

# CITY OF OAK FOREST

City Council

Meeting Agenda

Tuesday, September 26, 2023 – 7:30 p.m.

City Council Chambers



15440 S. Central Avenue

Oak Forest, IL 60452

(708) 687-4050

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MAYOR:	Henry L. Kuspa	ALDERMEN:
CLERK:	Nicole T. Tormey	1 <sup>ST</sup> Ward – Kenneth Keeler
TREASURER:	Ericka Vetter	2 <sup>ND</sup> Ward – Joe McCarthy
CITY ADMINISTRATOR:	Timothy J. Kristin	3 <sup>RD</sup> Ward – Charles Wolf
FINANCE DIRECTOR:	Colleen M. Julian	4 <sup>TH</sup> Ward – Paul Selman
FIRE CHIEF:	Gary Kasper	5 <sup>TH</sup> Ward – Jim Emmett
POLICE CHIEF:	Jason Reid	6 <sup>TH</sup> Ward – James Hortsman
BUILDING COMMISSIONER:	Mike Forbes	7 <sup>TH</sup> Ward – Denise Danihel
PUBLIC WORKS DIRECTOR:	Michael Salamowicz	
COMMUNITY PLANNER:	Paul Ruane	
ECONOMIC DEV DIRECTOR:		
EMA DIRECTOR:	Joe Pilch	
CITY ATTORNEY:	Klein, Thorpe and Jenkins, Ltd.	

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1. Pledge of Allegiance
  2. Roll call
  3. Announcements
  4. Motion to establish Consent Agenda
  5. Consent Agenda
    - A. Approval of minutes:
      1. City Council - September 12, 2023
    - B. Consideration of the following list of bills dated:
      1. Regular bills - FY 2023-2024
    - C. Consideration of the following minutes:
      1. Fire & Police Commission - June 28, 2023
      2. Fire & Police Commission - July 28, 2023
      3. Veterans Commission - August 17, 2023
      4. Cable Commission - September 14, 2023
      5. Senior Commission - June 14, 2023
      6. Senior Commission - September 13, 2023
      7. Consumer Protection Commission - September 13, 2023

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6. Administration

- A. Approval of contract with BlueCross and BlueShield of Illinois for comprehensive benefits renewal. See attached memo from Human Resource Director Bridget DiSanto with supporting details.
- B. Approval of Ordinance No. 2023-09-0995O, authorization for disposal/sale of City owned property. See the attached memo from City Administrator Timothy Kristin with supporting details.

7. Public Works

- A. Approval for a professional services agreement in the amount of \$14,966.00 with HR Green for 147<sup>th</sup> Street and Oak Park Avenue safety improvements engineering. See attached memo from Public Works Director Michael Salamowicz with supporting details.

8. Community and Economic Development

- A. Approval of Ordinance No. 2023-09-0996O authorizing a plat of easement for Desche at 157<sup>th</sup> LLC. See the attached memo from Community Planner Paul Ruane with supporting details.
- B. Approval of Resolution No. 2023-09-0446R authorizing a plat of consolidation titled "One Fifty-Seven Oak Forest Subdivision". See the attached memo from Community Planner Paul Ruane with supporting details.

9. Citizen Participation: The Oak Forest City Council invites public comment at its meetings, but it generally does not have the ability to provide an immediate response to some questions raised during the Citizens Participation portion of a council meeting without some reasonable opportunity to review them. Therefore, the City Council encourages questions to also be submitted in writing in the event that they need to be referred to City staff to help assure a more thoughtful and informed response. Individual comments are limited to three (3) minutes.

10. Old business

11. New business

12. Executive session

13. Adjournment

# CITY OF OAK FOREST

City Council Meeting Minutes

Tuesday, September 12, 2023

City Council Chambers



15440 S. Central Avenue  
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Mayor Kuspa called the City Council meeting to order at 7:30 p.m. with the Pledge of Allegiance and the Roll Call as follows:

*Present:* Mayor Henry L. Kuspa  
Alderman Keeler  
Alderman McCarthy  
Alderman Wolf  
Alderman Selman  
Alderman Emmett  
Alderman Hortsman  
Alderman Danihel

*Also Present:* City Administrator Tim Kristin  
Treasurer Ericka Vetter  
Fire Chief Gary Kasper  
Public Works Director Mike Salamowicz  
IT Director Tom Rieman

*Absent:* City Clerk Nicole Tormey

### 3. Announcements

- Bremen Township is open for reassessment appeals until October 2<sup>nd</sup>. Reassessment forms can be picked up at City Hall. The forms should be completed and delivered to a Cook County Courthouse or Bremen Township office at 16361 S. Kedzie Avenue. Do not drop the completed forms off at City Hall. They need to get to the county. If you need help completing the form, please contact Taxpayer Advocate Grace Bardusk at (708) 444-4816. She will accommodate as many requests as possible in the order that they have been received on or before September 27<sup>th</sup>. Also, if you are senior who received the senior freeze, be sure to fill out the form this year. During the pandemic, the exemption was renewed automatically. Unfortunately, this is no longer the case. For more information you can contact Grace Bardusk at (708) 444-4816.
- The Crisis Center for South Suburbia is offering an overview of the dynamics of domestic violence on Thursday, September 14<sup>th</sup> at 7:00 p.m. at St. Damian Church. The session will cover forms of abuse, early warning signs, cycles of abuse and more. The event is free and open to the public.
- Bremen Township will host a health fair on Saturday, September 16<sup>th</sup> from 10:00 a.m. to 2:00 p.m. at 15350 Oak Park Avenue. The event will include car seats



checks, hearing and blood pressure screenings, memory care, giveaways and much more.

- Save the date for Oak Forest-Crestwood Area Chamber of Commerce’s Community Expo on Saturday, October 14<sup>th</sup> from 9:00 a.m. until noon at Arbor Park Middle School. The free expo includes exhibitors, crafts, DJ, games, blood drive and kids costume parade at 10:00 a.m. For details visit [www.oc-chamber.org](http://www.oc-chamber.org).

4. Motion to Establish Consent Agenda

Alderman Danihel made the motion. Alderman Selman seconded.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Danihel			
Alderman Hortsman			
Alderman Emmett			
Alderman Selman			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			

The motion carried 7/0, 0 absent.

5. Consent Agenda

A. Approval of minutes:

- 1. City Council - August 22, 2023

B. Consideration of the following list of bills dated:

- 1. Regular bills - FY 2023-2024

C. Consideration of the following minutes:

- 1. Police Pension Fund Board - May 18, 2023
- 2. Civil Service Commission - May 25, 2023
- 3. Civil Service Commission - September 6, 2023
- 4. Emergency Telephone System Board - August 1, 2023



D. Consideration of the following reports:

1. Baxter & Woodman project status report - August 25, 2023

Alderman Keeler made the motion. Alderman Emmett seconded.

Mayor Kuspa asked for questions or comments. Seeing none.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			

The motion carried 7/0, 0 absent.

6. Administration

- A. Approval of a right-of-way parking use and maintenance agreement between the City of Oak Forest and Deshe at 157<sup>th</sup> LLC. at approximately 4820 W. 157<sup>th</sup> St, Oak Forest, IL.

Alderman Emmett made the motion. Alderman McCarthy seconded.

Mayor Kuspa stated this is to make sure Deshe maintains and holds insurance on the parallel parking that is on 157<sup>th</sup> Street. They will be using it for the townhouse development.

City Administrator Tim Kristin added that the parking spaces are a required component of the development. They will be utilizing city property. We need to make sure they will maintain and indemnify the city. The term of the lease is 20 years.

Mayor Kuspa asked for questions or comments. Seeing none.



Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Emmett			
Alderman Selman			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Danihel			
Alderman Hortsman			

The motion carried 7/0, 0 absent.

- B. **Approval of Resolution No. 2023-09-0444R** authorizing the City Administrator to take necessary actions for conveyance of title at 15541 S. Cicero Ave., Oak Forest, IL.

Alderman Danihel made the motion. Alderman Hortsman seconded.

Mayor Kuspa noted this is another step for the Ace Hardware building. There will be a couple of more things that need to be filled out and signed by the city. This gives the City Administrator the right to complete the forms and sign them to move this along in a timely manner. At no point in time will the price or procedure be changed at all. This is just to expedite getting rid of the old Ace Hardware building. Mayor Kuspa asked City Administrator Tim Kristin if there was anything he would like to add. City Administrator Tim Kristin stated this is all about moving this along.

Mayor Kuspa asked for questions or comments.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Danihel			
Alderman Hortsman			
Alderman Emmett			
Alderman Selman			
Alderman Wolf			
Alderman McCarthy			
Alderman Keeler			

The motion carried 7/0, 0 absent.



7. Fire Department

- A. Approval of payment to Air One in the amount of \$13,722.00 for the budgeted purchase of 3 new sets of firefighting gear.

Alderman Keeler made the motion. Alderman Hortsman seconded.

Fire Chief Gary Kasper reported they purchased three sets of turnout gear. The gear is replaced on a rotational basis or on an as needed basis based on any repairs that might need to be had or the age of them. During a routine gear inspection we found three sets that needed to be replaced. The cost of the three sets is \$13,722.00 which is roughly \$4,572.00 per set.

Mayor Kuspa asked for any questions or comments. Seeing none.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			

The motion carried 7/0, 0 absent.

8. Public Works

- A. Approval Pay Estimate No. 1 for the 2022 Water Main Improvements Project in the budgeted amount of \$386,531.71.

Alderman Emmett made the motion. Alderman Keeler seconded.

Public Works Director Mike Salamowicz reported the City received pay estimate no. 1 dated August 22, 2023 from M&J Underground. This is for the water main work that is still ongoing. The invoice waivers of lien and affidavit have been reviewed by engineers and they recommend payment of the pay estimate no. 1 in the \$386,000.00 amount. This includes a reduction of \$42,947.97 which reflects a 10% retention. The original contract



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amount was approximately \$4.2 million. Total work completed is \$429,479.68 with the retainage of \$42,947.00.

Mayor Kuspa clarified it is the first payment of \$4.2 million. Mike Salamowicz replied, correct.

Mayor Kuspa asked for any questions or comments.

