.06 of the Milton Township Zoning Ordinance.

**PLEASE TAKE FURTHER NOTICE** that the items to be considered at said Public Hearing and Meeting location include, in brief, the following: The consideration, and taking of, Public Comments about the Application to Rezone approximately 6.84 acres, from the Agricultural Production District, to the Rural Residential District.

**PARCEL ID NUMBER:** 14-070-010-023-20

**PARCEL OWNED BY:** Milton Township

**INTERESTED PARTY:** Ronald and Dawn Simpson

**LEGAL DESCRIPTION:** COMMENCING NORTH 89 DEGREES 58' 24" WEST 584 FEET FROM EAST 1/4 CORNER, THENCE SOUTH 400 FEET, NORTH 89 DEGREES 58' 24" WEST 744.68 FEET, NORTH 0 DEGREES 4' 36" EAST 400 FEET, SOUTH 89 DEGREES 58' 24" EAST 744.14 FEET TO THE POINT OF BEGINNING, SUBJECT TO EASEMENT.

**PLEASE TAKE FURTHER NOTICE** that written comments will be taken from any interested persons concerning the foregoing proposed amendments, at the Milton Township Hall, at the address set forth above, at any time during regular business hours up to 4:00 o'clock p.m. on the date of said hearing, and will further be received by the Planning Commission at the time of said hearing.

**PLEASE TAKE FURTHER NOTICE** that all persons interested in the foregoing are invited to be present at the aforesaid Public Hearing time and place to participate in the proceedings. Copies of the Application to Rezone and applicable maps are available for inspection at the Milton Township Hall during regular open business hours. More information can be obtained by calling Milton Township at 269-591-7982. Individuals with disabilities requiring auxiliary aids or services, and wish to attend the hearing, should contact the office of the Township Clerk, by writing or calling the Clerk, at least five (5) days prior to the hearing to ensure needed accommodations.

Eileen Glick, Zoning Administrator

Submitted on behalf of the  
Milton Township Planning Commission

Bradley & Erin Hafner  
69584 Beebe Road  
Niles, MI 49120

Pineview Farm LLC  
P.O. Box 31  
Dowagiac, MI 49047

Ronald & Dawn Simpson  
69580 Beebe Rd.  
Niles, MI 49120

John & Anne Rice  
30298 Lloyd Lane  
Niles, MI 49120

Brad & Connie Mick  
30166 Lloyd Lane  
Niles, MI 49120

Andrew & Kalynda Hamilton  
30122 Lloyd Lane  
Niles, MI 49120

Dennis & Diana Comer  
69618 Beebe Road  
Niles, MI 49120

# **ZONING CHANGE PROPOSED**

**FOR MORE INFORMATION CALL**

**MILTON TOWNSHIP**

**(269) 684-7262**





# Milton Township

32097 Bertrand St., Niles, MI 49120 Phone (269)684-7262 Fax (269)684-1742  
Email: milton@miltontwp.org Website: www.miltontwp.org

## REQUEST FOR PLANNING COMMISSION SPECIAL MEETING

Meeting Date:

7/19/18

Time:

6:30

Purpose or purposes  
for the meeting:

Public hearing for rezoning

Signature(s):

Karen Shuk

A special meeting may be requested by the following: (check the one applicable box)



Planning Commission Chairperson



2 or more Planning Commission Members

This request must be submitted to the township clerk.

### OFFICE USE ONLY

Date and time request submitted to clerk: \_\_\_\_\_

Date and time posted and visible at least 18 hours prior to meeting: \_\_\_\_\_

Date of written notice to board members: \_\_\_\_\_



# Milton Township

32097 Bertrand St., Niles, MI 49120 Phone (269)684-7262 Fax (269)684-1742  
Email: milton@miltontwp.org Website: www.miltontwp.org

## Application for Rezoning

Property Location/Address: 69580 Beebe Road  
Parcel/Property ID#: 14070-010-023-20  
Name of Owner: RONALD F. SIMPSON  
Name of Applicant: RONALD F. SIMPSON  
Phone: 574-612-6845 cell 269-663-8853 Home  
Address of Applicant: 69580 BEEBE RD NILES MI 49120  
Applicant's Interest in the Property if not the Owner:   
Signature of Applicant: Ronald F. Simpson Date: 6-12-18

Reason for Rezoning Request, Including a Description of the Proposed Uses for the Property:

Property owner would like to be able to divide property into three lots for future residential construction.

Description of Sewage Disposal and Water Supply Facilities and Proposed Surface Drainage:



Please attach a legal description of the property and a site plan drawn to scale showing the dimensions of the property and the location of all existing improvements. (Note: Fees as listed on the Milton Township Schedule of Fees must accompany this application.)

### For Office Use Only

Date of Review by Zoning Administrator/Application Complete: 6/12/18  
Recommendations: \_\_\_\_\_

Date of Public Hearing: 7/19/18  
Date of Planning Commission Review: \_\_\_\_\_  
Recommendations: \_\_\_\_\_  
Date of Board Action: \_\_\_\_\_  
Reason for Board Action: \_\_\_\_\_  
Approved/Denied and Date: \_\_\_\_\_

# RECEIPT

DATE 6/12/18

No. 266484

RECEIVED FROM B+D Property Management

\$500.00

Five hundred and 00/100 DOLLARS

☐ FOR RENT☒ FOR

Rezoning Application

ACCOUNT	
PAYMENT	500.00
BAL DUE	

☐ CASH☒ CHECK☐ MONEY☐ ORDER☐ CREDIT☐ CARD

#3548

FROM

TO

BY

Stan D. Didd

MILTON TOWNSHIP ORDINANCE NO. \_\_\_\_

Adopted:

Effective:

MILTON TOWNSHIP ANTI-NOISE ORDINANCE

An ordinance to secure the public health, safety, and general welfare of the residents and property owners of Milton Township, Cass County, Michigan, by the regulation of noise within said Township; to prescribe the penalties for the violation thereof and to repeal all ordinances or parts of ordinances in conflict herewith.

THE TOWNSHIP OF MILTON

CASS COUNTY, MICHIGAN,

ORDAINS:

SECTION I  
TITLE

This Ordinance shall be known and cited as the Milton Township Anti-Noise Ordinance.

SECTION II  
DEFINITIONS

“Decibel” means a unit to express the magnitude of sound pressure and sound intensity. The difference in decibels between two sound pressures is 20 times the common logarithm of their ratio. In sound pressure measurements, the sound pressure level of a given sound is defined to be 20 times the common logarithm of the ratio of that sound pressure to a reference pressure of  $2 \times 10^{-5} \text{N/m}^2$  (newtons per meter squared). As an example of the effect of this formula, a three decibel change in the sound pressure level corresponds to a doubling or halving of the sound intensity, and a ten decibel change corresponds to a ten-fold increase or decrease to  $1/10^{\text{th}}$  the former intensity.

“dB(A)” means the sound pressure level in decibels measured on the “A” scale of a standard sound level meter having characteristics defined by the American National Standards Institute, Publication ANSI S1.4-1971.

SECTION III  
ANTI-NOISE REGULATONS

- A. General regulation. No person, firm or corporation shall cause or maintain any unreasonably loud noise or disturbance, injurious to the health, peace of quiet of the residents and property owners of the Township.
- B. Specific violations. The following noises and disturbances are hereby declared to be a violation of this Ordinance, provided however, that the specification of the same is not thereby to be construed to exclude other violations of this Ordinance not specifically enumerated:
1. The playing of any radio, phonograph, television or other electronic or mechanical sound producing device including any musical instrument, in such a manner or with such volume as to unreasonably upset or disturb the quiet, comfort or repose of other persons.
  2. Loud or abusive language such as yelling, shouting or singing on the public streets between the hours of 10:00 p.m. and 7:00 a.m., or at any time or place so as to unreasonably upset disturb the quiet, comfort or repose of other persons.
  3. The emission or creation of any excessive noise which unreasonably interferes with the operation of any school church, hospital or court.
  4. The keeping of any animal, bird, or fowl, which emanates frequent or extended noise which shall unreasonably disturb the quiet, comfort or repose of other persons in the vicinity; such as allowing or permitting any dog to bark repeatedly in an area where such barking can be clearly heard from nearby residential property.
  5. The operation of any automobile, motorcycle or other vehicle so out of repair or loaded or constructed as to cause loud and unnecessary grating, grinding, rattling, or other unreasonable noise including the noise resulting from exhaust, which is clearly audible from nearby properties and unreasonably disturbs the quiet, comfort or repose of other persons. The modification of any noise abatement device on any motor vehicle or engine, or the failure to maintain the same so that the noise emitted by such vehicle or engine is increased above that emitted by such vehicle as originally manufactured shall be in violation of this section.
  6. The erection, excavation, demolition, alteration or repair of any building or premises in any part of the Township, and including the streets and highways, in such a manner as to emanate noise or disturbance unreasonably annoying to other persons, other than between the hours of 7:00 a.m. and sundown on any day, except in cases of urgent necessity in the interest of public health and safety. In such case, a permit shall be obtained from the building inspector or ordinance enforcement officer of the Township, which permit shall limit the periods that the activity may continue.



7. The sounding of any horn or other device on any motor vehicle or boat unless necessary to operate such vehicle safely or as required by the state motor vehicle code or marine rules and regulations.
8. The discharging outside of any enclosed building of the exhaust of any steam engine, internal combustion engine, motor vehicle, or motor boat engine except through a muffler or other similar device which will effectively prevent loud or explosive noises. The modification of any noise abatement device on any motor vehicle or engine, or the failure to maintain any noise abatement device so that the noise emitted by such vehicle or engine is increased above that emitted by such vehicle as originally manufactured shall be in violation of this section.
9. The creation of a loud or excessive noise unreasonably disturbing to other persons in the vicinity in connection with the operation, loading or unloading of any vehicle, trailer, railroad car, or other carrier or in connection with the repairing of any such vehicle in or near residential areas.
10. The use of any drum, loudspeaker or other instrument or device for the purposes of attracting attention to any performance, show, sale, display or other commercial purpose which, by the creation of such noise, shall be unreasonably disturbing to other persons in the vicinity.
11. The operation of any loudspeaker or other sound amplifying device upon any vehicle on the streets of the Township with the purpose of advertising, where such vehicle, speak or sound amplifying equipment emits load and raucous noises easily heard from nearby adjoining residential property.
12. The operation of any machinery, equipment or mechanical device so as to emit unreasonably loud noise which is disturbing to the quiet, comfort or repose of any person.

#### SECTION IV

#### ANTI-NOISE REGULATIONS BASED UPON dB(A) CRITERIA

In order to regulate and prove violations occurring in Section III of this Ordinance, any noise in excess of the maximum decibel limits according to the regulations stated below is deemed to be in violation of this Ordinance. However, violations under Section III but which have no decibel determination available shall nevertheless be deemed violations of this Ordinance.

- A. Regulations for decibel measurement of noise originating from private parties. Noise radiating from all properties or buildings, as measured at the boundaries of that portion of the property under separate occupancy, which is in excess of the dB(A) established for the districts and times here within listed shall constitute prima facie evidence that such noise unreasonably disturbs the comfort, quiet, and repose of persons in the area and is therefore in violation this Ordinance. Violations shall exist when the source or sources of noise are identifiable and the levels emanating from the course or courses exceed the following

limitations. As an example, such noise shall include that emitting from the production, processing, cleaning, servicing, testing, repairing, and manufacturing of material goods or products, including vehicles.

Zoning District	Limitations 7:00 a.m. to 10:00 p.m.	Limitations: 10:01 p.m. to 6:59 a.m.
Agricultural Production	85 dB(A)	50 dB(A)
Commercial	85 dB(A)	50 dB(A)
Industrial	85 dB(A)	75 dB(A)
Medium Density Residential	85 dB(A)	50 dB(A)
Planned Urban Development	85 dB(A)	50 dB(A)
Rural Residential	85 dB(A)	50 dB(A)
Single Family Residential	85 dB(A)	50 dB(A)

Harmonic or pure tones, and periodic or repetitive impulse sound shall be in violation when such sounds are at a sound pressure level of five dB(A) less than those listed in this subsection.

Where a property is partly in two zoning districts or adjoins the boundary of a zoning district, the dB(A) levels of the zoning district of the property where the noise is emanating shall control.

The following exceptions shall apply to these regulations under this subsection:

1. Any police vehicle, ambulance, fire engine or emergency vehicle while engaged in necessary emergency activities.
2. Excavation or repair of bridges, streets or highways or other property by or on behalf of the state, township or the county, between 10:01 p.m. and 6:59 a.m. when the public welfare, safety and convenience render it impossible to perform such work during other hours.
3. Warning devices emitting sound for warning purposes as authorized by law.
4. Any agricultural animal, machinery, equipment, or mechanical device being used on lands utilized for legitimate agricultural purposes.
5. Any vehicle or equipment designed and used for the purpose of snow/ice removal when in use for such purpose.
6. Generator. A generator may be utilized any time for emergency power.
7. Emergency construction. Construction on any building in any zoning district can occur in order to secure property or prevent further damage from wind, flood, fire,

or any other disaster, provided a building permit is applied for the next available township business day.

8. Essential services. In an effort to provide services and protect the general health, safety and welfare of the public, essential services such as trash/garbage collection shall not be in violation regardless of time of day. This will allow the collection at a time of day so as not to hinder traffic from residents going to or from their place of employment and the transport of children on school busses without impeding safe traffic flow.
  9. Construction projects shall be subject to the maximum permissible noise levels specified for industrial districts as long as a valid building permit has been issued by the Township and is currently in effect.
  10. All railroad operations shall be subject to the maximum permissible noise levels allowed in industrial districts, regardless of the zone where they are located.
  11. Noises occurring between 7:00 a.m. and 10:00 p.m. caused by home or building repairs or from maintenance of grounds are excluded, provided, such noise does not exceed the limitations specified in this subsection by more than 20 dB(A), provided such noise does not exceed 90 dB(A).
  12. Noises emanating from the discharge of firearms are excluded, providing the discharge of the firearms was authorized under state law and all local ordinances.
  13. Any commercial, agricultural or industrial use of property which exists now or in the future as a legal, nonconforming use (as defined in the Township Zoning Ordinance) in a higher zoning classification shall be allowed to emit noise in excess of these limitations for the particular zoning classification where such use is located, providing that such noise does not exceed either of the following limitations:
    - a) The noise level emitted by such use at the time it became a legal nonconforming use as a result of the enactment of an amendment of the township zoning ordinance if available.
    - b) The limitations contained in this subsection based upon such a use being located in the highest zoning district (either commercial and agricultural or industrial) where such a use is specifically allowed as a permissible use.
- B. Regulations for decibel measurement of motor driven vehicles on public roads. A motor vehicle shall not be operated or driven on a highway or street if the motor vehicle produces total noise exceeding one of the following limits at a distance of 50 feet except as provided in subsections (B)(2)(III) and (B)(3)(III) of this section:
1. A motor vehicle with a gross weight or gross vehicle weight rating of 8,500 pounds or more, combination vehicle with gross weight or gross vehicle weight ratings of 8,500 pounds or more:

- a) Ninety dB(A) if the maximum lawful speed on the highway or street is greater than 35 miles per hour.
  - b) Eighty-six dB(A) if the maximum lawful speed on the highway or street is not more than 35 miles per hour.
  - c) Eighty-eight dB(A) under stationary run-up test.
2. A motorcycle or a moped:
- a) Eighty-six dB(A) if the maximum lawful speed on the highway or street is greater than 35 miles per hour.
  - b) Eighty-two dB(A) if the maximum lawful speed on the highway or street is not more than 35 miles per hour.
  - c) Ninety-five dB(A) under stationary run-up test at 75 inches.
3. A motor vehicle or a combination of vehicles towed by a motor vehicle not covered in subsection (2)a. or (2)b. of this section:
- a) Eighty-two dB(A) if the maximum lawful speed on the highway or street is greater than 35 miles per hour.
  - b) Seventy-six dB(A) if the maximum lawful speed on the highway or street is not more than 35 miles per hour.
  - c) Ninety-five dB(A) under stationary run-up test 20 inches from the end of the tailpipe.

## SECTION V PENALTY

A violation of this Ordinance is a municipal civil infraction as defined by Michigan statute and shall be punishable by a civil fine determined in accordance with the following schedule:

	Minimum Fine	Maximum Fine
--- 1st offense	\$ 100.00	---
--- 2nd offense	\$ 150.00	---
--- 3rd or subsequent offense	\$ 250.00	---

Additionally, the violator shall pay costs which may include all expenses, direct and indirect, which the Township has incurred in connection with the municipal civil infraction.

## SECTION VI SEVERABILITY

Should any section, clause, paragraph, or provision of this Ordinance be declared by any court of competent jurisdiction to be invalid, such decision shall not affect the validity of the Ordinance as a whole or any part thereof, other than the part so determined to be invalid.

SECTION VII  
REPEAL

All Ordinances or parts of Ordinances in conflict herewith are hereby repealed.

SECTION VIII  
EFFECTIVE DATE

This Ordinance shall take effect 30 days after its publication after adoption.

Steve Sante, Clerk  
Milton Township  
32097 Bertrand Street  
Niles, MI 49120  
Phone: (269) 684-7262

## Items in your basket

---

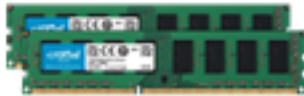
5 item(s) in your basket



Crucial MX500 500GB SATA 2.5-inch 7mm (with 9.5mm adapter) Internal SSD

[CT11170091](#)

in stock

[Remove](#)[Add to wish list](#)\$99.99 x  [update](#)**\$99.99**

Crucial 8GB Kit (2 x 4GB) DDR3L-1600 UDIMM

[CT7341160](#)

in stock

[Remove](#)[Add to wish list](#)\$69.99 x  [update](#)**\$279.96**

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### Want to estimate your shipping?

