



# Manistee County Board of Commissioners

Manistee County Courthouse • 415 Third Street • Manistee, Michigan 49660

CHAIRPERSON  
Ken Hilliard  
VICE-CHAIRPERSON  
Jim Krolczyk

Mark Bergstrom  
Alan Marshall  
Richard Schmidt  
Brook Shafer  
Karl Waitner

CLERK

Jill Nowak  
(231) 723-3331

CONTROLLER/ADMINISTRATOR

Thomas Kaminski  
(231) 398-3500

## PERSONNEL COMMITTEE

Tuesday, January 14, 2014  
1:00 P.M.

Courthouse & Government Center  
Board of Commissioner's Room

### AGENDA

1. Recommendation for approval of Resolution from Medical Care for Changing MERS Benefit for 2013. Appendix A
2. Discussion regarding projects for 2014.
3. Update regarding Workers Comp Audit.
4. Updates regarding Road Commission Task Force.
5. Schedule 2014 meeting dates.
6. Other items from Committee members.
7. Adjournment.

**RESOLUTION FOR CHANGING MERS BENEFITS  
(OTHER THAN DB COMPONENT OF HYBRID PROGRAM)**



In accordance with the MERS Plan Document of 1996, the Manistee County Medical Care Facility  
(Participating Municipality)

5101 adopts the following benefits for: 04-MCF  
(Municipality No.) (Reporting Unit No., MERS Division No. and Name)

A "division" is defined as an employee or group of employees covered by the same benefit programs and the same employee contribution program. Each division has a specific MERS number and name, such as "Div. 10, General-Admin.," and is part of a Reporting Unit, such as: "01."

Supporting Supplemental Valuation is dated \_\_\_\_\_

**BENEFIT MULTIPLIER**

From \_\_\_\_\_ To \_\_\_\_\_ Effective Date \_\_\_\_\_  
(Current Benefit Multiplier) (New Benefit Multiplier)

**Provisions for Earlier Normal Retirement**

- F50/25     F50/30     F(N)-Years and Out (Specify number of years) \_\_\_\_\_
- F55/15     F55/20     F55/25     F55/30

Effective Date \_\_\_\_\_

**EMPLOYEE CONTRIBUTION RATE**

New Rate 2.29%  
Effective Date 01/01/2013

**ADDITIONAL BENEFITS  
AFFECTING FUTURE RETIREES**

- FAC 3     FAC 5     V-6     V-8     V-10     RS - 50%
  - D-2     E-2     DROP+ with \_\_\_\_\_ %
- Effective Date \_\_\_\_\_

**RETIREE COST-OF-LIVING BENEFIT PROGRAMS FOR CURRENT RETIREES**

- E Standard     E-1
- E - Other (Specify Factor \_\_\_\_\_ Adjustment Years \_\_\_\_\_)

Effective Date \_\_\_\_\_

**WINDOW PERIOD (If applicable)**

From \_\_\_\_\_ To \_\_\_\_\_  
(Date) (Date)

I CERTIFY THAT THE ABOVE WAS ADOPTED BY \_\_\_\_\_  
Governing Body Date of Meeting

\_\_\_\_\_  
Authorized Signature Title Date

**NOTE: Standard/Nonstandard Benefit Provisions**—Attach page fully describing provision(s), and (1) a complete copy of the fully executed collective bargaining agreement and a certified copy of official minutes where the collective bargaining agreement or this Resolution was adopted, or (2) a copy of the arbitration or mediation decision. If further information is needed, please contact MERS Employer Services Division at 1 (800) 767-6377.