Alderman Emmett asked Mike about the street sweeper in that area. He asked how many times they are hitting that area. They are a lot of complaints about dust. Mike replied every Friday.

Alderman Hortsman asked if there are any check off items that still have to be dealt with in regard to this payment. Mike stated it is ongoing. This is for work completed to date.

Mayor Kuspa asked for any other questions or comments. Seeing none.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			

The motion carried 7/0, 0 absent.

**B. Approval of Pay Estimate No. 1 for the 2023 MFT Road Program in the budgeted amount of \$1,026,703.16.**

Alderman Wolf made the motion. Alderman McCarthy seconded.

Public Works Director Mike Salamowicz reported they have received pay estimate no. 1 from D Construction in the amount of \$1,026,703.16. This is for the 2023 MFT Road Program. As noted, the invoice, the waivers of lien and affidavits have all been reviewed and it is recommended to approve pay estimate no. 1. Overall contract amount was \$1,172,062.02. The total value of the completed work was \$1,080,740.17. We still hold a retainage of \$54,037.01. All the work has been completed including the punch list items.



Everything has been inspected.

Mayor Kuspa asked what the balance to be paid is. Mike Salamowicz replied the retainage would be \$54,037.01. Mayor Kuspa asked if the concrete work was completed as contracted. Mike replied as contracted yes. They had added some additional concrete work and that has been completed too. Mayor Kuspa asked if all the street work and concrete work is done as contracted. Mike stated correct.

Alderman Hortsman asked about the concrete stuff that are on a couple of streets in his ward, they are marked but have not been done. Where they included in this? Mike stated they were not part of the original contract. They did mark some additional work to try to see if they could get some additional sidewalk completed. They had some issues with the concrete contractor so they pulled that work back. Public Works crews are going through now. Alderman Hortsman stated some of them have tree issues. Mike stated they will eventually get to them with the Public Works crew. Mayor Kuspa asked if eventually means this year. Mike stated not necessarily.

Mayor Kuspa asked for any questions or comments.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Wolf			
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			
Alderman Keeler			
Alderman McCarthy			

The motion carried 7/0, 0 absent.

9. Information Technology

A. Approval of Tyler Technologies Quote to Integrate New 911 voice logger to Computer Aided Dispatch (CAD) Application.

Alderman Keeler made the motion. Alderman Emmett seconded.

IT Director Tom Rieman reported the voice logger was upgraded in the last couple months. To find recordings from 911, the police dispatch manager would have to hunt



around the certain time of the incident. If we can get that information to dump from CAD, they can find the information immediately. There will be more reports readily available. It will save a tremendous amount of time for the dispatch manager.

Mayor Kuspa asked for questions or comments. Seeing none.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			

The motion carried 7/0, 0 absent.

**B. Approval of Data Retrieval emergency quote from We Recover Data in the amount of \$24,500.00.**

Alderman Emmett made the motion. Alderman Wolf seconded.

IT Director Tom Rieman stated in the last week of July they had some power surges that affected some of the aging equipment. They lost some data on a server that they would like to retrieve back. It was not backed up on the backup server because that was also affected by the power surge. Hopefully it will be remedied in the next agenda item.

Mayor Kuspa asked for questions or comments.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			



The motion carried 7/0, 0 absent.

**C. Approval of purchase of New ExaGrid backup appliance through RKON in the budgeted amount of \$28,341.06.**

Alderman Danihel made the motion. Alderman Hortsman seconded.

IT Director Tom Rieman reported that the backup server was also affected in the power surges. They do have it up and running a week after the incident. It is backing up everything now but because it is aging and obviously very sensitive, we would like to get that replaced and protect the City. With the new one, we can take the backups and have immediate retention here on our network. We will also move the backups to the cloud with encrypted protection. Mayor Kuspa asked if that is all included.

Alderman Hortsman asked if this is a battery backup. Tom Rieman stated it is the backup appliance for the data when it needs to get backup during the evening. It is an appliance in the server room. The data is there for retrieval. There is a weekly backup of every server.

Alderman Emmett asked if this is for the cameras in the cars and body cameras. Tom stated no. All that footage already goes to the cloud. That project was completed earlier this year. All the videos, body camera is already uploaded to Evidence Library by Motorola. Alderman Emmett stated he took a tour with Chief Reid and likes what he has done downstairs. It is a nice setup. Tom stated if the new aldermen would like a tour after the meeting he would be happy to show them.

Mayor Kuspa asked for any other questions.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Danihel			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			

The motion carried 7/0, 0 absent.



D. **Approval of purchase for Aruba Network Switches through CDWG in the budgeted amount of \$17,806.14.**

Alderman Selman made the motion. Alderman Keeler seconded.

IT Director Tom Rieman reported in the server room they have two server racks. One rack contains the ExtaGrid appliance. All the servers that are in that one rack itself. When that agent runs, it backs up pretty fast. The problem is there is so much congestion on the network, keep getting more data and more services getting out the cloud from the internet, it is taking up bandwidth on our network. What is happening is that the rest of the servers on the other rack are taking much longer to get backed up because it is on a one gig pipe. This will allow us to have newer technology that will allow us to speed up the process and it will be a 10 gig pipe instead of a 1 gig pipe. When we run the full backups, they are running into the morning.

Mayor Kuspa asked for questions or comments. Seeing none.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman Selman			
Alderman Emmett			
Alderman Hortsman			
Alderman Danihel			
Alderman Keeler			
Alderman McCarthy			
Alderman Wolf			

The motion carried 7/0, 0 absent.

10. Citizen Participation

Mark Spurlak, 14873 Landings Lane. Mr. Spurlak reported an ongoing problem for the last three years. It is not a weekly problem. The neighbor next door, 14867, had a party that started at noon. The music was very loud. The party lasted all day. At 2:00 a.m. the neighbors called the police. The police issued a citation. Tim Kristin stated he would check on the amount of the first offense. It started again at 6:00 a.m. He called the police. The police informed him the went to the fence and told them to turn music down. A verbal altercation was had. At 9:30 a.m. two officers came back out. Party went on until 10:00 p.m. on Sunday. Police's hands are tied. He wanted to know what can be done.



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Tim Kristin recommended demanding to sign another complaint. If the officer is unsure, he is to request a sergeant.

Steven Smith, 14862 Landings Lane. He lives across the street from the individuals. At 6:00 a.m. on Sunday he awoken to loud music with his windows closed. He called police and was informed the sergeant was trying to find a solution. Mr. Smith also complained of a 40 foot trailer parked in front of his house and trucks parked on street. Mr. Smith asked for a solution other than fines. He stated the situation is out of control. Alderman Emmett received calls from Mark who informed him of the situation. Alderman Emmett asked if he could sit down with the chief and deputy chiefs for a resolution. Officers should be writing tickets. Mr. Smith also commented on the amount of concrete they poured in their backyard. States it is about 80% of their yard. Alderman Hortsman stated he had a conversation with the police chief about an issue in his ward. Chief stated that if there is a complaint about a tractor trailer that the Building Department should come to investigate and/or ticket.

Jerry Ann Latocha, backs up to the neighbor in the Landings. She resides on another block and can hear the music with her windows shut. She also complained that the music is offensive. She would like a resolution.

Mark Bratcher, Rob Roy Drive, approached the dais. He passed out pictures of Lake Dave which is behind his property. He informed the council of Oak Forest's lack of taking care of the pond. They are failing to maintain the pond. He has called Public Works about getting the pond sprayed for algae. The constant answer from Public Works is "they will look into it and get back to him". No response received. At the end of August 2023, Public Works had a company come out to look at the pond. He remarked that the Landings pond is well taken care of. Mayor Kuspa replied that he appreciated it being brought to his attention at the last meeting. He spoke with the Public Works Director and assured Mr. Bratcher that the pond will be treated as the other ponds are. He also stated that at the other ponds, there are no mow zones. They will put a plan together and will advise Mr. Bratcher of it. A no mow zone helps the vegetation filter before it goes into the water. Mr. Bratcher remarked about the no mow zone. He stated the neighbors take care of mowing. After meeting with Mayor and Tim, Mike and Joe came out and took out the stump from the willow tree. They took care of the brush. Mayor Kuspa asked to give the city some time to work on the pond to remediate the problem. Mark asked to see a schedule.

Eugene Star, 6241 Victoria Drive. Algae every year gets worse. He has a dock in his backyard. Every winter he takes up the dock. The muck was so thick, he could not get the poles out. He has called the EPA and was advised that the pond should be dredged every couple of years. He has been calling maintenance for two months. They will not



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take a direct call. He went to City Hall, the Mayor's office, never received a return call from maintenance.

Cathleen Jessy, 6250 Delores Drive. She is concerned about the odor from the pond. She has asthma. The mosquitos are horrible. They need the brush taken away. The coyotes are horrible.

Scott Bratlin, 15510 Rob Roy. In the past 8 years there has been a decline in families coming to fish. No one can fish there anymore.

11. Old Business

Alderman Emmett thanked City Administrator Tim Kristin for reaching out to the county. County commissioner nor her staff has not gotten back to him. It has been 3 weeks. He was willing to show them the videos of how they take care of the forest preserve area.

12. New Business

Mayor Kuspa reported the existing business at 16200 S. Cicero Avenue, Maxwell Street, would like to change their menu and moto. They want to become more of a Cheers bar and grill. They would like to change the service counter into a bar. They currently have a liquor and food license. They will have to apply for a change of name and business license.

13. Executive Session

Mayor Kuspa asked for a motion to go into Executive Session.

No Executive Session needed.

14. Adjournment

Alderman McCarthy made the motion to adjourn. Alderman Danihel seconded.

Roll call vote was taken as follows:

<u>AYES</u>	<u>NAYS</u>	<u>ABSTAIN</u>	<u>ABSENT</u>
Alderman McCarthy			
Alderman Wolf			
Alderman Selman			
Alderman Emmett			

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Tuesday, September 12, 2023  
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Alderman Hortsman  
Alderman Danihel  
Alderman Keeler

The motion carried 7/0, 0 absent.

Meeting adjourned at 8:35 p.m.