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United States



Pick a country to see available shipping methods, and estimated pricing.

Free Shipping (4-7 business days) <b>August 24 - August 29</b>	\$0.00
Standard shipping (3 business days) <b>Order will be received by August 23</b>	\$6.99
Express shipping (2 business days) <b>Order will be received by August 22</b>	\$8.99
Next Day Delivery (1 business days) <b>Order will be received by August 21</b>	\$19.99
Saturday Delivery (1 business days) <b>Order will be received by August 25</b>	\$29.00

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## Checkout

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[Apply](#)

Subtotal:	\$379.95
Shipping:	\$0.00
Tax:	\$0.00
<b>Total</b>	<b>\$379.95</b>

[Login](#)



## A quote for your consideration!

**Total: \$1,475.52**

Based on your business needs, we put the following quote together to help with your purchase decision. Please review your quote details below, then contact your sales rep when you're ready to place your order.

<b>Quote number:</b>	<b>Quote date:</b>	<b>Quote expiration:</b>
3000028263540.1	Aug. 28, 2018	Sep. 27, 2018

<b>Company name:</b>	<b>Customer number:</b>	<b>Phone:</b>
MILTON TOWNSHIP	7354219	(269) 684-7262

<b>Sales rep information:</b>	<b>Billing Information:</b>
Miles Covey	MILTON TOWNSHIP
Miles_Covey@Dell.com	2576 E BERTRAND RD
(800) 456-3355	NILES
Ext: 7250028	MI 49120
	US
	(269) 684-7262

## Pricing Summary

Item	Qty	Unit Price	Subtotal
OptiPlex 7060 SFF	1	\$1,392.00	\$1,392.00
<b>Subtotal:</b>			\$1,392.00
<b>Shipping:</b>			\$0.00
<b>Environmental Fees:</b>			\$0.00
<b>Non-Taxable Amount:</b>			\$0.00
<b>Taxable Amount:</b>			\$1,392.00
<b>Estimated Tax:</b>			\$83.52
<b>Total:</b>			<b>\$1,475.52</b>

Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.



## Dear Customer,

Your Quote is detailed below; please review the quote for product and information accuracy. If you find errors or desire certain changes please contact me as soon as possible.

Regards,  
Miles Covey

Order this quote easily online through your [Premier page](#), or if you do not have Premier, using [Quote to Order](#)

## Shipping Group 1

<b>Shipping Contact:</b>	<b>Shipping phone:</b>	<b>Shipping via:</b>	<b>Shipping Address:</b>
RICHARD GERBETH	(616) 684-7262	Standard Delivery	2576 E BERTRAND RD NILES MI 49120 US

SKU	Description	Qty	Unit Price	Subtotal
	<b>OptiPlex 7060 SFF</b>	1	\$1,392.00	\$1,392.00
	<b>Estimated delivery date:</b> Sep. 24, 2018			
	<b>Contract No:</b> 99AGZ			
	<b>Customer Agreement No:</b> MHEC-07012015			
210-AOKU	OptiPlex 7060 Small Form Factor XCTO	1	-	-
338-BNZW	Intel Core i7-8700 (6 Cores/12MB/12T/up to 4.6GHz/65W); supports Windows 10/Linux	1	-	-
619-AHKN	Win 10 Pro 64 English, French, Spanish	1	-	-
630-AAPK	No Productivity Software	1	-	-
370-AEBG	16GB (2X8GB) 2666MHz DDR4 UDIMM Non-ECC	1	-	-
340-ABIG	SSD as first boot drive	1	-	-
400-AWV	M.2 512GB SATA Class 20 Solid State Drive	1	-	-
773-BBBC	M2X3.5 Screw for SSD/DDPE	1	-	-
401-AANH	No Additional Hard Drive	1	-	-
490-BE	NVIDIA GeForce GT 730, 2GB, HH (DP/DP)	1	-	-
325-BCXP	ODD Bezel, Small Form Factor	1	-	-
429-ABFH	8x DVD+/-RW 9.5mm Optical Disk Drive	1	-	-
379-BBHM	No Media Card Reader	1	-	-

555-BBFO	No Wireless LAN Card	1	-	-
555-BBFO	No Wireless LAN Card	1	-	-
492-BBFF	No PCIe add-in card	1	-	-
329-BDSO	OptiPlex 7060 Small Form Factor with 200W up to 85% efficient Power Supply (80Plus Bronze)	1	-	-
580-ADJC	Dell KB216 Wired Multi-Media Keyboard English Black	1	-	-
275-BBBW	Dell MS116 Wired Mouse, Black	1	-	-
320-BCGK	No Cove	1	-	-
470-AAJL	NO ADAPTER	1	-	-
817-BBBC	Not selected in this configuration	1	-	-
575-BBBI	No Integrated Stand option	1	-	-
525-BBCL	SupportAssist	1	-	-
640-BBLW	Dell(TM) Digital Delivery Cirrus Client	1	-	-
658-BBMR	Dell Client System Update (Updates latest Dell Recommended BIOS, Drivers, Firmware and Apps)	1	-	-
658-BBRB	Waves Maxx Audio	1	-	-
658-BCUV	Dell Developed Recovery Environment	1	-	-
658-BDVV	SW for 7060 with Win10 OS	1	-	-
620-AALW	OS-Windows Media Not Included	1	-	-
387-BBLW	Energy Star	1	-	-
817-BBBN	NO RAID	1	-	-
555-BBJO	No Additional Network Card Selected (Integrated NIC included)	1	-	-
817-BBBB	No FGA	1	-	-
575-BBKX	No Hard Drive Bracket for Small Form Factor, Dell OptiPlex	1	-	-
340-CDYX	Documentation, English, French, Spanish, Dell OptiPlex 7060 Small Form Factor	1	-	-
650-AAAM	No Anti-Virus Software	1	-	-
658-BBTV	CMS Essentials DVD no Media	1	-	-
329-BBJL	TPM Enabled	1	-	-
389-CXGG	EPA Regulatory Label	1	-	-

389-CGJM	8th Gen Intel Core i7 vPro processor label	1	-	-
450-AAOJ	System Power Cord (Philipine/TH/US)	1	-	-
340-AGIK	Safety/Environment and Regulatory Guide (English/French Multi-language)	1	-	-
389-BCGW	No UPC Label	1	-	-
461-AABF	No CompuTrace	1	-	-
551-BBBJ	No Intel Responsive	1	-	-
631-ABQQ	Intel vPro Technology Enabled	1	-	-
332-1286	US Order	1	-	-
340-CDWZ	Ship Material for OptiPlex Small Form Factor	1	-	-
389-BBUU	Shipping Label for DAO	1	-	-
492-BCKH	No Additional Video Ports	1	-	-
800-BBIO	Desktop BTO Standard shipment	1	-	-
812-3886	Dell Limited Hardware Warranty Plus Service	1	-	-
812-3934	ProSupport Plus: Accidental Damage Service, 4 Years	1	-	-
812-3935	ProSupport Plus: Keep Your Hard Drive, 4 Years	1	-	-
812-3936	ProSupport Plus: Next Business Day Onsite 4 Years	1	-	-
812-3937	ProSupport Plus: 7x24 Technical Support, 4 Years	1	-	-
			<b>Subtotal:</b>	<b>\$1,392.00</b>
			<b>Shipping:</b>	<b>\$0.00</b>
			<b>Environmental Fees:</b>	<b>\$0.00</b>
			<b>Estimated Tax:</b>	<b>\$83.52</b>
			<b>Total:</b>	<b>\$1,475.52</b>

Unless you have a separate written agreement that specifically applies to this order, your order is subject to [Dell's Terms of Sale](#) (for consumers the terms include a binding arbitration provision). Please see the legal disclaimers below for further information.

## Important Notes

### Terms of Sale

Unless you have a separate written agreement that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request: Dell's Terms of Sale ([www.dell.com/learn/us/en/uscorp1/terms-of-sale](http://www.dell.com/learn/us/en/uscorp1/terms-of-sale)), which include a binding consumer arbitration provision and incorporate Dell's U.S. Return Policy ([www.dell.com/returnpolicy](http://www.dell.com/returnpolicy)) and Warranty (for [Consumer warranties](#) ; for [Commercial warranties](#)).

If this purchase includes services: in addition to the foregoing applicable terms, the terms of your service contract will apply ([Consumer](#); [Commercial](#)). If this purchase includes software: in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End User License Agreement - Type A ([www.dell.com/AEULA](http://www.dell.com/AEULA)) and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S ([www.dell.com/SEULA](http://www.dell.com/SEULA)).

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at <https://mozy.com/about/legal/terms>.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at <https://boomi.com/msa>.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at

[http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions\\_ex-gc.pdf](http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions_ex-gc.pdf) ("Satisfaction Guarantee") and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

### Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: **Dell Marketing L.P.**

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to [Tax\\_Department@dell.com](mailto:Tax_Department@dell.com).

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.



## A quote for your consideration!

**Total: \$1,189.00**

Based on your business needs, we put the following quote together to help with your purchase decision. Please review your quote details below, then contact your sales rep when you're ready to place your order.

<b>Quote number:</b>	<b>Quote date:</b>	<b>Quote expiration:</b>
3000028487526.1	Sep. 4, 2018	Oct. 4, 2018

<b>Company name:</b>	<b>Customer number:</b>	<b>Phone:</b>
MILTON TOWNSHIP	7354219	(269) 684-7262

<b>Sales rep information:</b>	<b>Billing Information:</b>
Miles Covey	MILTON TOWNSHIP
Miles_Covey@Dell.com	2576 E BERTRAND RD
(800) 456-3355	NILES
Ext: 7250028	MI 49120
	US
	(269) 684-7262

## Pricing Summary

Item	Qty	Unit Price	Subtotal
Inspiron 15-R 5000 Series	1	\$1,089.00	\$1,089.00
Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops	1	\$32.00	\$32.00
Dell Premium Active Pen (PN579X)	1	\$68.00	\$68.00
<b>Subtotal:</b>			\$1,189.00
<b>Shipping:</b>			\$0.00
<b>Environmental Fees:</b>			\$0.00
<b>Non-Taxable Amount:</b>			\$1,189.00
<b>Taxable Amount:</b>			\$0.00
<b>Estimated Tax:</b>			\$0.00
<b>Total:</b>			\$1,189.00

Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.

## Dear Customer,

Your Quote is detailed below; please review the quote for product and information accuracy. If you find errors or desire certain changes please contact me as soon as possible.

Regards,  
Miles Covey

Order this quote easily online through your [Premier page](#), or if you do not have Premier, using [Quote to Order](#)

## Shipping Group 1

<b>Shipping Contact:</b>	<b>Shipping phone:</b>	<b>Shipping via:</b>	<b>Shipping Address:</b>
RICHARD GERBETH	(616) 684-7262	Standard Delivery	2576 E BERTRAND RD NILES MI 49120 US

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Inspiron 15-R 5000 Series</a>	1	\$1,089.00	\$1,089.00
	<b>Estimated delivery date:</b> Sep. 19, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
338-BNXQ	8th Generation Intel(R)Core(TM)i7-8550U Processor (8MB Cache, up to 4.0 GHz)	1	-	-
619-AHCR	Windows 10 Pro (64bit) English	1	-	-
658-BCSB	Microsoft(R) Office 30 Days Trial	1	-	-
525-0316	McAfee Small Business Security 12-month subscription (CB)	1	-	-
658-BCCO	McAfee(R) 30day Trial	1	-	-
370-ACSB	16GB, DDR4, 2400MHz	1	-	-
400-ASRN	512GB Solid State Drive	1	-	-
575-BBQN	M.2 SSD SATA Hard Drive Bracket	1	-	-
391-BDIZ	15.6" FHD (1920x1080) IPS Truelife LED-Backlit Touch Display with Wide Viewing Angles-Supports Pen Facial Recognition	1	-	-
320-BCHC	Theoretical Gray	1	-	-
998-CUZC	Fixed Hardware Configuration	1	-	-
210-AMQK	Inspiron 15 5000 Series (KBL-R) - 5579	1	-	-

658-BDQE	Intel 1820 Wireless Driver	1	-	-
555-BCNV	Dell Wireless 1820 Card (802.11AC Dual-Band Wi-Fi + Bluetooth 4.1)	1	-	-
389-CGBY	System Regulatory Label	1	-	-
631-ABMH	Windows System Driver	1	-	-
340-BTDH	Placemat Documentation	1	-	-
451-BCBS	42WHr, 3-Cell Battery (Integrated)	1	-	-
389-CGBE	Intel(R) Core(TM) i7 Processor Label	1	-	-
658-BCUN	Additional Software	1	-	-
340-ACQQ	No Option Included	1	-	-
346-BBXK	Palmrest (EraGray)	1	-	-
580-AFCD	Single Pointing Backlit Keyboard, English	1	-	-
490-BDXQ	Intel(R) UHD Graphics 620	1	-	-
332-1530	Dell.com Order	1	-	-
332-1530	Dell.com Order	1	-	-
328-BCQL	Shipping Material, Active Pen, NA	1	-	-
389-BKKG	Energy Star Label	1	-	-
470-AACI	Power Cord, 125V, 1M, US	1	-	-
340-AGIK	Safety/Environment and Regulatory Guide (English/French Multi-language)	1	-	-
450-AEHK	45 Watt AC Adapter	1	-	-
332-1286	US Order	1	-	-
389-BJKW	Palmrest label for Windows with English	1	-	-
801-2596	ProSupport Plus: 7x24 Technical Support, 4 Years	1	-	-
801-2597	Dell Limited Hardware Warranty Initial Year	1	-	-
801-2661	ProSupport Plus: Next Business Day Onsite, 1 Year	1	-	-
801-2680	ProSupport Plus: Accidental Damage Service, 4 Years	1	-	-
801-2681	ProSupport Plus: Next Business Day Onsite, 3 Years Extended	1	-	-
801-2682	ProSupport Plus: Keep Your Hard Drive, 4 Years	1	-	-

975-3461	Dell Limited Hardware Warranty Extended Year(s)	1	-	-
997-8367	Thank you for choosing Dell ProSupport Plus. For tech support, visit <a href="http://www.dell.com/contactdell">www.dell.com/contactdell</a> or call 1-866-516-3115	1	-	-

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops</a>	1	\$32.00	\$32.00

Estimated delivery date: Sep. 10, 2018

Contract No: 99AGZ

Customer Agreement No: MHEC-07012015

492-BBHO	Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops	1	-	-
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SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Dell Premium Active Pen (PN579X)</a>	1	\$68.00	\$68.00

Estimated delivery date: Sep. 10, 2018

Contract No: 99AGZ

Customer Agreement No: MHEC-07012015

750-ABEB	Dell Premium Active Pen (PN579X)	1	-	-
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Subtotal: \$1,189.00

Shipping: \$0.00

Environmental Fees: \$0.00

Estimated Tax: \$0.00

Total: \$1,189.00



Unless you have a separate written agreement that specifically applies to this order, your order is subject to [Dell's Terms of Sale](#) (for consumers the terms include a binding arbitration provision). Please see the legal disclaimers below for further information.

## Important Notes

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### Terms of Sale

Unless you have a separate written agreement that specifically applies to this order, your order will be subject to and governed by the following agreements, each of which are incorporated herein by reference and available in hardcopy from Dell at your request: Dell's Terms of Sale ([www.dell.com/learn/us/en/uscorp1/terms-of-sale](http://www.dell.com/learn/us/en/uscorp1/terms-of-sale)), which include a binding consumer arbitration provision and incorporate Dell's U.S. Return Policy ([www.dell.com/returnpolicy](http://www.dell.com/returnpolicy)) and Warranty (for [Consumer warranties](#) ; for [Commercial warranties](#)).

If this purchase includes services: in addition to the foregoing applicable terms, the terms of your service contract will apply ([Consumer](#); [Commercial](#)). If this purchase includes software: in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End User License Agreement - Type A ([www.dell.com/AEULA](http://www.dell.com/AEULA)) and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S ([www.dell.com/SEULA](http://www.dell.com/SEULA)).

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at <https://mozy.com/about/legal/terms>.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at <https://boomi.com/msa>.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at

[http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions\\_ex-gc.pdf](http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions_ex-gc.pdf) ("Satisfaction Guarantee") and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

### Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: **Dell Marketing L.P.**

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to [Tax\\_Department@dell.com](mailto:Tax_Department@dell.com).

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.



## A quote for your consideration!

Based on your business needs, we put the following quote together to help with your purchase decision. Please review your quote details below, then contact your sales rep when you're ready to place your order.

**Total: \$1,358.90**

<b>Quote number:</b> 3000028382352.1	<b>Quote date:</b> Aug. 30, 2018	<b>Quote expiration:</b> Sep. 29, 2018
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<b>Company name:</b> MILTON TOWNSHIP	<b>Customer number:</b> 7354219	<b>Phone:</b> (269) 684-7262
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<b>Sales rep information:</b> Miles Covey Miles_Covey@Dell.com (800) 456-3355 Ext: 7250028	<b>Billing Information:</b> MILTON TOWNSHIP 2576 E BERTRAND RD NILES MI 49120 US (269) 684-7262
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## Pricing Summary

Item	Qty	Unit Price	Subtotal
Inspiron 15-R 5000 Series	1	\$1,089.00	\$1,089.00
Dell Premium Active Pen (PN579X)	1	\$68.00	\$68.00
Dell 22 Monitor - P2219H	1	\$161.00	\$161.00
Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops	1	\$32.00	\$32.00
C2G 6ft High Speed HDMI Cable with Ethernet for 4k Devices - HDMI with Ethernet cable - 6 ft	1	\$8.90	\$8.90
<b>Subtotal:</b>			\$1,358.90
<b>Shipping:</b>			\$0.00
<b>Environmental Fees:</b>			\$0.00
<b>Non-Taxable Amount:</b>			\$1,358.90
<b>Taxable Amount:</b>			\$0.00
<b>Estimated Tax:</b>			\$0.00
<b>Total:</b>			<b>\$1,358.90</b>

Special lease pricing may be available for qualified customers. Please contact your DFS Sales Representative for details.