Prepared by:

  
Nicole Tormey, City Clerk

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Henry L. Kuspa, Mayor



FINANCE DEPARTMENT

**NOTICE**

**AGENDA ITEM**

List of Bills September 26, 2023 FY2023-2024

Report dates: 9/26/2023-9/26/2023

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
ACTSOFT Inc*	10363686	08/02/23	648.00	02-17-5305 TELEPHONE	PD, PW Actsoft Devices		
ACTSOFT Inc*	10363686	08/02/23	792.00	01-03-5305 TELEPHONE	PD, PW Actsoft Devices		
ACTSOFT Inc*	10364776	09/02/23	648.00	02-17-5305 TELEPHONE	PD, PW Actsoft Devices		
ACTSOFT Inc*	10364776	09/02/23	792.00	01-03-5305 TELEPHONE	PD, PW Actsoft Devices		
Advanced Solutions Family Dental	09-07-23 Façade Grant	09/07/23	54,324.00	01-12-5656 FACADE IMPROVEMENTS	Façade Assistance Grant		
AIR ONE EQUIPMENT INC*	197083	08/22/23	7,722.00	01-02-5314 FF PROTECTIVE GEAR	FF ATX Coat		3477
AIR ONE EQUIPMENT INC*	197083	08/22/23	5,775.00	01-02-5314 FF PROTECTIVE GEAR	FF ATX Bunker Pants		3477
AIR ONE EQUIPMENT INC*	197083	08/22/23	225.00	01-02-5314 FF PROTECTIVE GEAR	shipping		3477
AIR ONE EQUIPMENT INC*	197690	09/07/23	250.00	01-02-5314 FF PROTECTIVE GEAR	Firefighting hoods		
AIR ONE EQUIPMENT INC*	197822	09/13/23	73.50	01-02-5313 UNIFORMS	Name Patch - Hamill		
AIR ONE EQUIPMENT INC*	197939	09/14/23	78.00	01-02-5401 EQUIPMENT MAINTENANCE	Charger		
AIRGAS USA LLC	5501489398	08/31/23	382.41	01-02-5317 EMS SUPPLIES	Payor: 3439471 FD1 Oxygen, Diss Valve		
AIRGAS USA LLC	5501489399	08/31/23	297.70	01-02-5317 EMS SUPPLIES	Payor: 3439471 FD2 Oxygen, Diss Valve		
AIRGAS USA LLC	5501653793	08/31/23	719.70	02-17-5332 COMPRESSED GAS & CHEMICALS	Payor: 2059598 Acetylene, Oxygen		
Alert-all Corp	W35110	09/09/23	700.00	01-03-5302 PRINTING	Custom Star Badge Stickers		
Alliant Insurance Services Inc	2398935	08/16/23	11,137.50	01-01-5603 PROFESSIONAL SERVICES	OakFore-04 10004294 Quarterly Service Fee		
Alliant Insurance Services Inc	2398935	08/16/23	1,237.50	02-17-5503 PROFESSIONAL SERVICES	OakFore-04 10004294 Quarterly Service Fee		
Alliant Insurance Services Inc	2420803	09/11/23	1,030.00	02-17-5503 PROFESSIONAL SERVICES	OakFors-01 10101532 Benefits Consulting Fee Quarterly		
Alliant Insurance Services Inc	2420803	09/11/23	9,270.00	01-01-5503 PROFESSIONAL SERVICES	Installation OakFors-01 10101532 Benefits Consulting Fee Quarterly		
AMAZON CAPITAL SERVICES INC*	137R-M3TG-GMPX	09/13/23	23.78	01-01-5301 OFFICE SUPPLIES	Installation OakFors-01 10101532 Benefits Consulting Fee Quarterly		
AMAZON CAPITAL SERVICES INC*	146Y-64HL-3DNE	09/10/23	11.99	01-02-5402 VEHICLE MAINTENANCE	Fresh Step Clorox Disinfectant		
AMAZON CAPITAL SERVICES INC*	16K4-4FDY-G9NJ	09/07/23	29.99	01-02-5406 BUILDING MAINTENANCE	Solder Seal Wire Connector Kit		
AMAZON CAPITAL SERVICES INC*	1C13-HNNM-HJT7	09/07/23	89.93	01-01-5301 OFFICE SUPPLIES	Mattress Protector		
AMAZON CAPITAL SERVICES INC*	1DKG-KT6V-KCMR	09/02/23	97.80	01-01-5311 SPECIAL EVENTS	Foam Cups, Facial Tissue		
AMAZON CAPITAL SERVICES INC*	1DWN-LJX9-7HK3	09/19/23	31.97	01-03-5323 LAW ENFORCEMENT SUPPLIES	Swiss Miss Hot Cocoa Drink Mix		
AMAZON CAPITAL SERVICES INC*	1FDL-J7QZ-GY16	09/07/23	139.90	01-02-5401 EQUIPMENT MAINTENANCE	KIS Gun Case		
AMAZON CAPITAL SERVICES INC*	1FRT-TXFD-7H7R	09/19/23	88.25	01-01-5602 COMPUTERIZATION	Rescue Throw Ropes		
AMAZON CAPITAL SERVICES INC*	1PEN-JY3P-1M43	09/09/23	1,397.01	01-03-5607 BUILDING IMPROVEMENTS	SCFiber Media Converter for Network		
AMAZON CAPITAL SERVICES INC*	1PR7-V9VX-F1M9	09/16/23	214.45	01-01-5602 COMPUTERIZATION	55-inch Qled 4K Smart TVs, Mounting Brackets, VESA Arms for Report Writing Room		
AMAZON CAPITAL SERVICES INC*	1VRK-7V61-LPTM	09/03/23	687.19	01-01-5301 OFFICE SUPPLIES	Fiber Ethernet Media Converters		
AMAZON CAPITAL SERVICES INC*	1W76-PMFT-HDW3	09/13/23	176.50	01-01-5602 COMPUTERIZATION	iPhone and Galaxy Phone Cases for the year		
AMERICAN BODY COMPANY	SAF17393	08/17/23	124.00	01-04-5402 VEHICLE MAINTENANCE	SC Fiber Media Converter for Network		
AMERICAN BODY COMPANY	SAF17393	08/17/23	31.00	01-02-5402 VEHICLE MAINTENANCE	#27, 24, 1, 45 = Fire		
AMERICAN MESSAGING	U1109710X1	09/01/23	278.97	01-04-5305 TELEPHONE	#27, 24, 1, 45 = PW, #972 = Fire		
AMERICAN MESSAGING	U1109710X1	09/01/23	34.50	02-17-5305 TELEPHONE	ACT# U1-109710		
AMERICAN MESSAGING	U1109710X1	09/01/23	27.60	02-18-5305 TELEPHONE	ACT# U1-109710		
AMERICAN MESSAGING	U1109710X1	09/01/23	6.90	01-01-5305 TELEPHONE	ACT# U1-109710		
AMERICAN MESSAGING	U1109710X1	09/01/23	6.90	01-11-5305 TELEPHONE	ACT# U1-109710		
Anarchy Outdoors	116838	09/14/23	2,141.21	01-03-5313 UNIFORMS	SSERT Uniforms		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
APPLE CHEVROLET	404155	09/05/23	270.14	01-09-5402 VEHICLE MAINTENANCE	#41 Pad Kit		
Aramark Refreshment Services LLC	07126232	09/11/23	419.22	01-03-5399 MISC EXPENSE	Customer# 6062-661596 Coffee		
Aramark Refreshment Services LLC	1710846	06/17/22	241.80	01-03-5399 MISC EXPENSE	Donut Case Credit		
Aramark Refreshment Services LLC	2065502	08/11/22	113.60	01-03-5399 MISC EXPENSE	Customer# 6062-661596 Coffee, Creamer		
Aramark Refreshment Services LLC	7108241	12/01/22	240.82	01-03-5399 MISC EXPENSE	Customer# 6062-661596 Coffee, Filters		
Aramark Refreshment Services LLC	7108789	01/26/23	367.67	01-03-5399 MISC EXPENSE	Customer# 6062-661596 Coffee		
ASSOCIATED PROPERTY COUNSELORS LTD	2023-9	02/16/23	9,500.00	01-12-5503 PROFESSIONAL SERVICES	appraisal Metra Lots		
AVILA, JUAN	09-05-23 CDL	09/05/23	60.00	01-04-5515 UNION HEALTH BENEFITS	CDL Permit Expense Reimbursement		3415
BALCERZAK, DAVID	09-08-23 CDL	09/08/23	61.35	01-04-5515 UNION HEALTH BENEFITS	CDL PERMIT EXPENSE REIMBURSEMENT		
BEACON SSI INC*	0000106605	09/01/23	125.00	01-04-5401 EQUIPMENT MAINTENANCE	30 Day Walkthrough Inspection for August		
BORDEN LANDSCAPING INC*	07-29-23	07/29/23	1,560.00	02-18-5418 LANDSCAPING REPAIRS	Restoration 15135 Oxford, 15242 Briar, 6047 Victoria Clean Up, Haul, Sod Cut, Install Soil, Seed Blanket, Seed Restoration - 5624 Fern, 4334 Henry, 4338 Henry, 4332 Henry Clean Up, Sod Cut, Debris haul		
BORDEN LANDSCAPING INC*	08-17-23	08/17/23	1,850.00	01-04-5418 LANDSCAPING REPAIRS	Restoration 15847 Lavergne, 5105 Elmwood Cleanup, Sod Cut, Debris Haul, Install Soil, Seed, Blanket		
BORDEN LANDSCAPING INC*	08-31-23	08/31/23	970.00	01-04-5418 LANDSCAPING REPAIRS	#4704 Coffee Cartridges		
BREWSMART BEVERAGE	BRAC0138042	09/05/23	107.75	01-11-5301 OFFICE SUPPLIES	#4593 Coffee Cartridges		
BREWSMART BEVERAGE	BRSC0138156	09/12/23	83.80	01-02-5399 MISC EXPENSE	Generator Maintenance for Water Pumping Station and Booster Stations		3476
Buckeye Power Sales Co Inc	PSV338698	08/22/23	4,700.00	02-17-5401 EQUIPMENT MAINTENANCE	Generator Maintenance for Public Works Building and Portable		
Buckeye Power Sales Co Inc	PSV338698	08/22/23	3,000.00	01-04-5401 EQUIPMENT MAINTENANCE	Generator Maintenance for Public Works Building and Portable		3476
Buckeye Power Sales Co Inc	PSV338698	08/22/23	1,860.00	01-08-5406 BUILDING MAINTENANCE	Generator Maintenance for City Hall		
C & M PIPE & SUPPLY CO INC	22065	06/29/23	2,351.00	02-18-5424 MAINTENANCE OF SEWERS	24x2 Inlets, Basket, Tar Strips		3476
CANON FINANCIAL SERVICES INC	31151361	08/31/23	1,235.72	01-01-5504 CONTRACTUAL SERVICES	CONTRACT# 001-0694009-002 COPIER IRC5550111		
CANON FINANCIAL SERVICES INC	31151361	08/31/23	341.92	01-03-5514 EQUIPMENT RENTAL	Contract# 694009-2 ImageRunner DX C257JF		
CANON FINANCIAL SERVICES INC	31151361	08/31/23	238.51	02-17-5504 CONTRACTUAL SERVICES	CONTRACT# 001-0694009-002 COPIER IRC5550111		
CANON FINANCIAL SERVICES INC	31151362	08/31/23	207.07	01-03-5514 EQUIPMENT RENTAL	Contract# 694009-1 ImageRunner DX C3730I,		
CANON FINANCIAL SERVICES INC	31151362	08/31/23	207.07	01-11-5504 CONTRACTUAL SERVICES	Contract# 694009-2 ImageRunner DX C257JF		
CANON FINANCIAL SERVICES INC	31151362	08/31/23	207.07	01-02-5604 MISC EQUIPMENT	Contract# 694009-3 E-Studio Color Copiers Series		
CCP INDUSTRIES INC	IND0356551	09/06/23	713.22	02-18-5327 SAFETY-OSHA REQUIREMENTS	Contract# 694009-3 E-Studio Color Copiers Series		
CDW GOVERNMENT INC*	LX48572	09/14/23	1,652.04	01-01-5602 COMPUTERIZATION	Cust# 0000152195 Big Roll Paper Towels, Toilet Tissue		3493
CDW GOVERNMENT INC*	L207477	09/15/23	565.02	01-01-5602 COMPUTERIZATION	2 x Aruba network switches		
CED Consolidated Electrical Dist. Inc.	1028-1236659	08/29/23	11.90	01-08-5406 BUILDING MAINTENANCE	1 x Aruba network switches		3493
CHARLES OSTOTT	23-08-0810	09/19/23	150.00	01-00-4824 COMMUNITY DEV. REIMBURSEMENT	WHt 2G Decorator Pht		
Chicago Area Waterways Chloride Workgrp	125	11/12/21	208.00	02-17-5310 PROFESSIONAL DUES	RETAINER REFUND FOR 15014 LAVERGNE POOL PERMIT		0923
					Pre-paid dues from Formation Fee		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
Chicago Area Waterways Chloride Workgrp	152	07/18/22	1,637.00	02-17-5310 PROFESSIONAL DUES	CAWCW Agency Membership Dues for 2022-2023		
Chicago Area Waterways Chloride Workgrp	170	08/23/23	1,637.00	02-17-5310 PROFESSIONAL DUES	CAWCW Agency membership Dues for 2023-2024		
CHICAGO SOUTHLAND CONVENTION & VISITORS	August 2023 BW	09/06/23	1,153.53	01-01-5512 OTHER SERVICES	HOTEL TAX REMIT August BEST WESTERN ONLY		
CHICAGO SOUTHLAND CONVENTION & VISITORS	September 2023 TM	09/18/23	321.08	01-01-5512 OTHER SERVICES	HOTEL TAX REMIT September TERRACE MOTEL ONLY		
Chicago Tribune Company	078596244000	08/31/23	157.50	01-01-5308 ADVERTISING	ACT# CU00038229 LEGAL NOTICES		
Cintas	4167050356	09/07/23	311.01	01-08-5406 BUILDING MAINTENANCE	Pay# 18445520 2.3.5 Traffic, 5.3x10 Traffic, 2.4x6 Scraper, 6.3x10 Gray, 2.3x5 Gray, 1.4x6 Gray, 1.4x8 Logo, 1.5x6 Logo, 1.5x6 Logo		
CINTAS CORPORATION	5173490670	08/30/23	118.27	02-17-5406 BUILDING MAINTENANCE	Pay# 10591594: Breakroom & Shop cabinets filled, Organized		
CINTAS CORPORATION	5174902320	09/11/23	719.11	01-08-5406 BUILDING MAINTENANCE	Pay# 10591594: Clerk's Office, Police Breakroom and Building Dept Breakroom Cabinets filled, organized		
Cintas Corporation #21	4166706673	09/05/23	198.79	01-04-5406 BUILDING MAINTENANCE	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
Cintas Corporation #21	4166706673	09/05/23	51.34	01-04-5313 UNIFORMS	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
Cintas Corporation #21	4167366879	09/11/23	198.79	01-04-5406 BUILDING MAINTENANCE	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
Cintas Corporation #21	4167366879	09/11/23	51.34	01-04-5313 UNIFORMS	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
Cintas Corporation #21	4168057729	09/18/23	198.79	01-04-5406 BUILDING MAINTENANCE	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
Cintas Corporation #21	4168057729	09/18/23	51.34	01-04-5313 UNIFORMS	Pay# 14485849 TOWELS, COVERS, MATS, UNIFORMS		
CITY OF OAK FOREST	3-05383111-05	09/14/23	82.68	99-00-1115 UTILITY CASH CLEARING	3-05383111-05 Wesam Qaishat 15618 Sierra Dr Final Bill		
COMCAST	182659915	09/15/23	465.08	01-01-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	523.77	01-02-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	1,495.28	01-03-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	178.21	01-04-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	84.76	01-05-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	84.76	01-10-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	176.04	01-11-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	63.03	01-12-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	139.09	02-17-5404 COMPUTER MAINTENANCE	Act# 932775069		
COMCAST	182659915	09/15/23	73.89	02-18-5404 COMPUTER MAINTENANCE	Act# 932775069		
Comcast	Sep23 PD01	09/02/23	141.90	01-03-5305 TELEPHONE	Act# 8771 40 096 0363101		
COMED	4259148068 091223	09/12/23	224.78	01-04-5307 ELECTRICITY	Act# 4259148068		
Cook County Treasurer	22-B5626-00-DR 1st	08/18/23	33,561.60	08-00-5673 CULVERT	Weiland Mitigation, Construction and Construction Engineering costs related to the Joint Agreement between the MWRD, Cook County and City of Oak Forest for the 151st Street & Boca Rio Drainage Improvements. Sec# 22-B5626-00-DR		3499
CORE & MAIN*	S451357	08/18/23	7,068.62	02-17-5421 MAINTENANCE OF WATER MAINS	Part of Smart Point Meter		3490
CULLIGAN WATER CONDITIONING	921685 083123	08/31/23	230.09	02-18-5399 MISC EXPENSE	ACT# 921685 15722 Lorel		
Dacra Adjudication System	DT 2023-08-044	08/31/23	2,350.00	01-03-5509 COLLECTION SERVICE	Collections Services for MOS/MOVE - August		
DATA PEST CONTROL	42001	09/12/23	130.00	01-02-5406 BUILDING MAINTENANCE	Act# 100010 Pest Control for 2 FD, PW, Maintenance Bldg, Police Dept Bldg		
DATA PEST CONTROL	42001	09/12/23	130.00	01-04-5406 BUILDING MAINTENANCE	Act# 100010 Pest Control for 2 FD, PW, Maintenance Bldg,		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
DATA PEST CONTROL	42001	09/12/23	65.00	01-08-5406 BUILDING MAINTENANCE	Police Dept Bldg Ac# 1000/10 Pest Control for 2 FD, PW, Maintenance Bldg.		
DIRECT ENERGY BUSINESS	232490052518649	09/06/23	1,805.18	01-04-5307 ELECTRICITY	Police Dept Bldg Ac# 1549431		
DIRECT ENERGY BUSINESS	232490052518649	09/06/23	7,868.79	02-17-5307 ELECTRICITY	Ac# 1549431		
DIRECT ENERGY BUSINESS	232490052518649	09/06/23	647.43	02-18-5307 ELECTRICITY	Ac# 1549431		
DIRECT ENERGY BUSINESS	232490052518649	09/06/23	250.73	09-04-5307 ELECTRICITY	Ac# 1549431		
DUTCH VALLEY INC*	4827	09/06/23	859.00	09-04-5510 LAWN CARE	Ac# 1549431		
DUTCH VALLEY INC*	4829	09/06/23	1,826.00	01-04-5533 STREETSCAPE MAINTENANCE	Commuter Lots Landscape Maint - August August Commuter Parking Lot & Entry Way Sign/ROW Planter Bed Maintenance Ansi Class 2 Safety Vests		
Emergent Safety Supply*	1902785168	09/14/23	762.54	01-04-5327 SAFETY-OSHA REQUIREMENTS	Replace Stryker Backrest and Rivets		
EMPLOYEE BENEFITS CORP*	4173270	09/15/23	712.25	01-01-5504 CONTRACTUAL SERVICES	Benny CARD ADMIN FEE, FSA FEES		3473
EMSAR	SM-141767	09/08/23	489.48	01-02-5401 EQUIPMENT MAINTENANCE			
FACTORY MOTOR PARTS CO	52-546418	09/08/23	244.50	01-03-5402 VEHICLE MAINTENANCE	Brake Pad, Oil Filters		
FEDEX	8-240-27440	08/30/23	27.97	01-01-5304 POSTAGE & FREIGHT	ACT# 1101-7723-2		
FEDEX	8-253-81203	09/13/23	27.54	01-01-5304 POSTAGE & FREIGHT	ACT# 1101-7723-2		
FLEETPRIDE	110902158	09/01/23	22.37	02-18-5401 EQUIPMENT MAINTENANCE	#19 Rain Cap		
GALLAGHER MATERIALS INC*	30489	09/12/23	214.60	09-04-5415 PATCHING MATERIALS	UPM/HIGH PERF COLD PATCH		
GATSO USA*	23400223	08/31/23	13,860.00	01-03-5512 OTHER SERVICES	RED LIGHT CAMERA PROGRAM - AUGUST		3460