## Dear Customer,

Your Quote is detailed below; please review the quote for product and information accuracy. If you find errors or desire certain changes please contact me as soon as possible.

Regards,  
Miles Covey

Order this quote easily online through your [Premier page](#), or if you do not have Premier, using [Quote to Order](#)

## Shipping Group 1

<b>Shipping Contact:</b> ERIC RENKEN	<b>Shipping phone:</b> (269) 684-7262	<b>Shipping via:</b> Standard Delivery	<b>Shipping Address:</b> 32097 BERTRAND ST NILES MI 49120-7649 US
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SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Inspiron 15-R 5000 Series</a>	1	\$1,089.00	\$1,089.00
	<b>Estimated delivery date:</b> Sep. 13, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
338-BNXQ	8th Generation Intel(R)Core(TM)i7-8550U Processor (8MB Cache, up to 4.0 GHz)	1	-	-
619-AHCR	Windows 10 Pro (64bit) English	1	-	-
658-BCSB	Microsoft(R) Office 30 Days Trial	1	-	-
525-0316	McAfee Small Business Security 12-month subscription (CB)	1	-	-
658-BCCO	McAfee(R) 30day Trial	1	-	-
370-ACSB	16GB, DDR4, 2400MHz	1	-	-
400-ASRN	512GB Solid State Drive	1	-	-
575-BBQN	M.2 SSD SATA Hard Drive Bracket	1	-	-
391-BDIZ	15.6" FHD (1920x1080) IPS Truelife LED-Backlit Touch Display with Wide Viewing Angles-Supports Pen Facial Recognition	1	-	-
320-BCHC	Theoretical Gray	1	-	-
998-CUZC	Fixed Hardware Configuration	1	-	-
210-AMQK	Inspiron 15 5000 Series (KBL-R) - 5579	1	-	-

658-BDQE	Intel 1820 Wireless Driver	1	-	-
555-BCNV	Dell Wireless 1820 Card (802.11AC Dual-Band Wi-Fi + Bluetooth 4.1)	1	-	-
389-CGBY	System Regulatory Label	1	-	-
631-ABMH	Windows System Driver	1	-	-
340-BTDH	Placemat Documentation	1	-	-
451-BCBS	42WHr, 3-Cell Battery (Integrated)	1	-	-
389-CGBE	Intel(R) Core(TM) i7 Processor Label	1	-	-
658-BCUN	Additional Software	1	-	-
340-ACQQ	No Option Included	1	-	-
346-BBXK	Palmrest (EraGray)	1	-	-
580-AFCD	Single Pointing Backlit Keyboard, English	1	-	-
490-BDXQ	Intel(R) UHD Graphics 620	1	-	-
332-1530	Dell.com Order	1	-	-
332-1530	Dell.com Order	1	-	-
328-BCQL	Shipping Material, Active Pen, NA	1	-	-
389-BKKG	Energy Star Label	1	-	-
470-AACI	Power Cord, 125V, 1M, US	1	-	-
340-AGIK	Safety/Environment and Regulatory Guide (English/French Multi-language)	1	-	-
450-AEHK	45 Watt AC Adapter	1	-	-
332-1286	US Order	1	-	-
389-BJKW	Palmrest label for Windows with English	1	-	-
801-2596	ProSupport Plus: 7x24 Technical Support, 4 Years	1	-	-
801-2597	Dell Limited Hardware Warranty Initial Year	1	-	-
801-2661	ProSupport Plus: Next Business Day Onsite, 1 Year	1	-	-
801-2680	ProSupport Plus: Accidental Damage Service, 4 Years	1	-	-
801-2681	ProSupport Plus: Next Business Day Onsite, 3 Years Extended	1	-	-
801-2682	ProSupport Plus: Keep Your Hard Drive, 4 Years	1	-	-

975-3461	Dell Limited Hardware Warranty Extended Year(s)	1	-	-
997-8367	Thank you for choosing Dell ProSupport Plus. For tech support, visit <a href="http://www.dell.com/contactdell">www.dell.com/contactdell</a> or call 1-866-516-3115	1	-	-

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Dell Premium Active Pen (PN579X)</a>	1	\$68.00	\$68.00
	<b>Estimated delivery date:</b> Sep. 6, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
750-ABEB	Dell Premium Active Pen (PN579X)	1	-	-

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Dell 22 Monitor - P2219H</a>	1	\$161.00	\$161.00
	<b>Estimated delivery date:</b> Sep. 6, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
210-AQBK	Dell 22 Monitor - P2219H	1	-	-
814-9381	Dell Limited Hardware Warranty	1	-	-
814-9382	Advanced Exchange Service, 3 Years	1	-	-

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops</a>	1	\$32.00	\$32.00
	<b>Estimated delivery date:</b> Sep. 6, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
492-BBHO	Dell 45-Watt 3-Prong AC Adapter with 3-ft US Power Cord for Select Dell XPS / Inspiron Laptops	1	-	-

SKU	Description	Qty	Unit Price	Subtotal
	<a href="#">C2G 6ft High Speed HDMI Cable with Ethernet for 4k Devices - HDMI with Ethernet cable - 6 ft</a>	1	\$8.90	\$8.90
	<b>Estimated delivery date:</b> Sep. 10, 2018 <b>Contract No:</b> 99AGZ <b>Customer Agreement No:</b> MHEC-07012015			
A7657890	C2G 6ft High Speed HDMI Cable with Ethernet for 4k Devices - HDMI with Ethernet cable - 6 ft	1	-	-

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<b>Subtotal:</b>	<b>\$1,358.90</b>
<b>Shipping:</b>	<b>\$0.00</b>
<b>Environmental Fees:</b>	<b>\$0.00</b>
<b>Estimated Tax:</b>	<b>\$0.00</b>
<b>Total:</b>	<b>\$1,358.90</b>

Unless you have a separate written agreement that specifically applies to this order, your order is subject to [Dell's Terms of Sale](#) (for consumers the terms include a binding arbitration provision). Please see the legal disclaimers below for further information.

## Important Notes

### Terms of Sale

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If this purchase includes services: in addition to the foregoing applicable terms, the terms of your service contract will apply ([Consumer](#); [Commercial](#)). If this purchase includes software: in addition to the foregoing applicable terms, your use of the software is subject to the license terms accompanying the software, and in the absence of such terms, then use of the Dell-branded application software is subject to the Dell End User License Agreement - Type A ([www.dell.com/AEULA](http://www.dell.com/AEULA)) and use of the Dell-branded system software is subject to the Dell End User License Agreement - Type S ([www.dell.com/SEULA](http://www.dell.com/SEULA)).

If your purchase is for Mozy, in addition to the foregoing applicable terms, your use of the Mozy service is subject to the terms and conditions located at <https://mozy.com/about/legal/terms>.

If your purchase is for Boomi services or support, your use of the Boomi Services (and related professional service) is subject to the terms and conditions located at <https://boomi.com/msa>.

If this purchase is for (a) a storage product identified in the DELL EMC Satisfaction Guarantee Terms and Conditions located at

[http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions\\_ex-gc.pdf](http://www.emc.com/collateral/sales/dellemc-satisfaction-guarantee-terms-and-conditions_ex-gc.pdf) ("Satisfaction Guarantee") and (ii) three (3) years of a ProSupport Service for such storage product, in addition to the foregoing applicable terms, such storage product is subject to the Satisfaction Guarantee.

You acknowledge having read and agree to be bound by the foregoing applicable terms in their entirety. Any terms and conditions set forth in your purchase order or any other correspondence that are in addition to, inconsistent or in conflict with, the foregoing applicable online terms will be of no force or effect unless specifically agreed to in a writing signed by Dell that expressly references such terms.

### Pricing, Taxes, and Additional Information

All product, pricing, and other information is valid for U.S. customers and U.S. addresses only, and is based on the latest information available and may be subject to change. Dell reserves the right to cancel quotes and orders arising from pricing or other errors. Please indicate any tax-exempt status on your PO, and fax your exemption certificate, including your Customer Number, to the Dell Tax Department at 800-433-9023. Please ensure that your tax-exemption certificate reflects the correct Dell entity name: **Dell Marketing L.P.**

Note: All tax quoted above is an estimate; final taxes will be listed on the invoice.

If you have any questions regarding tax please send an e-mail to [Tax\\_Department@dell.com](mailto:Tax_Department@dell.com).

For certain products shipped to end-users in California, a State Environmental Fee will be applied to your invoice. Dell encourages customers to dispose of electronic equipment properly.

Hello Steve,

Thank you for taking the time to speak with me today. Below are the features and price of QuickBooks Online. Please note that quoted prices are promotional and subject to change at any time.

Click here to view our QBO Sample Company: <https://qbo.intuit.com/redir/testdrive>

The QuickBooks Online Essentials Subscription includes:

- 3 users + 2 accountant
- Works on iPhone, Blackberry and Android
- Import data from Excel
- Create and manage invoices
- Customer Center
- Income and expense tracking
- 40 business reports
- Online banking
- Estimates
- Recurring transactions
- Manage bills to pay later
- Business trends for your industry
- Company snapshot, company scorecard
- Delayed billing
- Permissions control
- Payroll can be added: visit <http://quickbooksonline.intuit.com/online-payroll-software/> for details
- Accepting credit cards can be added: visit [http://quickbooksonline.intuit.com/screen\\_mas.jsp](http://quickbooksonline.intuit.com/screen_mas.jsp) for details
- Free phone support

Monthly price for QBO Essentials is \$35 per month

If you just move over the QuickBooks, your promotion would be:

**Essentials \$21/month for the first year; \$35/month thereafter**

Your special payroll bundle pricing would be:

**Essentials \$13.40/month for the first year; \$35/month thereafter**

**Essentials \$115.80/ for the first year; \$375/annually thereafter**



With Enhanced Payroll \$15.60/month for the first year; \$39/month thereafter (+ \$2 Per Employee, Per Month)

## Enhanced Payroll features

### Included with Payroll

- Instant paycheck for W-2 employees and 1099 contractors.
- Automatic tax calculations.
- Free direct deposit.
- Federal and State forms completed for you.
- Electronically pay and file taxes, including W-2's at year-end.
- Email reminders for taxes & forms.
- Free support from payroll experts.
- Print W-2's & forms for employees.

### Additional Services

We do more than payroll. Learn about these important services:

- [Hassle-free workers' compensation](#)
- [Automatic labor law posters](#)
- [Employee time tracking](#)

Get our **FREE** hiring guide. [Download now](#)

Please reply with any additional questions, or when you're ready to move forward. I'm happy to give you a call back today to help you get your order placed!

Thanks,

Shana

[Shana Underwood](#) | Small Business Consultant, Sales

Email: [rashana\\_underwood@intuit.com](mailto:rashana_underwood@intuit.com)



Notprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

## New Business Check List

Federal Tax Id  
3 8 - 1 8 6 1 2 5 4

### Required Documents

- ☐ Group Enrollment and Coverage Agreement (Parts A, B & C)
- ☐ Medical Loss Ratio and Enrollment Attestation
- ☐ Copy of final Rate Quote with quoting census
- ☐ Current UIA 1028 (Quarterly Wage Detail Report) or current payroll with proof of Federal Identification Number
- ☐ Enrollment forms (ECOS) or BCN Enrollment Spreadsheet.

### Documents Required when applicable

- ☐ Small Group Pediatric Dental Essential Health Benefit Acknowledgement
- ☐ Group Reimbursement Policy Acknowledgement form, Large Group Only
- ☐ Prescription Drug Acknowledgement - No Drug Coverage, Large Group Only
- ☐ Patient Protection and Affordable Care Act Employer Group Pharmacy Insurance Carrier Information Sheet, Large Group Only
- ☐ ERS Plan Sponsor's Certification Form
- ☐ Union Contract
- ☐ Multiple location survey
- ☐ Leasing Agreement with payroll invoice

Requested Effective Date 1 0 / 0 1 / 2 0 1 8

Coverage will begin on the effective date, contingent upon approval from BCBSM/BCN Underwriting. BCBSM/BCN will send an acceptance letter to the group upon approval.



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## Group Enrollment and Coverage Agreement Terms and Conditions - Part A New Group

Federal Tax Id  
3 8 - 1 8 6 1 2 5 4

Blue Cross Blue Shield of Michigan (BCBSM) will provide health care coverage to Members, i.e., eligible persons enrolled through the group identified below (Group) and participating in Group's employee welfare benefit plan providing health benefits (Group Health Plan or GHP), subject to the terms of applicable certificates and riders (Certificates and Riders). BCBSM's administrative and underwriting requirements, the Group Administrative Guide (Guide) and the following terms and conditions of the Group Enrollment & Coverage Agreement consisting of Part A-Terms and Conditions, Part B-Group Information, and Part C-Coverage Selection (Agreement).

**1. Effective Date; Plan Year.** This Agreement will become effective on the date established by BCBSM ("Effective Date") and only after applicable premiums are paid, and it will continue unless terminated as provided in Section 13. Coverage is renewable annually if Group continues to meet eligibility requirements.

The GHP's Plan Year, as that term is defined in the Patient Protection and Affordable Care Act, as amended, and applicable regulations (collectively, "PPACA"), is the one year period beginning on the Effective Date and ending one year (or less) later on the last day of the month immediately preceding the month in which the Effective Date falls ("Effective Date Month"). Each Plan Year thereafter shall begin on the first day of the Effective Date Month and end one year later.

Notwithstanding the foregoing, if Group identified a different Plan Year for the GHP when applying for coverage under this Agreement, which Plan Year must start the first day of a month ("Plan Year Start Date"), coverage shall begin on the Effective Date and shall continue until the end of the month immediately preceding the next Plan Year Start Date, which also shall be the first Renewal Date (as defined below). Thereafter, coverage under this Agreement shall commence on the Renewal Date and end one year thereafter. "Renewal Date" is the designated date upon which Group annually renews coverage and on which BCBSM's rate re-determination for the next annual coverage period becomes effective.

Group will notify BCBSM at least six months in advance of any change in the GHP Plan Year.

**2. Group as Agent.** For all purposes of this Agreement, including the payment of premiums, Group is agent for all Members. Notice by or to Group will satisfy any notice requirements of this Agreement and applicable Certificates and Riders.

**3. Premiums.** Group must pay all premiums at least one-month in advance of the relevant monthly period. Group must pay all premiums related to any retroactive adjustments expressly permitted by BCBSM's underwriting rules. Refunds or retroactive credits of premium payments or retroactive additions or deletions of Members are not otherwise permitted under this Agreement. All premium rates are guaranteed for the applicable benefit period then in effect except for any government-mandated surcharges or subsidies or other changes. If incorrect rates are identified for an area rated group, in the latter case, BCBSM will notify Group in writing that the rates will be corrected on the next available bill, 90 days following receipt of the notice of incorrect rates. At its discretion, BCBSM may terminate this Agreement immediately if premiums are more than thirty (30) days past due, with termination of coverage retroactive to the last date through which premiums were paid in full.

**4. Eligibility.** In order to be a Member, an enrolled individual must (A) meet the eligibility requirements set by Group and the requirements of BCBSM's underwriting rules, Certificates and Riders, and Part B of this Agreement and (B) be either (i) a proprietor, partner or shareholder actively managing Group's business, or (ii) a full time active employee of Group working at least thirty (30) hours per week or 17.5 to 30 hours per week, if that is the normal workweek for a full time employee and such policy is applied uniformly among all of Group's employees and without regard to health status-related factors. Deviation from 30 hours a week requires prior approval and must be noted in the exception area on Part B. A dependent of a Member shall also be deemed to be a Member if the dependent meets the requirement of (A) above.

Group warrants that all enrolled individuals meet the above requirements and that it will not enroll any ineligible individual. If an ineligible individual is enrolled, Group agrees to indemnify and hold BCBSM harmless and reimburse BCBSM for all benefit payments made on behalf of such individual and any judgment, settlement, costs, expenses and reasonable attorney fees in connection therewith.

### Continued on Page 3

Group agrees with all terms as stipulated in this Group Enrollment and Coverage Agreement (Parts A, B & C), on the Enrollment/Change of Status Form, and in the specified Blue Cross Blue Shield of Michigan Health Care Certificate(s) and Rider(s).