Goldy Locks Inc	42325073	09/19/23	250.00	01-08-5406 BUILDING MAINTENANCE	Adjust Top Vertical Rod on Exit Device, Install Missing Screw on Exit Device Cover		
GUARDIAN PEST CONTROL	447852	08/11/23	200.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	449472	08/29/23	200.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	449473	08/29/23	200.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	449608	08/30/23	225.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	449610	08/30/23	225.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	450198	09/06/23	225.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
GUARDIAN PEST CONTROL	450287	09/07/23	225.00	01-04-5512 OTHER SERVICES	Hornet Nest Removal/Treatment		
HASTINGS AIR-ENERGY CONTROL INC	197948	12/30/22	1,302.00	01-02-5402 VEHICLE MAINTENANCE	Hornet Nest Removal/Treatment		
Hawkins Inc	6579710	09/15/23	30.00	02-17-5332 COMPRESSED GAS & CHEMICALS	Lower Hose, Grabber Asm, Elbow, Labor		
Hawkins Inc	6581724	09/11/23	782.14	02-17-5332 COMPRESSED GAS & CHEMICALS	Chlorine Cylinders		
HR Green Inc.	166579	09/07/23	1,971.51	02-17-5508 ENGINEERING SERVICES	Customer# 283951 Chlorine 150 lb Cylinders		
HR Green Inc.	166775	09/13/23	2,888.75	02-18-5508 ENGINEERING SERVICES	OF High School MWRD Permit/Violation		
ILLINOIS DEPT OF INNOVATION & TECH	T2400237	08/28/23	330.70	01-03-5305 TELEPHONE	#2303036-0000 Oak Forest, IL City Complex Driveway		
ILLINOIS STATE POLICE	20230805335	08/31/23	10.00	01-01-5399 MISC EXPENSE	Billing Ac# T2220910, GUC #600044801 Communication		
INTERSTATE BATTERY OF CHICAGO	329712	09/11/23	142.95	01-02-5402 VEHICLE MAINTENANCE	Changes - LEADS - July		
INVENTORY TRADING COMPANY	259701	08/22/23	310.00	01-04-5313 UNIFORMS	Ac# IL016190L UCA Elvia Grandos 08-16-23 Lic		
JOE RIZZA	441764	08/24/23	334.88	01-04-5402 VEHICLE MAINTENANCE	#39 MTP-78		
JOE RIZZA	441794	08/25/23	25.00	01-04-5402 VEHICLE MAINTENANCE	Quarter Zip Poles		
JOE RIZZA	441823	08/28/23	56.59	01-04-5402 VEHICLE MAINTENANCE	#34 Alternator, V-Belt, Tensioner Kit		
JOE RIZZA	441900	08/31/23	23.73	02-17-5402 VEHICLE MAINTENANCE	Core Return		
					#34 Wire Assy		
					#29 Cap Assy		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PC#	FY
JOE RIZZA	442039	09/11/23	100.25	01-03-5402 VEHICLE MAINTENANCE	#33 Relays		
JOE RIZZA	442131	09/14/23	229.96	01-03-5402 VEHICLE MAINTENANCE	Stock TPMS Kits		
JOE RIZZA	442170	09/18/23	48.60	01-03-5402 VEHICLE MAINTENANCE	#28 Link, Nuts		
JOHNSON CONTROLS INC	1-130661890384	08/22/23	1,021.20	01-02-5401 EQUIPMENT MAINTENANCE	Belt Loose on Air Compressor		
Johnstone Supply	2179622	09/15/23	115.12	01-02-5406 BUILDING MAINTENANCE	Pleated Filters		
JORGE GUZMAN	23-06-0654	09/19/23	820.00	01-00-4824 COMMUNITY DEV. REIMBURSEMENT	RETAINER REFUND FOR 16115 LOCKWOOD REMODEL PERMIT		0923
KLEIN THORPE AND JENKINS LTD*	236431 4260-001	09/18/23	1,671.50	01-01-5506 LEGAL FEES-REGULAR	GENERAL		
KLEIN THORPE AND JENKINS LTD*	236432 4260-013	09/18/23	576.00	01-01-5506 LEGAL FEES-REGULAR	Labor		
KLEIN THORPE AND JENKINS LTD*	236433 4260-033	09/18/23	110.00	01-01-5506 LEGAL FEES-REGULAR	City Property Tax Exemption Issues		
KLEIN THORPE AND JENKINS LTD*	236434 4260-065	09/18/23	110.00	15-00-5506 LEGAL FEES-REGULAR	TIF NO. 1		
KLEIN THORPE AND JENKINS LTD*	236435 4260-085	09/18/23	2,112.00	01-01-5506 LEGAL FEES-REGULAR	15541 S. Cicero Avenue		
KLEIN THORPE AND JENKINS LTD*	236436 4260-092	09/18/23	3,556.90	01-01-5506 LEGAL FEES-REGULAR	No Cash Bid Acquisitions		
KLEIN THORPE AND JENKINS LTD*	236437 4260-123	09/18/23	406.00	01-01-5506 LEGAL FEES-REGULAR	PROPERTY MAINTENANCE LIENS		
KLEIN THORPE AND JENKINS LTD*	236438 4260-145	09/18/23	1,474.00	26-00-5506 LEGAL FEES-REGULAR	North Mark Gateway Commercial Real Estate Sale		
KLEIN THORPE AND JENKINS LTD*	236439 4260-157	09/18/23	72.50	40-00-5506 LEGAL FEES-REGULAR	Redevelopment of 4250 167th Street Eminent Domain		
KLEIN THORPE AND JENKINS LTD*	236440 4260-162	09/18/23	72.50	01-01-5506 LEGAL FEES-REGULAR	Delinquent Taxes		
KLEIN THORPE AND JENKINS LTD*	236441 4260-168	09/18/23	2,992.00	01-01-5506 LEGAL FEES-REGULAR	Debt Development Agreement (157th & Cicero)		
KLEIN THORPE AND JENKINS LTD*	236442 4260-171	09/18/23	1,205.50	01-01-5506 LEGAL FEES-REGULAR	TIF No. 8 (Proposed)		
KLEIN THORPE AND JENKINS LTD*	236443 4260-177	09/18/23	374.00	01-01-5506 LEGAL FEES-REGULAR	Culvers		
KLEIN THORPE AND JENKINS LTD*	236444 4260-179	09/18/23	66.00	01-01-5506 LEGAL FEES-REGULAR	Ott Merkle Lot Access		
KLEIN THORPE AND JENKINS LTD*	236445 4260-181	09/18/23	490.00	01-01-5506 LEGAL FEES-REGULAR	15230 Central Demolition Action		
KLEIN THORPE AND JENKINS LTD*	236446 4260-191	09/18/23	2,307.90	01-01-5506 LEGAL FEES-REGULAR	15229 Cicero Ave. Cigo Station		
KLEIN THORPE AND JENKINS LTD*	236447 4260-192	09/18/23	915.40	01-01-5506 LEGAL FEES-REGULAR	Dunkin Donuts - 15900 S. Cicero		
KLEIN THORPE AND JENKINS LTD*	236448 4260-193	09/18/23	4,118.90	01-01-5506 LEGAL FEES-REGULAR	Purchase and Development of Site 15541 S. Cicero		
KULDIP SHARMA	23-05-0528	09/19/23	500.00	01-00-4824 COMMUNITY DEV. REIMBURSEMENT	RETAINER REFUND FOR 15859 LECLAIRE B SEWER REP PERMIT		0923
LANDS' END BUSINESS OUTFITTERS*	SCR1430012	09/18/23	40.95	01-01-5313 UNIFORMS	Return Polo		
LANDS' END BUSINESS OUTFITTERS*	SIN11456121	08/30/23	275.40	01-04-5313 UNIFORMS	Logos, Active Pique Polos		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	191.80	01-01-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	81.90	01-10-5399 MISC EXPENSE	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	81.90	01-02-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-12-5399 MISC EXPENSE	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-01-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	81.90	01-04-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-03-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-05-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	81.90	01-01-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-04-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-11-5313 UNIFORMS	Cus# 4068636 Polos with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	81.90	01-03-5313 UNIFORMS	Cus# 4068636 Polos with Logo		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
LANDS' END BUSINESS OUTFITTERS*	SIN11475674	09/12/23	40.95	01-05-5313 UNIFORMS	Cust# 4068636 Poles with Logo		
LANDS' END BUSINESS OUTFITTERS*	SIN11479935	09/14/23	40.95	01-01-5313 UNIFORMS	Pole (will be returned)		
M&A PARTS INC	090505	09/05/23	2,052.00	01-03-5323 LAW ENFORCEMENT SUPPLIES	Upper Assemblies, Rear Sights, Vertical Grips, Rail Sections, Weapons Lights		
M&A PARTS INC	090506	09/05/23	127.00	01-03-5319 SMALL TOOLS	Rear Sight, QD Sling, Rail Section, Rail Cover		
M.E. Simpson Co Inc	40956	08/31/23	1,125.00	02-17-5421 MAINTENANCE OF WATER MAINS	Leak Location Services - 15411 Michaele Rd, 15355 Michaele Rd, 15935 Jamie Ct		
McCANN INDUSTRIES INC*	P28988	09/14/23	169.39	01-04-5416 CONCRETE REPAIRS	Fiber Exp Joint, Form Release		
McCANN INDUSTRIES INC*	P60221	09/12/23	35.83	02-18-5401 EQUIPMENT MAINTENANCE	Rings		
MENARDS - TINLEY PARK	44729	08/29/23	4.67	01-04-5416 CONCRETE REPAIRS	Cut-off Riser, Pop-up Half Spray		
MENARDS - TINLEY PARK	44778	08/30/23	79.88	01-04-5319 SMALL TOOLS	Caution Tape		
MENARDS - TINLEY PARK	44788	08/30/23	28.08	01-04-5324 KENNEL SUPPLIES	Cat Food, Batteries, Retriever Rolls		
MENARDS - TINLEY PARK	44917	09/01/23	96.11	01-02-5406 BUILDING MAINTENANCE	Paper Towels, Scrib Dots, Wipes,		
MENARDS - TINLEY PARK	45018	09/03/23	246.61	01-02-5406 BUILDING MAINTENANCE	Glade, Cleaners, Bounce, Stain Remover, Charmin, Paper Towels		
MENARDS - TINLEY PARK	45076	09/05/23	19.47	01-04-5319 SMALL TOOLS	Garden Knife, Steel Weeder		
MENARDS - TINLEY PARK	45085	09/05/23	68.71	01-04-5324 KENNEL SUPPLIES	Gain, Cascade, Retriever Rolls, Kitten Chow, Litter		
MENARDS - TINLEY PARK	45106	09/05/23	80.94	01-08-5406 BUILDING MAINTENANCE	90w Par38 LEDs		
MENARDS - TINLEY PARK	45108	09/05/23	55.95	01-04-5319 SMALL TOOLS	Hvy Duty Clamps, 8" Westcott		
MENARDS - TINLEY PARK	45144	09/06/23	4.99	01-04-5319 SMALL TOOLS	Pressure Gauge		
MENARDS - TINLEY PARK	45145	09/06/23	160.61	01-04-5327 SAFETY-OSHA REQUIREMENTS	Electrical Vinyl 3/4" Wire, Ear Muffs		
MIDDLETON OVERHEAD DOORS INC	WC-8886	09/08/23	911.85	01-02-5406 BUILDING MAINTENANCE	Sta#2 Door 3: Replace Micro Limit Switch, Door 5: Reattach CPO Rubber, Section s/b Replaced		
MIDWEST TRANSTI EQUIPMENT INC.	R102021778	08/02/23	855.28	01-09-5402 VEHICLE MAINTENANCE	#47 Repair Rear A/C		
NewEgg Business Inc	1304650248	09/13/23	963.47	01-03-5607 BUILDING IMPROVEMENTS	6 27" 165Hz Gaming Monitors		
NewEgg Business Inc	1304651795	09/14/23	87.59	01-03-5607 BUILDING IMPROVEMENTS	Refund Tax		
NICOR GAS	94287458411 091123	09/11/23	54.59	02-17-5306 NATURAL GAS	ACT# 94-28-74-5841 1		
O'REILLY AUTO PARTS	3380-493175	08/30/23	32.26	01-04-5401 EQUIPMENT MAINTENANCE	Air Filters		
O'REILLY AUTO PARTS	3380-494169	09/08/23	9.21	01-04-5401 EQUIPMENT MAINTENANCE	Mini Bulb		
ORLAND FIRE PROTECTION DISTRICT	14212	09/08/23	14,173.16	01-02-5512 OTHER SERVICES	DISPATCH SERVICE - August 2023, 353 CALLS, PSIN 2		3452
P.R. STREICH & SONS INC	53983	08/31/23	358.99	01-04-5406 BUILDING MAINTENANCE	Check for Leaking Air in Fore and Aft Truck Lift in Bay 1, Replace Tubing, Labor		
Park Ave Recovery, LLC c/o Fundworks LLC	8670	09/19/23	350.00	01-03-5399 MISC EXPENSE	BODY REMOVAL AND TRANSPORT TO ME OFFICE		
Peerless Network Inc	33765	09/15/23	297.57	01-01-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	228.72	01-02-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	535.64	01-03-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	119.03	01-04-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	14.88	01-05-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	52.07	01-10-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	193.42	01-11-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	52.07	01-12-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	341.37	02-17-5305 TELEPHONE	ACT# 1211798		
Peerless Network Inc	33765	09/15/23	74.39	02-18-5305 TELEPHONE	ACT# 1211798		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
PowerDMA Inc	INV-41803	09/23/23	8,269.30	01-03-5512 OTHER SERVICES	Digital policy tracking and accreditation software.	3494	
Precision Cartridge Inc	2533	08/02/23	4,050.00	01-03-5325 AMMUNITION	45 ACP Training ammunition	3238	
Precision Cartridge Inc	2533	08/02/23	1,050.00	01-03-5325 AMMUNITION	.380 Training ammunition	3238	
Precision Cartridge Inc	2533	08/02/23	320.00	01-03-5325 AMMUNITION	38 Spl	3238	
ProSafety	21897530	08/31/23	163.50	02-17-5327 SAFETY-OSHA REQUIREMENTS	Gloves		
PROSHRED SECURITY*	1238528	09/06/23	50.34	01-03-5399 MISC EXPENSE	Cus# 48-0000365960 Service 96 Gallon Bin		
RAY O'HERRON CO INC*	2295223	09/18/23	759.00	01-03-5313 UNIFORMS	SSERT Corona Vest		
Rental Max	609414-2	08/31/23	756.00	01-04-5514 EQUIPMENT RENTAL	Power Concr Buggy, Pivot Dump		
Rental Max	612771-2	09/15/23	338.24	01-04-5514 EQUIPMENT RENTAL	Stump Grinder Rental		
RKON INCORPORATED*	INV-RI-113754	07/31/23	45.82	01-01-5602 COMPUTERIZATION	TS AP510	3450	
RKON INCORPORATED*	INV-RI-113754	07/31/23	45.82	01-01-5602 COMPUTERIZATION	TS AP510	3450	
RKON INCORPORATED*	INV-RI-113754	07/31/23	109.28	01-01-5602 COMPUTERIZATION	Multi Tile Tbar Brackets	3450	
RKON INCORPORATED*	INV-RI-113754	07/31/23	412.48	01-01-5602 COMPUTERIZATION	Support Licenses for APs	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	286.06	01-01-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	322.16	01-02-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	919.67	01-03-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	109.61	01-04-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	52.13	01-05-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	52.13	01-10-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	108.28	01-11-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	38.77	01-12-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	85.55	02-17-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	45.45	02-18-5404 COMPUTER MAINTENANCE	Annual Aerotive Renewals	3486	
RKON INCORPORATED*	INV-RI-113948	08/31/23	175.96	01-04-5319 SMALL TOOLS	Annual Aerotive Renewals	3486	
RUSSO POWER EQUIPMENT INC	SP120198122	04/28/23	95.92	01-01-5399 MISC EXPENSE	Square Shovels		
SAWS CLUB/Synchrony Bank	005704	09/06/23	12,426.73	01-04-5510 LAWN CARE	Water, Coffee		
SEMMER LANDSCAPE LLC	33323	08/31/23	1,800.00	01-04-5418 LANDSCAPING REPAIRS	Turf/Slope Mowing, Landscape Services - August		
SMITTY'S TREE SERVICE	242475	08/18/23	650.00	01-04-5418 LANDSCAPING REPAIRS	Tree Removal - Large Willow behind Pond		
SMITTY'S TREE SERVICE	242698	08/21/23			Large Tree Trimming - Locust Trees in parkway, raise above Electrical Wires		
SOLUTION 3 GRAPHICS INC	143513	09/08/23	251.00	02-17-5512 OTHER SERVICES	FOLD, STUFF, SEAL SUPPLIED SEPT WATER BILLS		
STANDARD EQUIPMENT CO*	W108856	09/01/23	6,219.21	02-17-5402 VEHICLE MAINTENANCE	Repair of Debris Tank on Vac Truck	3455	
Team One Network	19680T	08/25/23	2,500.00	01-03-5312 TRAINING & TRAVEL	4 Day Armorer Course		
THOMPSON ELEVATOR INSPECTION SERVICE	23-2166	09/06/23	215.00	01-11-5503 PROFESSIONAL SERVICES	5 Elevator Code Inspections		
THOMPSON ELEVATOR INSPECTION SERVICE	23-2179	09/07/23	100.00	01-11-5503 PROFESSIONAL SERVICES	1 New Construction Permit Inspection		
TRANSUNION RISK AND ALTERNATIVE	910851-202308-1	09/01/23	184.80	01-03-5399 MISC EXPENSE	Act# 910851		
TRUGREEN LIMITED PARTNERSHIP	182315389	08/29/23	302.34	01-08-5510 LAWN CARE	CITY HALL CAMPUS VEGETATION CONTROL		
TRUGREEN LIMITED PARTNERSHIP	182414025	08/30/23	119.71	01-08-5510 LAWN CARE	CITY HALL CAMPUS Insect & Disease CONTROL		
TRUGREEN LIMITED PARTNERSHIP	182486672	08/31/23	151.16	01-02-5406 BUILDING MAINTENANCE	FIRE STATION #2 4907 167th ST LAWN SERVICE		
TRUGREEN LIMITED PARTNERSHIP	182645083	09/05/23	84.65	01-04-5510 LAWN CARE	15700 LOREL AVE LAWN SERVICE		
TRUGREEN LIMITED PARTNERSHIP	182650603	09/05/23	133.02	01-08-5510 LAWN CARE	CITY HALL CAMPUS LAWN SERVICE		
TRUGREEN LIMITED PARTNERSHIP	182652559	09/05/23	59.25	02-17-5406 BUILDING MAINTENANCE	WATER TOWER BRIAR LN LAWN SERVICE		
TRUGREEN LIMITED PARTNERSHIP	182718895	09/06/23	59.25	02-17-5406 BUILDING MAINTENANCE	WATER TOWER OAK PARK AVE LAWN SERVICE		