Company Name

M I L T O N T O W N S H I P

Group Number

Signature of Group Executive on behalf of the Group and the Group Health Plan:

Signature of BCBSM Rep:

Signature of Agent:

Signature of Underwriter/Group Administration:

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

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

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

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





Blue Cross  
Blue Shield  
of Michigan

An Independent Licensee of  
the Blue Cross Blue Shield  
Association

## Group Enrollment and Coverage Agreement Terms and Conditions - Part A New Group

Group Exec Initials

Federal Tax Id

		3	8	-	1	8	6	1	2
									4

5. **Enrollment Requirements.** Group may offer the coverage described in Part C of this Agreement to eligible individuals as described in Section 4. To continue coverage, the number of eligible individuals enrolled in a Blue Family Benefit Program (Blue Care Network or Traditional, PPO, or any other program that BCBSM may establish) must at all times equal or exceed BCBSM enrollment, participation and underwriting requirements. The Group agrees to provide BCBSM or its designee with all information required to conduct an annual underwriting review and a payroll audit.
  6. **Eligibility Information.** Group shall provide timely and accurate eligibility information, including Medicare status, and identify all persons subject to the Medicare Secondary Payer statutes and regulations. Group acknowledges that BCBSM will rely upon the accuracy of all eligibility information Group provides, and Group shall indemnify and hold BCBSM harmless against loss, claim or action, including costs, penalties and reasonable attorney fees, arising from the provision of inaccurate eligibility information.
  7. **Enrollment Applications.** Member applications for coverage shall only be submitted according to BCBSM's procedures that are set forth in the Guide. Retires and persons renewing terminated memberships will be enrolled as new employees/Member. All applicable premiums, including those for any retroactive periods, must be paid before such persons shall be deemed to be eligible for coverage.
  8. **Claims Dispute Procedures.** A Member who disagrees with how a claim was processed may take advantage of BCBSM's routine inquiry procedures. A Member who is still dissatisfied must exhaust all steps of the internal grievance procedures established pursuant to MCL 500.2213 or, if the GHP is subject to the Employee Retirement Income Security Act of 1974 (ERISA), the procedures established pursuant to 29 C.F.R. Part 2560, before seeking other remedies. A Member dissatisfied with the results of the internal grievance procedures may be entitled to request an external review from the Department of Insurance and Financial Services as provided in 2000 PA 251 (MCLA 500.1901 et seq., as amended), or may file suit in a court having jurisdiction as set forth in Section 12. If the GHP is subject to ERISA, a Member may also have a right to file a claim under § 502(a) of ERISA.
  9. **ERISA Fiduciaries.** If the GHP is subject to ERISA, Group or its designee (other than BCBSM) shall be the Plan Administrator of the GHP under ERISA and shall have all of the responsibilities and authority of that position including ensuring compliance with ERISA, preparing and distributing summary plan descriptions, and advising all eligible individuals of: (i) available benefits and any changes in benefits, (ii) termination of coverage for any reason, including the failure to make any payments when due, and (iii) COBRA rights. If any Group delegates the responsibility and discretionary authority to process and pay claims to BCBSM as "claims administrator" and retains all other responsibilities and duties under ERISA, not specifically delegated to BCBSM, BCBSM agrees to assume such responsibility and authority, including any responsibility it may have as a "named fiduciary" (as defined under ERISA §402) for purposes of its claims administration duties, to the extent that under the GHP and ERISA it meets the definition of a "named fiduciary." As the named claims administrator, BCBSM shall have the power and discretion to continue the terms of this Agreement and to determine all questions pertaining to the administration, interpretation, and application of this Agreement and any Certificates and Riders that involve eligibility for benefits and the payment or denial of claims. In addition, the parties agree that BCBSM shall have the responsibility for ensuring that its claims procedures comply with the Department of Labor's Claims Procedures described in 29 C.F.R. Part 2560 and for handling all levels of appeal.
  10. **HIPAA Privacy Notices:** BCBSM and the GHP are an "organized health care arrangement" with respect to protected health information (PHI), as those terms are defined in 45 C.F.R. § 164.50, created or received by BCBSM that relates to individuals who are or who have been participants or beneficiaries in the GHP. BCBSM will comply with the administrative requirements under 45 C.F.R. Parts 160 and 164 and prepare and distribute Notices of Privacy Practices appropriate for Group under 45 C.F.R. § 164.520. Group shall maintain the confidentiality of any PHI that may be disclosed by BCBSM.
  11. **Licensee Status of BCBSM.** This Agreement is between Group and BCBSM, an independent corporation licensed by the Blue Cross and Blue Shield Association (BCBSA), an association of independent Blue Cross and Blue Shield Plans, to use the Blue Cross and Blue Shield names and service marks in Michigan. However, BCBSM is not an agent of BCBSA and, by entering into this Agreement, Group agrees that it made this Agreement based solely on its relationship with BCBSM or its agents. The Group further agrees that BCBSA is not a party to, nor has any obligations under this Agreement, and that no obligations are created or implied by this language.
  12. **Litigation.** Any suit arising out of this Agreement or any Certificates and Riders must be filed within 3 years after the cause of action arose and, unless pre-empted by ERISA, shall be brought in a Michigan court of competent jurisdiction. Under no circumstances may Group, the GHP, or a Member file suit before exhausting the internal BCBSM-administered steps of the applicable grievance procedure referenced in Section 8. However, exercising any rights described in Section 8 shall not extend the 3-year period in which any suit may be filed.
  13. **Termination.** Upon thirty (30) days written notice, either party may terminate this Agreement for any reason consistent with applicable law. BCBSM may also terminate this Agreement as described in Section 3 above.
  14. **Assignment and Waiver.** Neither party may assign this Agreement without the written permission of the other party. Any assignment by Group without BCBSM's written permission shall be deemed a voluntary termination of this Agreement by Group. The waiver by a party of any breach of this Agreement by the other party shall not constitute a waiver of any subsequent breach of this Agreement.
- The Group will immediately notify BCBSM in writing of any Change in Control, any change in Group's name, identity, ownership, or legal organizational structure, any change in, or addition to, a location of Group's place of business, and any merger, combination, sale of assets, or other similar material transaction in which Group is involved. For purposes of this Agreement, a "Change in Control" shall be deemed to be an assignment requiring BCBSM's consent and shall mean an event resulting in a change in the beneficial ownership of Group of 50% or more immediately after the event compared to one year before the event. "Beneficial ownership" means actual ownership or the right, directly or indirectly, to control voting power associated with ownership interests in Group.





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15. **Exclusions.** Notwithstanding anything contained in this Agreement, BCBSM will have no obligation to Group for any coverage not specified in the applicable Certificate and Riders, nor for any coverage that Group, in whole or in part, contracts with other carriers to provide on behalf of Group. The Group agrees to indemnify and hold BCBSM harmless against any loss, claims, actions, and damages, including costs and reasonable attorneys' fees, that may arise from any coverage not so provided by BCBSM.

16. **Entire Agreement; Amendment.** This Agreement, which, as defined, includes Parts A, B and C, together with any attachments, is the entire agreement between BCBSM and Group and supersedes all other agreements, oral or written, between the parties regarding the same subject matter. This Agreement may only be amended by written document signed by the parties, provided, however that this Agreement may be amended by BCBSM upon written notice to Group in order to facilitate compliance with applicable regulatory requirements, changes in regulations, or reporting requirements or data disclosure provided such amendment is applicable to all BCBSM Groups that would be similarly affected by the regulation in question.

BCBSM will provide thirty (30) calendar days notice of any such amendment and regulatory provision, unless a shorter notice is necessary in order to accomplish regulatory compliance.

Upon request by Group BCBSM will consult with Group regarding the regulatory basis for any amendment to this Agreement as a result of regulatory requirements.

17. **Severability.** If any provision of this Agreement is found invalid or unenforceable, the remaining provisions shall remain in full force and effect.

18. **Governing Law.** This Agreement is entered into in Michigan and, except as may be pre-empted by ERISA, shall be construed according to the laws of Michigan.

19. **Quality Programs:** Claims incurred by Enrollees include amounts that BCBSM reimburses health care providers, including reimbursement tied to value in accordance with "Quality Programs," which are governed by separate agreements with health care providers and are designed to improve health care outcomes and control health care costs. BCBSM has adopted a provider payment model that includes both fee-based and value-based reimbursement. BCBSM does not unbundle claims and does not retain any component of claims as compensation.

BCBSM negotiates provider reimbursement rates on its own behalf and makes those rates available to customers through its products and networks. The reimbursement rates can, and often do, vary from provider to provider. Providers may qualify for higher reimbursement rates for satisfying requirements of certain BCBSM Quality Programs, including, for example, Pay-for-Performance and Value Based Contracting rates earned by hospitals and Patient Centered Medical Home rates earned by physicians. Providers may also receive reward and incentive payments from BCBSM Quality Programs funded through an allocation from provider reimbursement or other agreed upon methods. Such allocations may be to a pooled fund from which value-based payments to providers are made. For example, pursuant to the Physician Group Incentive Program (PGIP), physicians agree to allocate a percentage of each claim to a PGIP fund, which in turn makes reward payments to eligible physician organizations demonstrating particular quality and pays physician organizations for participation in collaborative initiatives.

Provider reimbursement rates also capture provider commitments to BCBSM Quality Programs. For example, hospitals participating in Hospital Collaborative Quality Initiatives agree to allocate a portion of their reimbursement to fund inter-hospital quality initiatives.

Value based reimbursement includes other obligations and entitlements pursuant to other Quality Programs funded in a similar manner to those described above. Additional information is available from BCBSM account representatives and at [www.valuepartnerships.com](http://www.valuepartnerships.com).



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20. Rating Methodology Type. As shown by checked box below Group is either Small Group rated or Large Group rated under Formula II or Formula III. "FTE employees," as used in this Agreement, means the number of employees calculated by adding the number of full-time employees and the "full-time equivalents," as determined in accordance with federal law under 26 USC 49804.

Small Group Rating

☒ Small Group Rating: Applies to groups of 50 or fewer FTE employees with one or more enrolled medical contracts. Groups of one enrolled must be an eligible employee.

BCBSM Small Group Rating is an underwritten, modified community rating arrangement with member level rating as prescribed by the PPACA. No gains or losses are returned to or recovered from Group at renewal or at termination. There are no annual group settlements.

Large Group Rating

BCBSM Large Group Rating applies to groups of 51 or more FTE employees and is comprised of two rating formulas:

☐ Large Group Formula II - Applies to groups of 51 or more FTE employees with 100 or more enrolled medical contracts

Formula II is an experience rated, underwritten arrangement where gains and losses are not returned to or recovered from Group at termination, but they are considered when calculating renewal rates.

- Formula II includes an annual settlement with a Rate Stabilization Reserve (RSR) account.
- Based on settlement projections renewal rates may include a rate credit up to 50% of a positive RSR balance or recoupment of a negative RSR balance based on a graded scale.
- A refund check may be issued for up to 50% of a positive RSR balance with the annual settlement if a rate credit was not elected.
- Upon termination of a Formula II arrangement, positive RSR balances are not returned, and there is no recoupment of a negative RSR balance.
- When a Formula II group changes to a different large group rating formula or an Administrative Services Contract (ASC) arrangement, the full RSR balance will transfer to the new funding arrangement. Positive/negative RSR balances will be credited/recouped under the new arrangement and may be amortized over a period of time.
- When a Formula II group transfers to small group rating and subsequently returns to large group rating or an ASC arrangement, BCBSM may credit/recoup a prorated portion of the prior Formula II positive/negative RSR balance, which may be amortized over a period of time.
- When a Formula II group terminates its arrangement with BCBSM and subsequently reenrolls in a large group or Administrative Services Contract (ASC) rating arrangement, BCBSM may credit/recoup a prorated portion of the prior Formula II positive/negative RSR balance, which may be amortized over a period of time.

☐ Large Group Formula III - Applies to groups of 51 or more FTE employees with one or more enrolled medical contracts

There are two rating categories under Formula III based on combined BCBSM/BCN enrolled contract counts, as applicable. Rating category is determined by line of business.

Large Group Experience Rating: Applies to groups of 51 or more FTE employees with 50 or more enrolled contracts.

- An experience rated underwritten arrangement that may be adjusted for group demographics such as age, geographic area and industry.

- BCBSM assumes the financial risk; no gains or losses are returned to or recovered from the group.

- There are no annual settlement accountings, nor investment income credits or debits.

- There is no RSR account.

Large Group Community Rating: Applies to groups of 51 or more FTE employees with 1-49 enrolled contracts.

- A community rated underwritten arrangement that is adjusted for group specific demographics such as age, geographic area, industry and participation.

- BCBSM assumes the financial risk; no gains or losses are returned to or recovered from the group.

The above descriptions of the small group and large group rating methodologies are summaries only and are not intended to be complete. As previously noted, coverage under this Agreement is subject to the terms of applicable Certificates and Riders, BCBSM's administrative and underwriting requirements, the Guide, and the terms and conditions set forth in this Agreement.

21. Status Changes Requests. Group represents that any eligibility and status changes it requests are compliant with and permissible under applicable state and federal law, including PPACA, and agrees that it will only request eligibility and status change requests that are compliant with and permissible under applicable state and federal law, including PPACA.

22. Compliance with Law: Penalties. Group agrees to abide by all applicable state and federal law, including but not limited to PPACA. Any penalties, excise taxes, or similar charges ("Penalties") imposed on Group or BCBSM for the failure of either to comply with PPACA shall be allocated between BCBSM and Group on a basis proportional to the respective fault of the parties with respect to such failure.

In the event that BCBSM pays any portion of the Penalties for which Group was responsible, Group shall indemnify and hold BCBSM harmless against loss, claim or action, including costs, penalties and reasonable attorney fees, arising from Group's failure to pay such Penalties.

23. Group Disclosure of Other Coverage Vendors. Group agrees that, to the extent that BCBSM does not provide to GHP's participants all "essential health benefits," as defined by PPACA, Group shall identify for BCBSM all those vendors ("Vendors") that are also providing essential health benefits to GHP's participants, the benefits the Vendors are providing to them, the number of participants receiving such benefits, and the cost sharing arrangements for such benefits. In addition, Group shall cause its officers, directors, employees, and representatives and Vendor's officers, directors, employees, and representatives to fully and timely cooperate with BCBSM and provide it with the necessary information for BCBSM to (a) determine the correct medical loss ratio (MLR) and make such other determinations as are required by PPACA with respect to the GHP and (b) ensure its compliance and that of the GHP with PPACA to the extent BCBSM is obligated to do so by law or by contract. This information includes, but is not limited to, social security numbers or other forms of government identification numbers of each GHP participant.





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Group authorizes all Vendors to, and shall inform the Vendors in Group's contract with them that they must, effective on the beginning of Group's first plan year on or after January 1, 2014, disclose to BCBSM on a daily basis (or some other regularly scheduled period as determined by BCBSM) all claims data for the essential health benefit(s) for GHP participants that they possess so that BCBSM may properly determine whether the maximum out-of-pocket amount is in compliance with PPACA.

**24. Other Data Requirements.** Group agrees to provide to BCBSM all data reasonably necessary for BCBSM to comply with the requirements of PPACA, or other applicable federal or state law. Such data includes, but is not limited to, data needed to comply with any reporting or other requirement of PPACA, e.g., the employer's share of any premium and social security and tax identification numbers. Group certifies that if it fails to provide all the data in the manner requested and if it has provided such information to BCBSM in response to a previous request, then Group shall be deemed to have certified to BCBSM that such information previously supplied remains correct and can be relied upon.

Group and Group's Vendors will maintain relevant books, records, policies, procedures, internal practices, and/or data logs relating to this Agreement in a manner that permits review for a period of seven (7) years (ten (10) years in the case of Medicare/Medicaid transactions) after the expiration of this Agreement. With reasonable notice and during usual business hours, BCBSM, or its designated third party (with appropriate confidentiality obligations), may audit those relevant books, records, policies, procedures, internal practices, and/or data logs of Group and/or its Vendors, as necessary to verify calculations related to the imposition of any taxes and fees under PPACA, or other federal or state laws and to ensure compliance with this Agreement and any applicable federal and state laws. Group shall cooperate with BCBSM in all reasonable respects in connection with such audits.

BCBSM's failure to detect, failure to notify Group of detection, or failure to require Group's remediation of any unsatisfactory practices, does not relieve Group of its responsibility to comply with this Agreement or applicable law, does not constitute acceptance of such practice, and does not constitute a waiver of BCBSM's enforcement rights under this Agreement or applicable law.

If Group conducts, or contracts to have conducted, an internal audit or review of the services performed under any agreement with BCBSM, Group shall provide BCBSM with a copy of such audit or review within thirty (30) days of BCBSM's written request. This also applies to audits/reviews performed by or at the request of any federal or state regulatory agencies of BCBSM services. The selection of an independent auditor by Group to conduct an internal audit of Group does not preclude BCBSM from conducting an audit in accordance with the terms contained herein.

The provisions of this Section shall survive the termination of this Agreement.

**25. Group Health Plan Type; Medical Loss Ratio Rebate; Attestation.** Concurrently with the signing of this Agreement and each renewal, Group will provide BCBSM with a written certificate in form and substance satisfactory to BCBSM certifying to BCBSM whether the GHP is an ERISA plan, a non-federal governmental plan, or an ERISA-exempt church plan. If Group is an ERISA-exempt church plan, Group will provide BCBSM with an attestation, in form and substance satisfactory to BCBSM, providing written assurance that medical loss ratio rebates, if any, will be used for the benefit of their current subscribers in a manner consistent with 45 CFR §158.242(b).

**26. Grandfather Status; Women's Preventive Care Religious Exemption.** Group acknowledges and agrees that unless a written certificate of Group's PPACA grandfather status and indemnity in form and substance satisfactory to BCBSM was previously provided to BCBSM by Group or, for a Group new to BCBSM as of January 1, 2013, was provided to and accepted by BCBSM concurrently with the signing of this Agreement, Group will be considered non-grandfathered for all purposes. Notwithstanding any other provision, Groups of 50 or fewer FTE employees will be treated as non-grandfathered for all purposes.

In addition, Group acknowledges that the health care coverages provided to its Enrollees will include recommended women's preventive health services without cost sharing (as required by PPACA) unless it (i) is a grandfathered group health plan that has not provided such coverage or (ii) qualifies as either an exempt group health plan or one eligible for the temporary safe harbor under PPACA and has provided a certificate to that effect in form and substance satisfactory to BCBSM.