City of Oak Forest

List of Bills September 26, 2023 FY2023-2024  
Report dates: 9/26/2023-9/26/2023

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Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
TRUGREEN LIMITED PARTNERSHIP	182720685	09/06/23	59.25	02-17-5406 BUILDING MAINTENANCE	STORAGE BUILDING VICTORIA DR LAWN SERVICE		
TRUGREEN LIMITED PARTNERSHIP	182729281	09/06/23	723.20	01-04-5429 MAINTENANCE OF PONDS	DITCH AREAS ARROYO, BOCA RIO LAWN SERVICE		
TURNER JR., WILLIAM	182860431	09/08/23	119.71	01-08-5510 LAWN CARE	CITY HALL CAMPUS Tree & Shrub Service		
TURNER JR., WILLIAM	08-07-'23 Exp Reimb	08/07/23	96.00	01-02-5312 TRAINING & TRAVEL	Child Passenger Safety Technician Course Expense Reimbursement		
Underdog Apparel	1077589	09/12/23	832.00	01-12-5309 COMMUNITY ADVERTISING	3 Custom Printed Table Covers-Grey, 1 Custom Printed Table Cover-Black		
Underground Pipe & Valve Co.	062340-01	09/13/23	315.00	02-17-5421 MAINTENANCE OF WATER MAINS	3/4 Union, Flare		
Verizon Wireless	9944031521	09/09/23	848.52	01-01-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	1,049.69	01-02-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	1,677.19	01-03-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	354.49	01-04-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	181.11	01-05-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	24.91	01-09-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	373.32	01-11-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	84.18	01-12-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	192.21	02-17-5305 TELEPHONE	ACT# 980507380-00001		
Verizon Wireless	9944031521	09/09/23	84.18	02-18-5305 TELEPHONE	ACT# 980507380-00001		
Village of Oak Lawn Regional Water Sys*	0000000736	09/07/23	1,330.01	02-17-5524 WATER PURCHASES-DEBT SERVICE	WINTRUST UNUSED COMMITMENT FEE FOR 1st and 2nd QTR 2023		
Village of Oak Lawn Regional Water Sys*	0000000752	09/07/23	33.69	02-17-5524 WATER PURCHASES-DEBT SERVICE	Regional Unused Commitment Fee 1st and 2nd Qtr 2023		
Village of Oak Lawn Regional Water Sys*	0000000802	09/14/23	24,375.56	02-17-5524 WATER PURCHASES-DEBT SERVICE	IEPA Harker L17-4590 10-24-23 - Principle		
Village of Oak Lawn Regional Water Sys*	0000000802	09/14/23	7,215.74	02-17-5701 BOND INTEREST EXPENSE	IEPA Harker L17-4590 10-24-23 - Interest		
Village of Oak Lawn Regional Water Sys*	0000000814	09/14/23	1,711.64	02-17-5701 BOND INTEREST EXPENSE	IEPA Booster L17-5081 10-29-23 - Interest		
Village of Oak Lawn Regional Water Sys*	0000000814	09/14/23	6,028.01	02-17-5524 WATER PURCHASES-DEBT SERVICE	IEPA Booster L17-5081 10-29-23 - Principle		
WARREN OIL CO INC*	W1590594	09/08/23	2,148.13	01-02-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	17.02	01-03-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,542.34	01-04-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,121.70	02-17-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	350.53	02-18-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	17.98	01-00-1305 DUE FROM PARK DISTRICT	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,038.11	01-11-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,790.53	01-02-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	10,443.52	01-03-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,727.59	01-04-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	305.51	01-05-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	883.71	01-09-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	2,159.49	02-17-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,144.53	02-18-5303 GAS AND OIL	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WARREN OIL CO INC*	W1590594	09/08/23	1,910.33	01-00-1305 DUE FROM PARK DISTRICT	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WEST SIDE TRACTOR SALES	H01222	09/01/23	3,124.86	02-18-5402 VEHICLE MAINTENANCE	Customer# C06320 GAS \$3.20 GAL, DIESEL \$3.71 GAL		
WILLE BROTHERS CO*	379256	08/30/23	1,707.00	01-04-5416 CONCRETE REPAIRS	Repair to Vac Truck YD 4000 PSI A/E SandStone		

Name	Invoice Number	Inv Date	Inv Amount	GL Account	Description	PO#	FY
WILLE BROTHERS CO*	379396	09/15/23	1,115.50	01-04-5416 CONCRETE REPAIRS	YD 4000 PSI A/E SandStone		
WILLE BROTHERS CO*	653894	09/07/23	1,115.50	01-04-5416 CONCRETE REPAIRS	YD 4000 PSI A/E SandStone		
WRIGHT CONCRETE RECYCLING INC*	5749	08/30/23	40.00	01-04-5326 LANDFILL	2 - 4 WHEELER CONCRETE DUMPS		
WRIGHT CONCRETE RECYCLING INC*	6024	09/06/23	112.50	01-04-5326 LANDFILL	2 - 6 Wheeler Concrete Dumps, 5 - 3" Stone Sale		
Z-Force Transportation Inc	23-193075	08/30/23	1,674.00	02-17-5421 MAINTENANCE OF WATER MAINS	CAT STONE BACKFILL		
Z-Force Transportation Inc	23-193204	09/07/23	1,011.36	02-17-5421 MAINTENANCE OF WATER MAINS	CAT STONE BACKFILL		
Z-Force Transportation Inc	23-193221	09/11/23	3,380.00	01-04-5326 LANDFILL	Blanket PO for Hauling out of Spoils		3468
Z-Force Transportation Inc	23-193235	09/11/23	780.00	01-04-5326 LANDFILL	DUMPEES		
Z-Force Transportation Inc	23-193238	09/11/23	544.80	02-17-5421 MAINTENANCE OF WATER MAINS	CAT STONE BACKFILL		
ZOLL MEDICAL CORPORATION	3082863 40	09/18/23	1,599.14	01-02-5609 EMERGENCY MEDICAL EQUIPMENT	Cust# 125759 X-Series Monitor/Defibrillators w/Interp, ECG, Pacing, Nibp, SpO2, Spco, CPR Expansion Pack, EtcO2, Dmst - 60 Monthly Payments #40		1757

Grand Totals:

309 413,257.43



FINANCE DEPARTMENT

Supplemental List-of-Bills September 26, 2023 FY2023-2024

Check Issue Dates: 5/1/2023 - 9/20/2023

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# NOTICE

## AGENDA ITEM

Vendor	Invoice Number	Check #	Check Date	Amount	GL Account	Account Descrip	Gen Description	FY	Batch
Artistic Holiday Designs LLC*	2026 #2	19803	09/15/23	51,980.00	01-08-5336	FLAGS & DECORATIONS	Christmas Pole Decor Snowflake 417195 50% remainder or payment owed	0923	0
FIFTH THIRD BANK CREDIT CARD 1204	081523	1066637	08/15/23	250.00	01-07-5310	PROFESSIONAL DUES	Credit Card Program Fee	0823	
FIFTH THIRD BANK CREDIT CARD 1204	080823	1066638	08/08/23	67.84	01-00-2108	MISC DEDUCTION PAYABLE	SC* Max Wings Brewing G&Sg.com MI - T.R.	0823	
Village of Oak Lawn Regional Water Sys*	01-9990010-00 August	19601	09/15/23	289,239.71	02-17-5525	WATER PURCHASES	Water Purchase Gallons = 56,404	0923	0
Grand Totals:				<u>341,537.55</u>					

APPROVED 9-7-23

W. Blatchford  
G. Gericke  
Richard E. Beatty

**CITY OF OAK FOREST**

**FIRE & POLICE COMMISSION MEETING  
MINUTES**

**WEDNESDAY JUNE 28, 2023**

**1:00PM**

**BLUE ROOM**

1. Roll Call-Roll call taken at 1:00pm. Present were Commissions Beatty, Blatchford, and Gericke. Also Present were Fire Chief Kasper, Deputy Fire Chief Griffin, Police Chief Reid, Police Sergeant Burnett, and Police Detectives Engle and Odonnell.
2. Approval of Minutes- Meeting minutes from meetings on 4-12-23, 5-9-23, 5-18-23, and 6-1-23 were submitted for review and approval. Motion Commissioner Blatchford to accept, seconded by Commissioner Beatty. All were in favor, motion passed.
3. Correspondence-None
4. Old Business-None
5. Review of Police Officer Candidate Backgrounds-The backgrounds on Police Candidate Michael Pecaro was presented to the Commission by Detective Engle, on Police Candidate Jose Rodriguez by Detective Odonnell, and Police Candidate Deandre Holmes by Sgt. Burnett. All Three backgrounds were reviewed and discussed by the Commission. Motion Commissioner Blatchford to reject all three candidates from further consideration for hire, seconded by Commissioner Gericke. All were in favor, motion passed. Candidate files to be forwarded to Human Resources Manager Disanto for further action.
6. New Business-Fire Chief Kasper updated the Commission on the status of Firefighters Campnel and Martello's disability status. He also advised Jacob Schuringa's hiring effective 7-10-23.
7. Citizen Participation-None
8. Adjournment- Motion Commissioner Blatchford to adjourn, seconded by Commissioner Gericke. All were in favor, motion passed. The meeting adjourned at 2:40pm.

APPROVED 9-7-23

W. Blatchford  
Gert Giel  
Richard E. Beatty

**CITY OF OAK FOREST**

**FIRE & POLICE COMMISSION MEETING**

**MINUTES**

**FRIDAY JULY 28, 2023**

**10:00AM**

**BLUE ROOM**

1. Roll Call-Roll call taken at 10:00am. Present were Commissions Beatty, Blatchford, and Gericke. Also Present was Detective Engle.
2. Approval of Minutes- Tabled
3. Correspondence-None
4. Old Business-None
5. Review of Police Officer Candidate Backgrounds-The backgrounds on Police Candidates Jamal Mitchell and Michael Robles were presented to the Commission by Detective Engle and Police Sgt. Burnett. Both backgrounds were reviewed and discussed by the Commission. Motion Commissioner Blatchford to reject both candidates from further consideration for hire, seconded by Commissioner Gericke. All were in favor, motion passed. Candidate files to be forwarded to Human Resources Manager Disanto for further action.
6. Discussion on Need and Qualifications for New Lateral Police Officer Test- The need for another Lateral Police Test was discussed along with some changes to the qualifications. Motion Commissioner Blatchford for the Commission to begin testing with the maximum age to apply being 47 years of age, seconded by Commissioner Beatty. All were in favor, motion passed.
7. Citizen Participation-None
8. Adjournment- Motion Commissioner Blatchford to adjourn, seconded by Commissioner Gericke. All were in favor, motion passed. The meeting adjourned at 11:17am.