**27. Record Access.** Group will maintain adequate operational, financial and administrative records, contracts, books, files and other documentation directly or indirectly related to the performance undertaken by this Agreement (collectively referred to as "Records"). Such Records at a minimum shall be sufficient to enable BCBSM to enforce its rights under the Agreement, to determine whether the Agreement is being performed by Group in accordance with applicable laws, and for BCBSM compliance with laws as may be related to performance under this Agreement. Records also includes but is not limited to any records that pertain to any aspect of data reported to the Department of Health and Human Services or that pertain to rebate payments made and calculated under 45 Code of Federal Regulations Part 158, "Issuer Use of Premium Revenue, Reporting and Rebate Requirements" including but not limited to all administrative and financial books and records.

Group agrees that BCBSM and Government Authorities will have the right to access, audit, copy, evaluate, and inspect Records and that BCBSM and Government Authorities have the right to access all of Group personnel, premises, facilities, equipment and computers and other electronic systems to inspect, copy, evaluate and audit Group's performance under the Agreement or which pertains to any aspect of data reported to Department of Health and Human Services or that pertain to rebate payments made and calculated under 45 Code of Federal Regulations Part 158.

Group will provide immediate notice by telephone to be followed with written notice within three (3) business days, of receipt of any non-routine request from any Government Authority for records and/or access to Group's personnel, premises, facilities, equipment and computers and other electronic systems. Group shall provide BCBSM with copies of all Records inspected, evaluated, and audited, including but not limited to all Records of which any Government Authority made copies.

The terms of this Section will remain in effect for the longer of ten years from (i) the termination of this Agreement, (ii) completion of the audit, or (iii) such other time frame as required by federal or state law or a Government Authority.



**28. Summary of Benefits and Coverage (SBC).** This provision applies only where Group and GHP are not exempt from Federal SBC rules and regulations. BCBSM and Group agree to the following responsibilities for creation and distribution of SBCs:

**BCBSM Responsibilities:**

1. Creation. BCBSM shall create an SBC for each of Group's applicable BCBSM coverages.
2. Distribution. BCBSM shall provide Group with an SBC for applicable Group coverages as follows:
  - Group Quotes. BCBSM will provide the applicable SBC with a Group quote to Group or to Group's Agent, as the case may be, upon request where Group or Group's Agent requests a quote from BCBSM.
  - Website Posting. BCBSM will post Group SBCs for applicable BCBSM coverage to Group Secured, Agent Secured, and Member Secured Services websites.
  - Renewal. BCBSM will provide Group, either directly or through Group's Agent, with a renewal package containing the website address to access applicable SBCs for BCBSM coverages.
  - Upon Request. BCBSM will, upon request from a participant or beneficiary, provide him/her with the SBC for the coverage in which he/she is enrolled. BCBSM will provide Group with applicable SBCs for BCBSM coverages upon Group request.
3. SBC Update. BCBSM will seasonally update Group SBCs for applicable BCBSM coverages following a change in BCBSM coverage or in the context of a Notice of Material Modification affecting a previously issued SBC for BCBSM coverage.

**Group Responsibilities:**

1. Dissemination. Group shall be solely responsible for disseminating an electronic copy (via the Internet or otherwise) or a paper copy of the applicable SBC to participants and beneficiaries (including pre-enrollees) in a manner compliant with (a) the Employee Retirement Income Security Act (ERISA, as amended), if applicable, (b) all the requirements of Section 2715 of the Public Health Services Act (PHSA) as added by Section 1001 of PPACA, (c) any applicable regulations implementing PHSA Section 2715 codified in the Code of Federal Regulations, and, (d) any sub-regulatory guidance regarding PHSA Section 2715. The circumstance under which Group shall provide an SBC to participants and beneficiaries, within the time permitted by law, include but may not be limited to upon request, application, open enrollment, renewal, special enrollment, and change in coverage between application and effective date of coverage.
2. Delivery to Agent. Group agrees that if it has an Agent for renewal, BCBSM can deliver the SBC to Agent electronically or in print form, and such delivery to the Agent will be delivery to Group.
3. Updated Information. In advance of the next renewal year, within the time period designated by BCBSM, Group shall provide BCBSM with all necessary benefit information to enable BCBSM to provide Group applicable SBCs as required by this Agreement.
4. Updated SBC with Notice of Material Modification. Group agrees that it will provide an updated SBC to its participants and beneficiaries in accordance with the requirements set forth in the statutes and regulations where there is a Notice of Material Modification.
5. Notice of Failure to Deliver. Group will notify BCBSM immediately if it fails to deliver the SBC to participants and beneficiaries.
6. Correction of Known Violation. Group agrees that it will correct any known violation of the SBC rules as soon as practicable if it has information to do so, and, if it does not have the information necessary to make the correction, communicates with participants and beneficiaries regarding any violation and take steps to prevent future violations.
7. Electronic Distribution of SBC. Group agrees to promptly register for Group Secured Services website by visiting [bcbsm.com](http://bcbsm.com) and completing the registration process. Group consents to and agrees that delivery of any applicable SBC by BCBSM may be through Group's Secured Services website. BCBSM will provide a print copy of any applicable SBC to Group free of charge upon request. SBCs posted by BCBSM to Group's Secured Services website will be updated as required and previous versions may be removed by BCBSM.
8. Group Internal Intranet Website. Group agrees that if it provides participants and beneficiaries access in an electronic medium to BCBSM SBCs through Group's internal intranet or by similar means that electronic access will be to a "read-only" SBC but in a readily accessible form which can be retained and printed, and that it will timely post updated SBCs as may be provided by BCBSM and to timely remove previous versions which have been updated.
9. Group Receipt of SBC. Group acknowledges that SBCs for applicable BCBSM coverage have been provided either prior to or concurrently with BCBSM's delivery of this Agreement for signature by Group.
10. Indemnity. Group shall indemnify and hold BCBSM harmless against loss, claim or action, including costs, penalties and reasonable attorney fees, arising from Group's failure to deliver the SBCs as described above.
11. Notice of Material Modification. Group has sole responsibility to provide written notice to enrollees of any material modification in any of the terms of the plan or coverage that would affect the content of the SBC, that is not reflected in the most recently provided SBC, and that occurs other than in connection with a renewal or resumption of coverage, and Group agrees that such notice will be provided not later than 60 days prior to the date on which the modification will become effective.

**29. Copayments - BlueCard Program.**

Exhibit 1 attached to this Agreement describes the BlueCard Program available through the BCBSA. If the BCBSA revises the disclosure in Exhibit 1, BCBSM will give Group notice with a new Exhibit 1, which will automatically become part of this Agreement sixty (60) days after notice has been given.



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Terms and Conditions - Part A New Group  
Exhibit 1  
BlueCard Program

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## Out-of-Area Services

### Overview

Blue Cross Blue Shield of Michigan ("BCBSM") has a variety of relationships with other Blue Cross and/or Blue Shield Licensees referred to generally as "Inter-Plan Arrangements." These Inter-Plan Arrangements operate under rules and procedures issued by the Blue Cross Blue Shield Association ("Association"). Whenever you, the Member, access healthcare services outside the geographic area we serve, the claim for those services may be processed through one of these Inter-Plan Arrangements. The Inter-Plan Arrangements are described generally below.

Typically, when accessing care outside the geographic area BCBSM serves, you obtain care from healthcare providers that have a contractual agreement ("participating providers") with the local Blue Cross and/or Blue Shield Licensee in that other geographic area ("Host Blue"). In some instances, you may obtain care from providers in the Host Blue geographic area that do not have a contractual agreement ("nonparticipating providers") with the Host Blue. BCBSM remains responsible for fulfilling our contractual obligations to you. Our payment practices in both instances are described below.

BCBSM covers only limited healthcare services received outside of our Service Area. As used in this section "Out-of-Area Covered Healthcare Services" include, emergency care, urgent care, and/or follow-up care obtained outside the geographic area we serve. Any other services will not be covered when processed through any Inter-Plan Arrangements, unless Preauthorized by your Primary Care Physician ("PCP") or BCBSM.

### Inter-Plan Arrangements Eligibility – Claim Types

All claim types are eligible to be processed through Inter-Plan Arrangements, as described above, except for all Dental Care Benefits except when paid as medical claims/benefits, and those Prescription Drug Benefits or Vision Care Benefits that may be administered by a third party contracted by BCBSM to provide the specific service or services.

#### A. BlueCard® Program

The BlueCard® Program is an Inter-Plan Arrangement. Under this Arrangement, when you access Out-of-Area Covered Healthcare Services outside the BCBSM Service Area, the Host Blue will be responsible for contracting and handling all interactions with its participating providers.

The financial terms of the BlueCard Program are described generally below.

#### Liability Calculation Method Per Claim

Unless subject to a fixed dollar Copayment, the calculation of the Member liability on claims for Out-of-Area Covered Healthcare Services processed through the BlueCard Program will be based on the lower of the providers billed charges for Out-of-Area Covered Healthcare Services or the negotiated price made available to us by the Host Blue.

Host Blues determine a negotiated price, which is reflected in the terms of each Host Blue's healthcare provider contracts. The negotiated price made available to BCBSM by the Host Blue may be represented by one of the following:

- (i) An actual price. An actual price is a negotiated rate of payment in effect at the time a claim is processed without any other increases or decreases; or
- (ii) An estimated price. An estimated price is a negotiated rate of payment in effect at the time a claim is processed, reduced or increased by a percentage to take into account certain payments negotiated with the provider and other claim- and non-claim-related transactions. Such transactions may include, but are not limited to, anti-fraud and abuse recoveries, provider refunds not applied on a claim-specific basis, retrospective settlements and performance-related bonuses or incentives; or
- (iii) An average price. An average price is a percentage of billed charges for Out-of-Area Covered Healthcare Services in effect at the time a claim is processed representing the aggregate payments negotiated by the Host Blue with all of its providers or a similar classification of its providers and other claim- and non-claim-related transactions. Such transactions may include the same ones as noted above for an estimated price.

The Host Blue determines whether or not it will use an actual price, an estimated price or an average price. The use of estimated or average pricing may result in a difference (positive or negative) between the price you pay on a specific claim and the actual amount the Host Blue pays to the provider. However, the BlueCard Program requires that the amount paid by the Member is a final price; no future price adjustment will result in increases or decreases to the pricing of past claims.





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Terms and Conditions - Part A New Group  
Exhibit 1  
BlueCard Program - cont

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## B. Nonparticipating Providers Outside of the BCBSM Service Area

### 1. Member Liability Calculation

When Out-of-Area Covered Healthcare Services are provided outside of the BCBSM Service Area by nonparticipating providers, the amount(s) you pay for such services will generally be based on either the Host Blue's nonparticipating provider local payment or the pricing arrangements required by applicable state law. In these situations, you may be responsible for the difference between the amount that the nonparticipating healthcare provider bills and the payment BCBSM will make for Out-of-Area Covered Healthcare Services as set forth in this paragraph. Payments for out-of-network emergency services will be governed by applicable federal and state law.

### 2. Exceptions

In some exception cases, BCBSM may pay claims from nonparticipating providers for Out-of-Area Covered Healthcare Services based on the provider's billed charge. This may occur in situations where you did not have reasonable access to a participating provider, as determined by BCBSM in our sole and absolute discretion or by applicable state law. In other exception cases, BCBSM may pay such a claim based on the payment BCBSM would make if BCBSM were paying a nonparticipating provider for the same Covered Healthcare Services inside of BCBSM Service Area, as described elsewhere in this contract. This may occur where the Host Blue's corresponding payment would be more than BCBSM In-Service Area nonparticipating provider payment. BCBSM may choose to negotiate a payment with such a provider on an exception basis.

Unless otherwise stated, in any of these exception situations, you may be responsible for the difference between the amount that the nonparticipating provider bills and the payment BCBSM will make for the covered services as set forth in this paragraph.

## C. Blue Cross Blue Shield Global Core Program

If you are outside the United States, (the Commonwealth of Puerto Rico and the U.S. Virgin Islands) (hereinafter "Blue Cross Blue Shield Global Core Service Area"), you may be able to take advantage of the Blue Cross Blue Shield Global Core Program when accessing Covered Healthcare Services. The Blue Cross Blue Shield Global Core Program is unlike the BlueCard Program available in the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands in certain ways. For instance, although the Blue Cross Blue Shield Global Core Program assists you with accessing a network of inpatient, outpatient and professional providers, the network is not served by a Host Blue. As such, when you receive care from providers outside the United States, the Commonwealth of Puerto Rico and the U.S. Virgin Islands, you will typically have to pay the providers and submit the claims yourself to obtain reimbursement for these services.

### • Inpatient Services

In most cases, if you contact the Blue Cross Blue Shield Global Core Service Center for assistance, hospitals will not require you to pay for covered inpatient hospital services, except for their any cost sharing you may owe. In such cases, the Blue Cross Blue Shield Global Core Program contracting hospital will submit your claims to the Blue Cross Blue Shield Global Core Service Center to initiate claims processing. However, if you paid in full at the time of service, you must submit a claim to obtain reimbursement for Covered Services. You must contact us to obtain Precertification for non-emergency inpatient services.

### • Outpatient Services

Physicians, urgent care centers and other outpatient providers located outside the Blue Cross Blue Shield Global Core Service Area will typically require you to pay in full at the time of service. You must submit a claim to obtain reimbursement for Covered Healthcare Services.

### • Submitting a Blue Cross Blue Shield Global Claim

When you pay for Covered Services outside the Blue Cross Blue Shield Global Core Service Area, you must submit a claim to obtain reimbursement. For institutional and professional claims, you should complete a Blue Cross Blue Shield Global Core claim form and send the claim form with the provider's itemized bill(s) to the Blue Cross Blue Shield Global Core Service Center (the address is on the form) to initiate claims processing. The claim form is available from us, the Blue Cross Blue Shield Global Core Service Center or online at [www.bcbglobalcore.com](http://www.bcbglobalcore.com). If you need assistance with the claim submissions, you should call the Blue Cross Blue Shield Global Core Service Center at 1.800.810.BLUE (2583) or call collect at 1.804.673.1177, 24 hours a day, seven days a week.



Blue Cross  
Blue Shield  
Blue Care Network  
of Michigan

## New Group - Part B

Group Exec Initials

Federal Tax ID Number

3 8 - 1 8 6 1 2 5 4

Sponsored Plan Acronym

Customer ID/BCBSM, Group ID/BCN

SubGroupID

ClassID

BCBSM Group Number

Group Division

Leasing Company Acronym

Leasing Company Name

Effective Date

1 0 / 0 1 / 2 0 1 8

Company Name

Phone

2 6 9 - 6 8 4 - 7 2 6 2

Physical Address

County

C A S S

City

State

M I

Zip Code

4 9 1 2 0

Primary Nature Of Business

M U N I C I P A L I T Y

SIC

9 1 1 1

Doing Business As

Company Fax

2 6 9 - 6 8 4 - 1 7 4 2

DBA

Check here if this group is ERISA Exempt ☐ Are you currently in bankruptcy? ☐ Do you have any leased employees? ☐ Does this group have subsidiaries, offices, or branches located at other physical locations? ☐ If Yes, submit multiple location report

Is Work Force Unionized?

☒ No

Number of Employees Represented

1

Local Number

1

Contract Expiration Date

1

National/International Name

1

Local Representative Name

Retiree Group:

Is there a surviving spouse option?

☒ No

Employer Monthly Contribution

Medical

1 5 7.5 %

Dental

1 5 4 %

1 5 2 %

Vision

1 5 2 %

A. To be eligible for coverage an employee must work a minimum of 30 hours per week.  
B. Eligible Dependent coverage will be effective on date of event, e.g., spouse, newborn, if written notification is received within 31 days thereof with billing provided.  
C. If after 31 days, coverage will be effective at group's next annual reopening date.  
D. Enter appropriate BCBSM/BCN code selected from the New Hire/Rathle options table for newly hired full-time employees, or part-time employees who become full-time. Any requests that do not comply with BCBSM/BCN guidelines require underwriting review and approval, such as requests from large employers related to compliance with the employer mandate provisions of IRC 4980H.  
E. Employees hired with an active BCBSM/BCN contract may transfer to this group without regard to above schedule (Item C, above).  
Exceptions:

ID cards will be mailed directly to the subscriber unless the box below is checked.  
Mail to group ☒ Yes

Mailing Agent Name

t g g s o l u t i o n s

MA Code

1

Agent Code

1 0 2 7 8

Agent Name:

(First and last)

j o h n

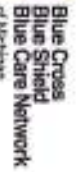
s c h m i t z





Mustell corporations and independent licensees of the Blue Cross and Blue Shield Association

Page 11 of 18, Part B, October 1, 2018



Marginal compositions and independent members of the Blue Cross and Blue Shield Association

7

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## New Group Number - Part B

### BCBSM/BCN New Hire/Rehire Options

New Hire/Rehire Option	BCBSM Code*	BCN Code*
The employee coverage will be effective the date of hire/rehire.	S2	01
The employee coverage will be effective the first billing date following the date of hire/rehire.	S4	16
The employee coverage will be effective the first billing date following thirty (30) days from the date of hire/rehire.	S30	17
The employee coverage will be effective the 31st day from the date of hire/rehire	S3-30	02
The employee coverage will be effective the first billing date following sixty (60) days from the date of hire/rehire.	S60	18
The employee coverage will be effective the 61st day from the date of hire/rehire	S3-60	08
The employee coverage will be effective the 91st day from the date of hire/rehire	S3-90	10

\* Enter appropriate code for New Hire/Rehire Options in item C on the first page of part B



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## 2018 Small Group Menu New Business Part C

Group Exec Initials

Requested Effective Date

Federal Tax Id  
3 8 - 1 8 6 1 2 5 4  
1 0 / 0 1 / 2 0 1 8

Group Number

Suffix Number

Group Number  
Suffix Number

Group Name (Full Legal Name)

M I L T O N T O W N S H I P

Product	Plans	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	COOP Max	Employer HRA/ HSA Contribution	Copay (OV/Spec/UC/ER)	Pharmacy Copay
Community Blue	<input type="checkbox"/> CB PPO Platinum \$0	\$0	10%	\$1,000	\$6,600	n/a	\$20/\$20/\$60/\$150	\$5/\$40/\$80
	<input type="checkbox"/> CB PPO Platinum \$250	\$250	20%	\$500	\$6,600	n/a	\$20/\$20/\$60/\$150	\$5/\$40/\$80
	<input type="checkbox"/> CB PPO Platinum \$500	\$500	10%	\$500	\$6,600	n/a	\$20/\$20/\$60/\$150	\$5/\$40/\$80
	<input type="checkbox"/> CB PPO Gold \$1000	\$1000	20%	\$3,500	\$6,600	n/a	\$20/\$20/\$60/\$150	\$10/\$40/\$80
Community Blue HRA	<input type="checkbox"/> CB HRA PPO Platinum \$1500	\$1,500	20%	\$1,500	\$6,350	\$1,000	\$20/\$20/\$60/\$150	\$5/\$40/\$80
	<input type="checkbox"/> CB HRA PPO Gold \$3000	\$3,000	20%	\$1,500	\$6,600	\$350	\$30/\$30/\$60/\$150	\$5/\$40/\$80
	<input type="checkbox"/> CB HRA PPO Gold \$5000	\$5,000	20%	n/a	\$6,600	\$750	\$40/\$40/\$60/\$250	\$10/\$40/\$80
	<input type="checkbox"/> SB PPO Platinum \$250	\$250	20%	\$1,000	\$6,600	n/a	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
Simply Blue	<input type="checkbox"/> SB PPO Gold \$500	\$500	20%	\$3,000	\$6,600	n/a	\$20/\$40/\$60/\$250	\$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB PPO Gold \$1000	\$1,000	20%	\$2,000	\$6,600	n/a	\$20/\$40/\$60/\$150	\$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB PPO Gold \$1500	\$1,500	20%	\$1,000	\$6,600	n/a	\$20/\$40/\$60/\$150	\$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB PPO Gold \$2000	\$2,000	20%	n/a	\$7,350	n/a	\$30/\$50/\$60/\$150	\$15/\$50/\$50%/20%/25%
Simply Blue HRA	<input type="checkbox"/> SB PPO Silver \$2500	\$2,500	30%	n/a	\$7,350	n/a	\$40/\$60/\$60/\$250	\$25/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB PPO Silver \$3000	\$3,000	20%	n/a	\$7,350	n/a	\$30/\$60/\$60/\$250	\$30/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB PPO Silver \$4000	\$4,000	30%	n/a	\$7,350	n/a	\$30/\$50/\$60/\$150	\$20/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB HRA PPO Gold \$1500	\$1,500	20%	\$3,500	\$6,350	\$300	\$30/\$50/\$60/\$150	\$15/\$50/\$50%/20%/25%
Simply Blue HSA	<input type="checkbox"/> SB HRA PPO Gold \$2000	\$2,000	20%	n/a	\$6,350	\$300	\$30/\$50/\$60/\$150	\$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB HRA PPO Gold \$4000	\$4,000	20%	n/a	\$6,350	\$750	\$30/\$50/\$60/\$150	\$20/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB HRA PPO Platinum \$5000	\$5,000	30%	n/a	\$6,350	\$2,500	\$30/\$50/\$60/\$150	\$20/\$60/\$50%/20%/25%
	<input checked="" type="checkbox"/> SB HSA PPO Gold \$1350	\$1,350	20%	n/a	\$2,350	n/a	Ded/Co-insurance	Ded & \$10/\$40/\$80/15%/25%
Simply Blue HSA	<input type="checkbox"/> SB HSA PPO Gold \$1450	\$1,450	0%	n/a	\$2,450	n/a	Ded/Co-insurance	Ded & \$20/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB HSA PPO Gold \$2700	\$2,700	0%	n/a	\$5,000	\$500	Ded/Co-insurance	Ded & \$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB HSA PPO Silver \$2700	\$2,700	20%	n/a	\$5,000	n/a	Ded/Co-insurance	Ded & \$15/\$50/\$50%/20%/25%
	<input type="checkbox"/> SB HSA PPO Silver \$3500	\$3,500	0%	n/a	\$5,500	n/a	Ded/Co-insurance	Ded & \$20/\$60/\$50%/20%/25%
Simply Blue HSA	<input type="checkbox"/> SB HSA PPO Bronze \$5500	\$5,500	30%	n/a	\$6,450	n/a	Ded/Co-insurance	Ded & \$20/\$60/\$50%/20%/25%
	<input type="checkbox"/> SB HSA PPO Bronze \$6350	\$6,350	0%	n/a	\$6,350	n/a	Deductible	Deductible/Coinsurance





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**2018 Small Group Menu  
New Business - Part C**  
(continued)

Group Exec Initials

Federal Tax Id

3	8	-	1	8	6	1	2	5	4
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Product	Plans	Deductible	Co-Insurance	Embedded Co-Insurance Maximum	OOP Max	Employer HRA/ HSA Contribution	Copay (OV/Spec/UC/ER)	Pharmacy Copay
Simply Blue Routine Care Plans	<input type="checkbox"/> SB Routine Care PPO	\$2,000	30%	n/a	\$7,350	n/a	\$30/Deduct/Co-ins	\$10/Ded & \$60/50%/20%/25%
	<input type="checkbox"/> Silver \$2000	\$3,000	20%	n/a	\$6,600	n/a	\$30/Deduct/Co-ins	\$10/Ded & \$60/50%/20%/25%
	<input type="checkbox"/> SB Routine Care PPO Silver \$3000	\$3,000	20%	n/a	\$6,600	n/a	\$30/Deduct/Co-ins	\$10/Ded & \$60/50%/20%/25%
Physician Choice Plans <small>(Available to employer groups located in the lower peninsula.)</small>	<input type="checkbox"/> Physician Choice PPO Gold \$500	\$500	20%	\$3,000	\$6,600	n/a	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
	<input type="checkbox"/> Physician Choice PPO Gold \$500	\$1,500	40%	n/a	\$6,600	n/a	\$40/\$60/\$60/\$150	\$15/\$50/50%/20%/25%
	<input type="checkbox"/> Physician Choice PPO Gold \$1000	\$1,000	20%	\$2,000	\$6,600	n/a	\$20/\$40/\$60/\$150	\$15/\$50/50%/20%/25%
	<input type="checkbox"/> Physician Choice PPO Gold \$1000	\$2,500	20%	n/a	\$6,600	n/a	\$40/\$60/\$60/\$150	\$15/\$50/50%/20%/25%
	<input type="checkbox"/> Physician Choice PPO Silver \$2500	\$2,500	30%	n/a	\$7,350	n/a	\$40/\$60/\$60/\$250	\$25/\$60/50%/20%/25%
Healthy Blue Achieve	<input type="checkbox"/> HBA PPO Platinum \$250	\$250	20%	\$500	\$6,600	n/a	\$20/\$40/\$60/\$150	\$10/\$40/\$80/15%/25%
	<input type="checkbox"/> HBA PPO Gold \$500	\$2,000	40%	n/a	\$6,600	n/a	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%
	<input type="checkbox"/> HBA PPO Gold \$500	\$500	20%	\$3,000	\$6,600	n/a	\$20/\$40/\$60/\$250	\$15/\$50/50%/20%/25%
		\$2,000	40%	n/a	\$6,600	n/a	\$40/\$60/\$60/\$250	\$20/\$60/50%/20%/25%

Optional Riders for All Plans ☐ Include Elective Abortion



**Blue Cross  
Blue Shield  
of Michigan**

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**2018 Small Group Menu  
New Business - Part C  
(continued)**

**Group Exec Initials**

**Federal Tax Id**

3 8 - 1 8 6 1 2 5 4

**Statements of Prior Deductibles Included**

Coordination of Benefits: COB1 100+; ☐ Other COB form must be attached

**Blue Vision<sup>SM</sup>**

Blue Vision

☒ 12-12-12, \$5/\$10 ☐ 12-12-24, \$5/\$10 ☐ 24-24-24, \$5/\$10  
☐ 12-12-24, \$10/\$25 ☐ 12-12-24, \$0/\$25

Voluntary Vision plans require  
10+ vision contracts.

☐ Freestanding  
Vision

**Blue Dental<sup>SM</sup>**

(Group must select a single checkbox  
that represents chosen plan/annual max  
combination)

Non-Voluntary - PPO (Net-PPO)	Annual Max - PPO (Net-PPO)	Voluntary - PPO (Net-PPO)	Annual Max - PPO (Net-PPO)
PPO Plus 100/80/50	<input checked="" type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	PPO Plus 100/80/50	<input type="checkbox"/> \$1,000
PPO Plus 80/50/50	<input type="checkbox"/> \$1,000	PPO Plus 80/50/50	<input type="checkbox"/> \$1,000
PPO 100/80/50 (80/50/50)	<input type="checkbox"/> \$1,250 (\$800)	PPO 100/80/50 (80/50/50)	<input type="checkbox"/> \$1,000 (\$800) <input type="checkbox"/> \$1,250 (\$800)
PPO 100/80/50 (50/50/50)	<input type="checkbox"/> \$1,000 <input type="checkbox"/> \$1,500	PPO 80/50/50 (50/50/50)	<input type="checkbox"/> \$1,000 (\$800)
PPO 80/50/50 (50/50/50)	<input type="checkbox"/> \$800 <input type="checkbox"/> \$1,000 (\$800)	EPO 100/80/50	<input type="checkbox"/> \$1,250
EPO 100/80/50	<input type="checkbox"/> \$1,250	<input type="checkbox"/> Waive Waiting Period (Proof of prior dental coverage required) Voluntary Dental plans require a minimum participation of 30% with 10+ dental contracts. Does not apply to groups enrolled in voluntary dental prior to 10/1/11.	

☐ Third party pediatric  
dental coverage.  
Requires dental  
coverage attestation.

☐ Freestanding Dental

☐ 50% Ortho (Employer Paid - lifetime max matches in-network annual max.  
Voluntary - lifetime max is \$1,000, except EPO 100/80/50 is \$1,250)

Selecting a Voluntary  
dental plan requires  
completion of the dental  
coverage attestation.

Spending Account	CDH Product Family	CDH Compliant Product Combinations (ONLY one product combination can be selected.)
HSA Health Savings Account	<input type="checkbox"/> Health Savings Account <input type="checkbox"/> HSA with Limited Purpose FSA <input type="checkbox"/> HSA with Dependent Care FSA <input type="checkbox"/> HSA with Limited Purpose and Dependent Care FSA	
HRA Health Reimbursement Account	<input type="checkbox"/> Health Reimbursement Account <input type="checkbox"/> HRA with Limited Purpose FSA <input type="checkbox"/> HRA with Dependent Care FSA <input type="checkbox"/> HRA with Limited Purpose FSA and Dependent Care FSA <input type="checkbox"/> HRA with FSA <input type="checkbox"/> HRA with FSA and Dependent Care FSA	
FSA Flexible Spending Account	<input type="checkbox"/> Flexible Spending Account <input type="checkbox"/> Dependent Care FSA <input type="checkbox"/> FSA and Dependent Care FSA <input type="checkbox"/> Limited Purpose FSA <input type="checkbox"/> Limited Purpose FSA and Dependent Care FSA	

HealthEquity is an independent  
company that provide financial  
services to Blue Cross Blue  
Shield of Michigan customers.



## Medical Loss Ratio Reporting & Enrollment Attestation

Federal Tax Id  
3 8 - 1 8 6 1 2 5 4

Customer name

MILTON TOWNSHIP

Customer contact email

Renewal date

Effective date

Common control  
Do you have multiple employer groups or common control?

☐ Yes ☒ No

If yes, please provide a letter from your group's CPA or tax attorney (on his or her letterhead) certifying that your companies meet the Internal Revenue Service definition of a controlled group, the relationship between the companies along with percentage of ownership for each company.

Where the rebate should be mailed, if applicable:  
☒ Current company mailing address ☐ Other mailing address

Street address

City

State

Zip

Sole proprietor status: Please check one of the following:

- ☒ I am not a sole proprietor (or a sole shareholder).  
☐ I am a sole proprietor (or sole shareholder) and my employees are enrolled in medical health care coverage that I sponsor (with BCBSM, BCN or another carrier) in the medical health care coverage that I sponsor.  
☐ I am a sole proprietor (or sole shareholder) and my employees are not enrolled (with BCBSM, BCN or another carrier) in the medical health care coverage that I sponsor.  
☐ I am a partnership with no employees.

**Group Health Plan Type.** Your group health plan status will fall into one of the following three options. Please check the appropriate option. If you are an ERISA-exempt church plan (as described below) you must also choose one of the rebate distribution options:

- ☐ My group's health plan is an employee benefit plan established or maintained by an employer or an employee organization (such as a union) that provides medical, surgical or hospital care for participants or their dependents directly or through insurance reimbursement.  
☒ My group's health plan is a nonfederal government plan established or maintained for employees by state government, political subdivision of state government, or any agency or instrument of any of these.  
☐ My group's health plan is an ERISA-exempt church plan (a plan established and maintained for its employees or their beneficiaries by a church or by a convention or association of churches exempt from tax under section 501 of Title 26 (29 USC 10025 (3)(A)).  
**ERISA-exempt church plans rebate options. Please check one of the following:**  
☐ The plan agrees to use any rebate issued for the benefit of the group health plan subscribers in accordance with 45 CFR §158.242. By checking this box, any applicable rebate will be sent to the group. (Note: If we do not receive this attestation, federal law requires Blue Cross and BCN to distribute any rebates directly to the enrollees of the group health plan covered by the policy during the Medical Loss Ratio reporting year. Each enrollee will receive an equal share without regard to how much each enrollee actually paid toward premiums.)  
☐ The plan does not agree to use any rebate issued for the benefit of the group health plan subscribers.

## Medical Loss Ratio Reporting & Enrollment Attestation(continued)

Federal Tax ID  
38 - 1861254

Most recently completed calendar year

### Employee count information

Full time employee equivalents	Number of indistinguishable part-time employees	Number of ineligible seasonal employees	Number of eligible employees in Michigan	Number of eligible employees outside of Michigan	Number of employees covered by another group health plan through a spouse, another employer, or retirement plan	<input checked="" type="checkbox"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Medical loss ratio employee count <sup>1</sup>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

<sup>1</sup> Provide the average number of active (nonretiree) employees in your company on business days during the most recently completed calendar year.

### Current Health Carriers offered to employees

List all health carriers that are offered to your employees and the number of medical contracts enrolled in each.

Carrier	Number of active medical enrolling	Number of active dental enrolling	Number of active vision enrolling	Number of retirees enrolling	Number of cobra enrolling
Blue Cross Blue Shield of MI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Blue Care Network of MI	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

- BCBS/MBCN will distribute any applicable rebates in good faith based on this attestation. Blue Cross and BCN will be held harmless for any losses that result from action taken based on this group attestation.
- I certify that the group does not provide any contribution or reimbursement of premiums for employees enrolled in an individual plan through Blue Cross, BCN, Health Insurance Marketplace, or other carrier.
- I certify that the employees indicated above who are waiving coverage are not enrolled in other coverage that the group offers to its employees.
- I attest that the employee counts provided above and the group health plan information are complete and accurate and maintain records to support this and will be able to provide the documentation at the request of Blue Cross or BCN Underwriting.
- I am authorized by Milton Township sponsor of the group health plan described above. I attest that the employee counts provided above and the group health plan information are complete and accurate.

Submitted by Signature Title Date



## IMPORTANT NOTICE OF SMALL GROUP REIMBURSEMENT POLICY

The Patient Protection and Affordable Care Act, as amended (PPACA), and related federal and state regulations require BCBSM's and BCN's underwritten Small Group Products to be filed and approved with specified Actuarial Values (AV) or "metal levels." The AV of such products, including those used with an employer-funded health reimbursement arrangement (HRA) or health savings account (HSA), may be impacted if an employer contributes to a Member's policy, HRA, or HSA an amount that differs from that shown on Part C of the Group Enrollment and Coverage Agreement (Part C). Should an employer do so, BCBSM or BCN may refuse to sell the plan to the employer.

Group may permit employee-funded flexible spending accounts (FSAs) for any plan, provided, however, that Group FSA contributions may not exceed \$250 per contract, with the following exceptions: BCBSM's Healthy Blue Achieve and BCN's Healthy Blue Living.

Deductibles, co-insurance or copays for non-HSA or non-HRA plans cannot be reimbursed except as specified in Part C.



**New Subscriber Enrollment**  
(See Page 3 for instructions)

☒ Blue Cross Blue Shield of Michigan ☐ Blue Care Network  
(Also complete Page 4 for Physician Choice or primary care physician selection)

Notwithstanding to independent business of the Blue Cross and Blue Shield Association

Blue Cross group number Division BCN group number Subgroup number Class number **Employer representative signature**

**Subscriber information**

Date	<input type="checkbox"/> Non U.S. citizen	Social Security/TIN number (required)	Subscriber legal last name	Subscriber legal first name	M.I.	Marital status	Gender
Subscriber birth date	Home street address	City	Secondary telephone number	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Email	<input type="checkbox"/> S <input type="checkbox"/> M	<input type="checkbox"/> M <input type="checkbox"/> F

Country	Country - if other than USA	Primary telephone number	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Secondary telephone number	Home <input type="checkbox"/> Work <input type="checkbox"/> Cell <input type="checkbox"/>	Email	ZIP code
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List all persons to be covered:

	Legal last name	Legal first name	MI	Gender	Date of birth	Non U.S. citizen	Social Security/TIN number (required)	*Relationship code (see instructions for codes)
Spouse				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>		
Dep. 1				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>		
Dep. 2				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>		
Dep. 3				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>		
Dep. 4				<input type="checkbox"/> M <input type="checkbox"/> F		<input type="checkbox"/>		

If the permanent address of the spouse or dependent is different from the address above, please complete the information below:

Spouse or dependent (full name)	Street address	City	State	ZIP code
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**Coordination of benefits information**

Do you, your spouse or dependents have other health care coverage?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," complete below:	<input type="checkbox"/> Check here if this applies to all members on the contract.
Person covered (full name)	Employer or group name	Policy number	Carrier
			Address

I have read and understand the conditions of this form.

**Subscriber signature**

**Date**

**Health savings, health reimbursement and flexible spending account options for only Blue Cross coverage: See Page 8 for product selections**

<input type="checkbox"/> FSA <input type="checkbox"/> HRA <input type="checkbox"/> HSA <input type="checkbox"/> HSA Opt out	Blue Cross product indicator code	<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Cancel	Goal amount:
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**Employer/group use only**

Group name Milton Township	Employer reference ID	Department ID	Benefit code	Plan code	Date of hire	Effective date 10-1-18
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Check coverage if applicable:	Check type of enrollment	<input type="checkbox"/> Transfer <input type="checkbox"/> Return from layoff <input type="checkbox"/> Loss of eligibility (prior coverage)	<input type="checkbox"/> Salary <input type="checkbox"/> Average hours worked per week (required):
-------------------------------	--------------------------	---	--

<input checked="" type="checkbox"/> Medical <input checked="" type="checkbox"/> Vision	<input type="checkbox"/> New <input type="checkbox"/> Full time	Old group division/subgroup	<input type="checkbox"/> Retiree <input type="checkbox"/> Surviving spouse
--	---	-----------------------------	--

<input checked="" type="checkbox"/> Dental <input checked="" type="checkbox"/> Pharmacy	<input type="checkbox"/> Retiree <input type="checkbox"/> Part time	New group division/subgroup	<input type="checkbox"/> Hourly <input type="checkbox"/> Open enrollment
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COBRA enrollment	<input type="checkbox"/> Termination <input type="checkbox"/> Reduction of hours <input type="checkbox"/> Divorce or legal separation	Previous contract number	Original qualifying date
------------------	---	--------------------------	--------------------------

Check reason:	<input type="checkbox"/> Layoff <input type="checkbox"/> Loss of dependent status	Deceased subscriber	
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Loss of eligibility (prior coverage)	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," complete:	Carrier's name (including Blue Cross and BCN)	Contract holder name	Policy number	Termination date
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Are any members listed enrolled in Medicare?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If "Yes," check reason category	<input type="checkbox"/> Over 65 and working <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> ESRD	Medicare ID:
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<input type="checkbox"/> Medicare primary <input type="checkbox"/> Subsequent	<input type="checkbox"/> Spouse	Medicare A effective date	Medicare B effective date	Medicare Part D effective date
<input type="checkbox"/> Blue Cross or BCN primary	<input type="checkbox"/> Dependent name:			



## Instructions for completing New Subscriber Enrollment form on Page 2

- Indicate if enrolling in Blue Cross or Blue Care Network. If enrolling with Blue Cross Physician Choice or with BCN, you are also required to complete the Blue Cross Physician Choice/BCN Primary Care Physician form on Page 4 to designate your primary care physician.
- Enter Blue Cross group and division number (for example, suffix, section code) or BCN group number, subgroup number and BCN class number. Have your employer's HR representative sign and date the "Employer Signature" section.

### Subscriber Information:

- If the responsible individual is not a U.S. citizen, check the box for non-U.S. citizen. Enter a taxpayer identification number in the "Social Security/TIN number" field if the responsible individual checked the box as a non-U.S. citizen. For a U.S. citizen, enter the nine-digit Social Security number (required for all members) of the responsible individual (Example xxx-xx-xxxx).
- Enter home address beginning with street address, city, state and ZIP code. Enter email address to receive health and wellness information.
- Enter county name for home address and country name (if other than USA). Enter primary and secondary phone number and indicate if home, work or cell.
- List all persons to be enrolled. Enter names on appropriate line – Spouse, Dependent 1, 2, 3 and 4 as applicable. Complete additional forms if you have more than four dependents.
- Enter last name, middle initial, male or female and date of birth. If the responsible individual is not a U.S. citizen, check the box for non-U.S. citizen. Enter a taxpayer identification number in the "Social Security/TIN number" field if the responsible individual checked the box as a non-U.S. citizen. For a U.S. citizen, enter the nine-digit Social Security number (required for all members) of the responsible individual (Example xxx-xx-xxxx). Enter the relationship code of the member (see below).

### Relationship codes:

N – Child (by birth or adoption)	A – Child adoption in process**	C – Court order coverage (QMCISO)**	SP – Spouse
S – Stepchild	L – Legal guardianship**	D – Disabled child***	DP – Domestic partner
P – Principal support (BCN only)*	SD – Sponsored dependent*	M – Medicare	

\* = Attached documentation

\*\* = Attach court order

\*\*\* = Attach physician statement

- Enter the spouse's or dependent's permanent address if different from the address indicated above.

### Coordination of benefits information:

- Indicate "Yes" or "No" if you, your spouse or dependent have other health care coverage. If "Yes," fill complete name of person covered, group name, policy number, carrier name and address. If other health coverage applies to all members on the contract, check the applicable box.

### Health savings, health reimbursement and flexible spending account options:

- Check all applicable options. Blue Cross only: See Page 8 for four-digit product indicator code. Return to Page 2 or 6 and enter the four-digit Blue Cross product indicator code.

### Employer/group use only:

- Enter employer or group name and employee reference ID or department number, if applicable. Enter benefit code (service code, package code). For the plan code field, enter "710" to represent Blue Cross Blue Shield of Michigan. Enter date of hire and effective date.
- Please check all applicable boxes to indicate coverage selected.
- Check type of enrollment (new, retire, etc.). Indicate the average hours worked per week and the employee's job title. If enrolled in COBRA, check the reason for COBRA. Indicate the previous contract number and the original qualifying date. If transfer, please indicate the old group/division/subgroup and new group division/subgroup numbers.
- For loss of eligibility (prior coverage), indicate "Yes" or "No." If "Yes," please indicate the carrier name, contract holder name, policy number and termination date. If coverage is lost from an insurance carrier other than Blue Cross or BCN, then a letter of credible coverage is required.
- Medicare status: Indicate if any members listed are enrolled in Medicare. If "Yes," check the reason category to explain the member's enrollment in Medicare. Indicate if Medicare is primary or if Blue Cross or BC is primary and enter effective date of the Medicare Parts A, B and D coverage. Please attach a copy of the Medicare card.

Please provide all documentation for enrollment.

Medical Plan Group

Proposed  
Simply Blue HSA PPO Gold \$1...  
**\$ 7,814<sup>16</sup>**

Medical Plan Design

Blue Cross/Blue Shield  
Simply Blue HSA PPO Gold \$1350

	Single	Family
<b>Deductible</b>	\$ 1,350	\$ 2,700
Employee Coinsurance	20 %	20 %
Out-of-Pocket Max	\$ 2,350	\$ 4,700
Employer Funding	\$ - 0	\$ - 0
<b>Net Out-of-Pocket Max</b>	\$ 2,350	\$ 4,700
Employee Annual Prem	\$ + 0	\$ + 0
Employee Max Ann. Cost	\$ 2,350	\$ 4,700

<b>Medical Copays</b>	Copay
Primary Care	\$ --
Specialty Care	\$ --
Urgent Care	\$ --
Emergency	\$ --
Out-Patient Hospital	\$ --
In-Patient Hospital	\$ --
<b>Rx</b>	Integrated with Medical
Tiers	\$10 , \$40 , \$80 , 15%

	1	Prem	ER	EE
<b>Enrollment</b>	1	\$ 651 <sup>16</sup>	100 %	\$ 0 <sup>16</sup>
Employee Only				
Employee + Spouse	0	\$ 0 <sup>30</sup>	100 %	\$ 0 <sup>16</sup>
Family	0	\$ 0 <sup>30</sup>	100 %	\$ 0 <sup>16</sup>
<b>Ann. Insurance Premium</b>		\$ 7,814 <sup>16</sup>		
Employer Prem Contribution		\$		7,814 <sup>16</sup>
Budgeted HRA + HSA		\$		+ 0 <sup>60</sup> + 0 <sup>30</sup>
<b>Employer Ann. Cost</b>		\$		<b>7,814<sup>16</sup></b>

**Milton Township**  
**Profit & Loss Budget vs. Actual**  
 April 2018 through March 2019

	Apr '18 - Mar 19	Budget	\$ Over Budget
<b>Income</b>			
<b>A BEGINNING FUND BALANCE (For Budgeting only)</b>	0.00	553,198.69	-553,198.69
<b>A TAXES</b>			
403 REAL TAXES - CURRENT	0.00	133,912.25	-133,912.25
414 DELIQ. INTEREST / PENALTY	1,635.61		
430 MILTON ALLOCATED TAXES (Milton Allocated Taxes Received)	6,980.23		
447 SUMMER TAX (REIMBURSEMENT - SUMMER TAX)	4,107.50	4,800.00	-692.50
450 ADMIN FEE	4,154.10		
<b>Total A TAXES</b>	16,877.44	138,712.25	-121,834.81
<b>B LICENSES &amp; PERMITS</b>			
472 COMCAST FRANCHISE (COMCAST FRANCHISE REIMBURSEMENT)	8,285.82	26,000.00	-17,714.18
477 · BUILDING PERMITS	12,975.00	14,000.00	-1,025.00
477.1 · ELECTRICAL PERMITS	9,465.00	10,125.00	-660.00
477.2 · MECHANICAL PERMITS	3,723.00	5,000.00	-1,277.00
477.3 · PLUMBING PERMITS	1,370.80	3,200.00	-1,829.20
<b>Total B LICENSES &amp; PERMITS</b>	35,819.62	58,325.00	-22,505.38
<b>C STATE GRANTS</b>			
574 STATE SHARED REVENUE (STATE SHARED REVENUE)	99,575.00	307,643.00	-208,068.00
575 METRO FUNDS	3,138.78	3,000.00	138.78
<b>Total C STATE GRANTS</b>	102,713.78	310,643.00	-207,929.22
<b>D CHARGES FOR SERVICES</b>			
626 CONDITIONAL USE APPLICATION	500.00	300.00	200.00
627 FOIA FEES	40.95	20.00	20.95
628 SITE PLAN REVIEW	6,525.00	500.00	6,025.00
628.3 REZONING REQUEST APPL.	1,025.00		
628.4 LAND SPLIT / DIVISION FEE	1,950.00		
629 ZBA HEARINGS ((ZBA - APPEAL HEARINGS))	0.00	500.00	-500.00
631 PTAF	7,100.00	55,000.00	-47,900.00
<b>Total D CHARGES FOR SERVICES</b>	17,140.95	56,320.00	-39,179.05
<b>E INTEREST AND RENTS</b>			
665 INTEREST INCOME (Interest Income)	401.75	600.00	-198.25
667 RENTAL - SMITH CHAPEL (RENTAL - SMITH CHAPEL)	500.00	1,000.00	-500.00
669 Township Room Rentals	7,543.00	5,000.00	2,543.00
670 Table & Chair Rental	0.00	20.00	-20.00
<b>Total E INTEREST AND RENTS</b>	8,444.75	6,620.00	1,824.75
<b>F OTHER REVENUES</b>			
675 DONATIONS & GRANTS (DONATIONS & GRANTS)	2,477.00	15,000.00	-12,523.00
676 OTHER REVENUES (OTHER REVENUES)	2,910.91		
676.2 SMCAS ANNUAL CONTRACT (SMCAS ANNUAL CONTRACT)	0.00	1,250.00	-1,250.00
678 REIMBURSEMENT - ELECTIONS (REIMBURSEMENT - ELECTIONS)	1,282.54	5,000.00	-3,717.46
678.2 REIMB. FROM FIRE FUND	3,015.30		
<b>Total F OTHER REVENUES</b>	9,685.75	21,250.00	-11,564.25
<b>Total Income</b>	190,682.29	1,145,068.94	-954,386.65
<b>Gross Profit</b>	190,682.29	1,145,068.94	-954,386.65
<b>Expense</b>			
<b>A TOWNSHIP BOARD</b>			
101-101-136.5 BUILDING NOTE PMT	0.00	128,344.28	-128,344.28
101-101-702 Trustee Salary	2,406.18	5,500.00	-3,093.82
101-101-710 SALARY-AA	14,646.56	34,632.00	-19,985.44
101-101-710.1 SECRETARY WAGES	2,907.50	6,240.00	-3,332.50
101-101-710.2 ACCRUED WAGES	133.20	741.00	-607.80
101-101-725.1 Amb. Board Meet	150.00	360.00	-210.00
101-101-725.2 NATS Meetings	120.00	360.00	-240.00
101-101-725.3 FOIA Expense	10.90	20.00	-9.10
101-101-725.4 FIRE BOARD MEETIN	210.00	720.00	-510.00
101-101-726 Office Expense	1,772.98	3,000.00	-1,227.02
101-101-728 Postage Expense (Postage Expense)	1,392.42	3,000.00	-1,607.58
101-101-731 Publications Exp.	1,615.26	2,000.00	-384.74
101-101-812 Consultant Board	300.00		
101-101-813 MTA Dues	3,097.09	3,100.00	-2.91
101-101-813.1 NATS Membership	1,800.00	1,850.00	-50.00
101-101-815 Computer & Software	3,148.89	4,200.00	-1,051.11
101-101-816 Permit Fees	180.00		
101-101-850 Telephone	2,574.66	6,000.00	-3,425.34
101-101-850.1 Internet	1,079.80	3,620.00	-2,540.20
101-101-861.2 Committee Mileage	0.00	100.00	-100.00
101-101-861.3 Admin/Sec.Mileage	0.00	100.00	-100.00
101-101-901 Legal Notices	45.00	800.00	-755.00
101-101-970 Equipment/Furniture	48.54	500.00	-451.46
<b>Total A TOWNSHIP BOARD</b>	37,638.98	205,187.28	-167,548.30
<b>B SUPERVISOR</b>			
101-171-702 (Salary) (Supervisor Salary)	6,562.50	15,750.00	-9,187.50
101-171-702.1 (Deputy Salary) (Deputy Supervisor Wages)	0.00	312.00	-312.00
<b>Total B SUPERVISOR</b>	6,562.50	16,062.00	-9,499.50

**Milton Township**  
**Profit & Loss Budget vs. Actual**  
 April 2018 through March 2019

	Apr '18 - Mar 19	Budget	\$ Over Budget
<b>C ELECTIONS</b>			
101-191-705 Wages Elect Inspec	1,922.16	4,200.00	-2,277.84
101-191-726 Election - Supplies	977.42	2,000.00	-1,022.58
101-191-901 Legal Notices (Election - Legal Notices)	159.38	200.00	-40.62
101-191-931.1 Elect Mach Progm	1,260.00	2,300.00	-1,040.00
101-191-933 Elect Machine Maint	0.00	245.00	-245.00
101-191-975 Elec Meal Reimb	176.01	400.00	-223.99
<b>Total C ELECTIONS</b>	<b>4,494.97</b>	<b>9,345.00</b>	<b>-4,850.03</b>
<b>D CLERK</b>			
101-215-702 Salary-Clerk (Salary-Clerk)	8,854.20	21,250.00	-12,395.80
101-215-702.1 Wages - Deputy (Wages - Deputy)	126.00	1,000.00	-874.00
101-215-802.1 (Clerk Training) (Clerk Training)	0.00	200.00	-200.00
101-215-815 Computer Software (Computer Software)	1,034.00	1,300.00	-266.00
101-215-902 Forms (Forms)	0.00	250.00	-250.00
<b>Total D CLERK</b>	<b>10,014.20</b>	<b>24,000.00</b>	<b>-13,985.80</b>
<b>E EXTERNAL AUDITS</b>			
101-202-802 Other Acct Fees	0.00	9,100.00	-9,100.00
101-202-802.1 Consulting Srvcs	1,100.00		
<b>Total E EXTERNAL AUDITS</b>	<b>1,100.00</b>	<b>9,100.00</b>	<b>-8,000.00</b>
<b>F BOARD OF REVIEW</b>			
101-247-725 (Wages) (BOR - per diem)	220.00	1,980.00	-1,760.00
101-247-731 (Publications) (BOR - Publications)	0.00	100.00	-100.00
101-247-802.1 (BOR Training) (BOR Training)	0.00	552.50	-552.50
101-247-861 (Mileage) (BOR - mileage)	0.00	75.00	-75.00
101-247-864 (Meals) (BOR - Meals & Lodging)	141.31	150.00	-8.69
101-247-901 (Legal/Notices) (BOR - Legal notices)	0.00	120.00	-120.00
<b>Total F BOARD OF REVIEW</b>	<b>361.31</b>	<b>2,977.50</b>	<b>-2,616.19</b>
<b>G TREASURER</b>			
101-253-702 (Salary) (Treasurer Salary)	8,333.30	20,000.00	-11,666.70
101-253-702.1 (Deputy Wages) (Deputy Treasurer Wages)	600.75	1,000.00	-399.25
101-253-734 (Service Fees) (Treasurer Bank Service Fees)	0.00	50.00	-50.00
101-253-802.1 (Treasurer Train) (Treasurer Training)	0.00	200.00	-200.00
101-253-815 (Computer) (Treasurer - computer/software)	134.63	200.00	-65.37
101-253-816 (Tax Roll Printing) (Treasurer - Tax Roll Mnt/Prt)	5,979.14	6,200.00	-220.86
101-253-861 (Mileage) (Treasurer - mileage)	0.00	50.00	-50.00
101-253-970 (Equipment) (Treasurer/New Equipment)	0.00	300.00	-300.00
66900 · 101-253-956 Recon Discrepancy (Discrepancies between bank statements and company records)	100.00	100.00	0.00
<b>Total G TREASURER</b>	<b>15,147.82</b>	<b>28,100.00</b>	<b>-12,952.18</b>
<b>H ASSESSOR</b>			
101-257-728 POSTAGE EXPENSE	0.00	2,200.00	-2,200.00
101-257-809 ASSESSOR TRAINING	0.00	500.00	-500.00
101-257-815 BSA SOFTWARE	0.00	700.00	-700.00
101-257-815.1 ASSESSOR SOFTWARE	500.00	400.00	100.00
101-257-817 ASSESSOR WAGES	11,130.00	26,712.00	-15,582.00
<b>Total H ASSESSOR</b>	<b>11,630.00</b>	<b>30,512.00</b>	<b>-18,882.00</b>
<b>I SMITH'S CHAPEL</b>			
101-265-726 SC Supplies	0.00	100.00	-100.00
101-265-921.2 SC Electric	263.25	600.00	-336.75
101-265-923.2 SC Heat	0.00	600.00	-600.00
101-265-933 (SC-Maintenance) (Smith Chapel Main.Bldg.)	679.95	500.00	179.95
101-265-933.2 (SC-Equip Maint) (Sm Chpl - Equipment Maint)	0.00	200.00	-200.00
101-265-933.3 Mow Srvcs	200.00	1,000.00	-800.00
101-265-933.4 Snow Rem Srvcs	0.00	600.00	-600.00
101-265-940 (SC-Rent Commission (Sm Chpl - Rental Commission)	0.00	400.00	-400.00
<b>Total I SMITH'S CHAPEL</b>	<b>1,143.20</b>	<b>4,000.00</b>	<b>-2,856.80</b>
<b>J TOWNSHIP HALL</b>			
101-265-921.2 TH Electric	3,540.66	5,000.00	-1,459.34
101-265-923.1 TH Gas	354.76	1,100.00	-745.24
101-265-924 TH Security	584.10	1,250.00	-665.90
101-265-931.3 Mow Srvcs	2,319.00	4,800.00	-2,481.00
101-265-931.4 TH Cleaning	85.57	250.00	-164.43
101-265-931.5 Snow Srvcs	0.00	3,000.00	-3,000.00
101-265-933 TH Equip. Maint.	239.13	800.00	-560.87
101-265-933.2 TH Maintenance	4,851.71	5,000.00	-148.29
101-265-934 Decorations	0.00	500.00	-500.00
<b>Total J TOWNSHIP HALL</b>	<b>11,974.93</b>	<b>21,700.00</b>	<b>-9,725.07</b>
<b>J.1 OLD TWSP HALL</b>			
101-265-921 ELECTRIC	464.68	500.00	-35.32
101-265-923.2 HEAT	80.04	400.00	-319.96
101-265-931.5 CLEANING	0.00	100.00	-100.00
101-265-933.3 MAINT.	0.00	500.00	-500.00
<b>Total J.1 OLD TWSP HALL</b>	<b>544.72</b>	<b>1,500.00</b>	<b>-955.28</b>



# Milton Township Profit & Loss Budget vs. Actual

April 2018 through March 2019

	Apr '18 - Mar 19	Budget	\$ Over Budget
<b>J.2 RENTAL EXP.</b>			
101-265-710 Event Manager Pay	1,414.76	3,000.00	-1,585.24
101-265-710.1 SECURITY SERVICES	50.00	600.00	-550.00
101-265-726 SUPPLIES	0.00	500.00	-500.00
101-265-970 EQUIPMENT	0.00	500.00	-500.00
101.265.970.1 RENTAL EQUIP	0.00	500.00	-500.00
<b>Total J.2 RENTAL EXP.</b>	<b>1,464.76</b>	<b>5,100.00</b>	<b>-3,635.24</b>
<b>J.3 WEATHER SIRENS</b>			
101-265-934 Siren Maint.	195.48	1,500.00	-1,304.52
101-265-970 SIREN EQUIP	0.00	200.00	-200.00
101-265-970.2 WEATHER SIREN ELE	258.79	650.00	-391.21
<b>Total J.3 WEATHER SIRENS</b>	<b>454.27</b>	<b>2,350.00</b>	<b>-1,895.73</b>
<b>K ATTORNEY COSTS</b>			
101-266-826 LEGAL	8,569.84	10,000.00	-1,430.16
<b>Total K ATTORNEY COSTS</b>	<b>8,569.84</b>	<b>10,000.00</b>	<b>-1,430.16</b>
<b>L INSPECTORS</b>			
101-371-702.3 MECHANICAL LABOR (Mechanical Inspector Wages)	2,496.80	4,000.00	-1,503.20
101-371-724 ELECTRICAL LABOR (Electrical Inspector Wages)	8,984.00	9,100.00	-116.00
101-371-724.2 BUILDING WAGES (Building Inspector Wages)	5,876.00	11,200.00	-5,324.00
101-371-724.3 BUILD MAINT. WAGE	6,724.80	3,000.00	3,724.80
101-371-724.4 PLUMBING LABOR (Fees Plumbing Inspector)	1,015.20	2,560.00	-1,544.80
101-371-726 INSPECTOR SUPPLIES (Inspector Office Supplies)	0.00	700.00	-700.00
101-371-802 CONFERENCES (Inspector - conf & workshops)	0.00	300.00	-300.00
<b>Total L INSPECTORS</b>	<b>25,096.80</b>	<b>30,860.00</b>	<b>-5,763.20</b>
<b>M ROADS</b>			
101-446-969 ROADS	18,942.89	74,360.96	-55,418.07
101-446-969.2 STRIPING	0.00	3,300.00	-3,300.00
101-446-969.3 MUP CONST	0.00	22,000.00	-22,000.00
101-446-969.5 MUP DESIGN	3,430.12	38,900.00	-35,469.88
101-446-969.5 MUP INSPECTION	0.00	15,000.00	-15,000.00
101-446.969.1 SIGNS	200.00		
<b>Total M ROADS</b>	<b>22,573.01</b>	<b>153,560.96</b>	<b>-130,987.95</b>
<b>N STREET LIGHTS</b>			
101-448-820 STREET LIGHTS - ALL	3,530.97	9,600.00	-6,069.03
<b>Total N STREET LIGHTS</b>	<b>3,530.97</b>	<b>9,600.00</b>	<b>-6,069.03</b>
<b>O Spring Cleaning</b>			
101-528-943 TRASH CONTAINER	2,505.70	3,000.00	-494.30
O Spring Cleaning - Other	507.76		
<b>Total O Spring Cleaning</b>	<b>3,013.46</b>	<b>3,000.00</b>	<b>13.46</b>
<b>P PLANNING COMMISSION</b>			
101-410-725 (PC-Wages) (Planning Commission Wages)	1,260.00	6,650.00	-5,390.00
101-410-726 (PC-supplies) (Plan comm - Office Supplies)	0.00	200.00	-200.00
101-410-802 (PC-Conferences) (Plan Com Conf & Workshop)	0.00	600.00	-600.00
101-410-812 (PC-consultants) (Plan comm - Consultant)	2,329.75	4,000.00	-1,670.25
101-410-826 (PC-Legal) (Plan comm - Legal Services)	0.00	1,000.00	-1,000.00
101-410-901 (PC-Legal/Notices) (Plan comm - Legal Notices)	257.70	400.00	-142.30
<b>Total P PLANNING COMMISSION</b>	<b>3,847.45</b>	<b>12,850.00</b>	<b>-9,002.55</b>
<b>Q ZBA</b>			
101-410-725.1 (ZBA WAGES) (ZBA Wages)	0.00	400.00	-400.00
101-410-726.1 (ZBA SUPPLIES) (ZBA - Office Supplies)	0.00	100.00	-100.00
101-410-826.1 (ZBA-LEGAL) (ZBA - Legal Services)	0.00	100.00	-100.00
101-410-861.1 (ZBA-MILEAGE) (ZBA - Mileage)	0.00	100.00	-100.00
101-410-901.1 ZBA-LEGAL NOTICE (ZBA - Legal Notices)	0.00	100.00	-100.00
<b>Total Q ZBA</b>	<b>0.00</b>	<b>800.00</b>	<b>-800.00</b>
<b>R ZONING</b>			
101-410-705.2 SALARIES	7,630.00	18,312.00	-10,682.00
101-410-802.3 ZA TRAINING	0.00	300.00	-300.00
101-410-826.2 LEGAL	100.86	500.00	-399.14
101-410-861.2 ZA - MILEAGE	65.13	200.00	-134.87
101-410-970 CELL PHONE REIMB.	150.00	600.00	-450.00
101-410-970.1 EQUIPMENT	0.00	200.00	-200.00
<b>Total R ZONING</b>	<b>7,945.99</b>	<b>20,112.00</b>	<b>-12,166.01</b>
<b>S PARK &amp; RECREATION (PARK &amp; RECREATION)</b>			
101-751-931 PARK -MAINTENANCE (Park - Bldg Gr Maint)	111.07	500.00	-388.93
101-751-931.1 PORTA POTTY	1,365.00	1,365.00	0.00
101-751-931.2 PARK-IMPROVEMENT	2,477.00	30,000.00	-27,523.00
<b>Total S PARK &amp; RECREATION (PARK &amp; RECREATION)</b>	<b>3,953.07</b>	<b>31,865.00</b>	<b>-27,911.93</b>

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Cash Basis

# Milton Township Profit & Loss Budget vs. Actual

April 2018 through March 2019

	Apr '18 - Mar 19	Budget	\$ Over Budget
<b>T OTHER</b>			
101-850-822 FICA - MATCH (Employer - FICA Matching Share)	192.31	800.00	-607.69
101-850-822.1 PENSION - MATCH (Twp Bd - Pension matching (ERCON))	7,149.30	18,000.00	-10,850.70
101-850-822.2 MEDICARE - MATCH (Employee - Medicare Match Share)	1,180.46	2,800.00	-1,619.54
101-850-822.3 PENSION - FEES (Twp Bd - Pension costs)	0.00	2,200.00	-2,200.00
101-850-860 PAYROLL EXPENSES	142.50	200.00	-57.50
101-850-860.2 EMPLOYEE MEDICAL	0.00	240.00	-240.00
101-850-870 UNEMPLOYMENT (Twp Bd Unemployment Insurance)	1.12		
101-850-910 INSURANCE (Twp Bd - Insurance)	12,614.00	12,000.00	614.00
101-850-921 SHERIFF'S PATROL	0.00	24,960.00	-24,960.00
101-850-921.1 SMCAS PROJECT	0.00	2,700.00	-2,700.00
<b>T OTHER - Other</b>	142.50		
<b>Total T OTHER</b>	<b>21,422.19</b>	<b>63,900.00</b>	<b>-42,477.81</b>
<b>Total Expense</b>	<b>202,484.44</b>	<b>696,481.74</b>	<b>-493,997.30</b>
<b>Net Income</b>	<b>-11,802.15</b>	<b>448,587.20</b>	<b>-460,389.35</b>



# Milton Township

## General Fund Balance

Treasurer Flowers

08/31/18

<b>FIFTH THIRD</b>	
Checking	\$289,313.42
in transit Shared Revenue	\$56,290.00
<b>MUTUAL BANK</b>	\$37,227.73
	\$100,000.00
<b>CHEMICAL BANK:</b>	
CD	\$39,039.90
CD	\$158,974.52
Escrow Funds	\$3,403.53
Transit Account for Credit Cards	\$1.01
Petty Cash	\$97.52
Treasurers Cash Box	\$150.00
Admin Assistant Cash Box	\$200.00
Insurance Escrow	12,539.89
Ambulance Account	83.03
Fire Account	19.31
Building Loan Balance	\$1,191,307.34
<b>ENDING BALANCE</b>	<b>TOTAL</b>
	<b>\$684,697.63</b>

# Milton Township

## Transaction List by Date

### August 15 through September 11, 2018

Type	Date	Num	Name	Memo	Amount
<b>Aug 15 - Sep 11, 18</b>					
□ □ □ □	08/15/2018	□ □ □ □	□ □ □ □ # 8771 4...	-107.09	
□	08/15/2018	11906	□ □ □ □	-4858	
□	08/15/2018	11907	□ □ □ □, S □	-700.65	
□	08/15/2018	11909	□ W □	0.00	
□	08/15/2018	11912	□ □ □	-183.05	
□	08/15/2018	11908	□ □ □, W □	-901.2	
□	08/15/2018	11910	□ □ □	-100.5	
□	08/15/2018	11911	Sante, □ W.	-71.05	
□	08/15/2018	11914	□ □ □, □ K	-50.79	
□	08/15/2018	11913	□ □ □	-50.7	
□	08/15/2018	11915	□ □ □ □ A	-50.79	
□	08/15/2018	11916	□ □ □ Paul E	-50.7	
□	08/15/2018	11917	□ □ □	-92.35	
□	08/15/2018	11918	□ □ □	-257.51	
□	08/15/2018	11919	□ □ □ J	-218.88	
□	08/15/2018	11920	□ □ □ □ L	-17.2	
□	08/15/2018	11921	□ □ □ V □	-195.79	
□	08/15/2018	11922	□ □ □ A.	-172.70	
□	08/15/2018	11923	□ □ □	-16.3	
□	08/15/2018	11924	□ □ □ # 655 □...	-1,714.40	
□	08/15/2018	11927	□ □ □	-16.3	
□	08/15/2018	11928	□ □ □	-10.90	
□	08/15/2018	11929	□ □ □ W. □	-5826	
□	08/17/2018	11926	□ □ □, Cori □	-1,267.55	
□	08/20/2018			177.70	
□	08/20/2018			11,317.39	
□	08/20/2018			1,375.00	
□	08/21/2018	119	□ □ □ W □	-1,693.3	
□	08/21/2018	11900	□ □ □ □ □	-6993	
□	08/23/2018		□ □ □ □ □ P... □ □ 22 to...	-59.04	
□	08/23/2018		□ □ □ □ □ AN ELECT...		-3908
Ch □	08/24/2018	E-p □ □	38-181254 ...	-1.12	
Ch □	08/24/2018	E-p □ □	38-181254 ...	-1,601.6	
Ch □	08/24/2018	11930	□ □ □ 38-181254	-325.55	
Ch □	08/24/2018		□ □ □ HANCOCK, ...	54424	-40943
Ch □	08/24/2018		□ □ □ HANCOCK, ...		-607.54
Ch □	08/24/2018		□ □ □ □ □.		-50.00
□	08/25/2018			656.00	
□	08/25/2018			1,181.15	
□	08/25/2018	11941	□ □ □	-38.8	
□	08/25/2018		□ □ □ □		-34.42
□	08/25/2018		□ □ □ □		-100.12
□	08/25/2018	11945	□ □ □		-95.00
□	08/25/2018		□ □ □		-1760
□	08/25/2018	11946	□ □ □	-14.81	
Ch □	08/25/2018	E-p □ □	38-181254 ...	-67.22	
Ch □	08/25/2018	11947	□ □ □ 38-181254	-25.33	
Ch □	08/25/2018		□ □ □ HANCOCK, ...	54424	-392
Ch □	08/25/2018		□ □ □ HANCOCK, ...		-59.46
Ch □	08/25/2018		□ □ □ □ □.		-50.00
□	08/31/2018	11932	□ □ □ □ □, S □	-700.66	
□	08/31/2018	11935	□ □ □ W □	0.00	
□	08/31/2018	11936	□ □ □ □	-100.5	
□	08/31/2018	11937	Sante, □ W.	-730.05	
□	08/31/2018	11938	□ □ □ □	-37.34	
□	08/31/2018	11939	□ □ □	-100.94	
□	08/31/2018	11931	□ □ □ □	-4857	
□	08/31/2018	11933	□ □ □ □ □, W □	-901.2	
□	08/31/2018	11934	□ □ □ W. □	-5826	
□	08/31/2018	11940	□ □ □ □, Cori □	-1,101.99	
□	09/11/2018	11944	□ □ □ □	-172.24	
□	09/11/2018		□ □ □ □ □ ...		-51.07
□	09/11/2018		□ □ □ □ □ ...		-421.8
□	09/11/2018		□ □ □ □ □ ...		-44.51
□	09/11/2018	11948	□ □ □	-1,380.00	



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09/05/18

**Milton Township**  
**Transaction List by Date**  
**August 15 through September 11, 2018**

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Type	Date	Num	Name	Memo	Amount
<input type="checkbox"/>	09/11/2018	11949	PP	-45.00	
<input type="checkbox"/>	09/11/2018	11950	IM.	-1,067.20	
Aug 15 - Sep 11, 18					