# OAK FOREST VETERANS COMMISSION

**\*\* Meeting \*\***

DATE: Thursday August 17, 2023 at 19:30

Oak Forest City Hall Blue Room

Chairman: (X) Joe Pilch

Liaison to the city: (X) Paul Selman

Committee Members 11: (X) Chris Adams, ( ) Ralph Chichester, (X) Dennis Mitzner, (X) Dave Moore, ( ) John Perales, ( ) Jim Pioth, (X) Don Snedden, ( ) Tom O'Neill, ( ) Jim Watson, ( ) Rich Wojotowicz

**Honorary Member:**

**Guest:**

1. Pledge of allegiance

2. Roll Call

3. Approval of Minutes

- Approval of the July minutes by Don Snedden 2<sup>nd</sup> by Denis Mitzner.
  - All members present approved.

4. Liaison to the City Report Paul Selman:

•

5. OLD BUSINESS:

- Joe checking with PW about burning flags at PW area.
- Planning for 4th of July 2024 concert at Park District Pavilion behind main Park District building. Need people to step up and help with items not assigned.
  - Need to incorporate Operation Gratitude or Veterans home in Manteno into Independence Day event July 4<sup>th</sup>.
  - Need to schedule military vehicles around the area for display.
  - Need to provide food trucks.
  - Need at least four Port-a-potties, 1 handicapped accessible and 3 others plus handwash station.
  - Hang Veterans Banners and American Flag on pavilion. Chris Adams volunteered.
  - Need MC of the event. Dennis Mitzner volunteered.
  - Handout challenge coins and other veterans' giveaways. Everyone on commission.
  - Parking would be in front of Park District, on Long Ave. and soccer practice fields.
  - Paul Selman writing up an RFP for fireworks for that night.

- One of our members could use a little yard clean-up assistance. Joe talked with him about setting a date. His son and grandson have helped cleanup inside and outside.
- Veterans Birthday signs were assigned to members for placing on lawns.
- **6. NEW BUSINESS:**
- Suds & Stuff car wash fundraiser for Illinois Torch Run at fire station 1, Saturday August 26 09:30 to 15:30. The Veterans Commission will have a tabled manned.

**7. Once around the Table.**

Each member shares any information for Veterans.

8. **ADJOURNMENT:** Adjourned at 20:45 by Dennis Mitzner 2<sup>nd</sup> by Don Snedden.  
All members present approved.

Our next meeting is Thursday September 21, 2023 at 19:30 in the Blue Room.

Dates and times could change with approval of committee. May be posted in the agenda if time permits.

**Meeting dates for 2023 meetings start at 19:30.**

January 19	February 16	March 16	April 20	May 18	June 15
July 20	August 17	September 21	October 19	November 16	Dec 15 No meeting

## What Happened on This Day – August 17

- 1590 Governor of Roanoke Island colony, John White, returns from England to find no trace of the colonists he had left there 3 years earlier [or Aug 18, 1591]
- 1903 Joe Pulitzer donates \$1 million to Columbia University & begins the Pulitzer Prizes in America
- 1945 Korea is divided into North and South Korea along the 38th parallel
- 1945 Sukarno and Mohammad Hatta declare Indonesia (Dutch East Indies) independent from the Netherlands
- 1947 The Radcliffe Line, the border between Union of India and Dominion of Pakistan is revealed



To Monica - Happy Birthday! Bill Clinton  
7-23-97

### 'I Did Not Have Sexual Relations With That Woman'

1998 Monica Lewinsky scandal: US President Bill Clinton admits in taped testimony he had an "improper physical relationship" with the intern and on the same day admits before the nation he "misled people" about the relationship.

**Trivia:** (You do not win anything, but it is fun playing?)

**July question**

Q. The Intrepid Sea, Air & Space Museum, a military and maritime history museum with museum ships, is located along the Hudson River in what devilishly tasty sounding borough in Manhattan, NYC?

**Answer**

- Hell's Kitchen

**August Question**

1. Q. This one's a little bit hairy: the Spanish for "little war" gave us what G-word term for a type of warfare in which small groups of fighters take on larger and less mobile military?

Answer:

**City of Oak Forest**  
**Cable Commission Minutes**  
**September 14, 2023**

The meeting began with the Pledge of Allegiance at 7:00PM

**Attendance**

Dolores Cozzolino, Tom Finn, Tom McMahon

**Announcements**

None

**Cable Company Updates**

COMCAST - none

ASTOUND - none

A T & T - none

**Audience Participation**

None

**Secretary's Report**

Approved March minutes

**Treasurer's Report**

Approved August report - we should be at 25% of budget, are at 19%.  
April report has not been received.

**Oak Forest Broadcast Network –**

Many projects produced and aired

**Old Business**

New secretary, new members

**New Business**

No phone messages, no e-mail

**Executive Session**

None

Meeting Adjourned - Next meeting October 12, 2023

Oak Forest Senior Commission Minutes  
June 14, 2023  
Submitted by Diana Dilger

- I. Call the meeting to order at 1:05pm
- II. Pledge of Allegiance
- III. Roll Call - all present except Dee Cozzolino and Charla Kukowski
- IV. Minutes of the last meeting were read by Diana Dilger. They were accepted by Lori A. and seconded by Kathy Walker.
- V. Current Business
  - A. Review of May Luncheon
    1. "Ellie Presents" was our entertainment. The general comments were that she was good, educational and a perfect fit for our Veterans. Her food samples could have been eliminated. Regarding the food from Kenootz, that pulled pork was very good. However, the tater tots were cold and soggy. The consensus was that we should not have them again, maybe macaroni and cheese would be a better choice. Also, we sold 100 tickets, with 3 returns and still going to be sold at City Hall. There is a limit of 2 per person.
  - B. June Entertainment
    1. We will have Phil and Amy with a Father's Day theme. Our decorations will be a summer motif. Our food will be Polish sausage, sauerkraut, dumplings, and ice cream for dessert. Larry will get the ice cream. Also, Lori A will go to Coscto for water, coffee cups, and paper towels. A suggestion was made that Kenootz could give our patrons a coupon so they can advertise and go to order there.
- VI. Future Entertainment
  - A. For September we will have Dante Salamante, who is a world class performer who has been a solo pianist and lead guitarist in a band in various countries. Some say he's a "young" Edizon Dayao. Food is TBA and Phyllis brings a Kenootz menu to our September meeting.
  - B. For October we will have John Goldsmith who is a storyteller and will entertain us with "3 Frenchmen and a Goat, a folktale". John is sponsored by the Illinois Humanities Road Scholar Speaker Bureau, who will pick up the cost of his performance.
  - C. For November we will have Oak Forest High Schools Madrigal Singers
- VII. Other
  - A. Memorial Wreaths - It was suggested that we have artificial flowers and/or a sign with the wreath and our Commissions name. Susan Markus was asked to draw a design. Larry will ask if this is acceptable to our City Clerk first because we want to save money. Larry made a motion for the wreath/sign and Kathy Walker seconded it. We will then give a donation to the Veterans Home in Manteno.
  - B. Other suggestions:
    1. A list of needs was given out by Gene Korzenko. Lori A said she would make up a basket/box for June's donations with a money holder.

2. Phyllis mentioned that on June 27, at Acorn Public Library there will be a presentation by Leslie Goddard, a Ph-D historian entitled "Flying High, Betty, the Pan-Am Stewardess dating back to the 1960s.
3. Larry went over spreadsheets with statistics of Senior Luncheons and we went over the Paid Invoice Report.
4. Our Senior Commission Luncheon will be on Aug. 9th at 12:00pm at New Horizon in Oak Forest.
5. Joe Pilch mentioned that at the Oak Forest Park District the Veteran's Committee will feature RONny Rice (from the New Colony 6 Band) from 6:00-7:30 pm.
6. Larry wants everyone to give a detailed job description of their role on the Senior Commission. It should be ready at our September Commission meeting.
7. Larry was to change Gene Korzenko's email to [GKORZENKO1011@gmail.com](mailto:GKORZENKO1011@gmail.com)
8. It was suggested that the minutes would be sent to all Senior Commission Members starting in September.
9. Adjournment was at 2:35pm with Lori W making the motion followed by Kathy Walker's second.
10. It was suggested that the minutes would be sent to all Senior Commission Members starting in September.

Respectfully submitted,  
Diana Dilger  
Secretary of Senior Commission

**Oak Forest Senior Commission  
Meeting on September 13, 2023**

I. Meeting called to order at 1:05

II. Pledge of Allegiance was said

III. Roll call: all present except for Dee Cozzolino and Diana Dilger

IV. Minutes of last meeting were read by Charla Kukowski, in the absence of Diana Dilger. They were accepted by Lauri A. and seconded by Kathy Walker.

V. Current Business

A presentation on the Renaissance Academy, held at St. Xavier University for those who are 55+ and over. The purpose of these classes is to continue learning, sharing, and enjoying life. Betty Kort would like to come to our next luncheon on September 28 to give our seniors a presentation regarding the Academy. It was decided that Betty would present at 10:45 before our regular presenter starts at 11:00.

Luncheon menus were discussed. There were various opinions regarding the Polish Sausage and dumplings. There will be no pizza, as it always arrives cold. Joe Pilch has talked to Knootz about too much dressing on the salads. We agreed that meat loaf and mashed potatoes would be good for our next luncheon. Cookies from Costco will be purchased by Commissioner 11, Laurie A. There is one ticket left at this time.

This month's entertainment will be given by Dante Salamante. John Goldsmith -- 3 frenchmen and a Goat will perform on Oct. 26<sup>th</sup>, and on Nov. 30<sup>th</sup>, the Madrigal singers of Oak Forest High School will be back.

VI. Other Business

Larry brought up the pre-covid emergency contact book. It is obsolete and he would like to shred this information. It was agreed to do so by everyone present.

Laurie A. delivered donations and other items to the Manteno Veterans home. She said these items were appreciated.

The idea of having an artificial wreath made for Memorial Day Wreath Laying was discussed briefly. We will continue discussing this at a future date.

Gene informed members of three opportunities for seniors to find information about various subjects. This info was appreciated by all.

Next meeting will be on October 11, 2023 at 1:00 in City Hall.

VII. Meeting was adjourned at 2:00. Gene made the motion and Kathy seconded it.

Submitted by Charla Kukowski in the absence of Diana Dilger.

## Consumer Protection Minuets

Sept.13,2023

Chair: (Howard Somerfeld) Secretary:(Lavergne Innocenti)

Commissioners : Robert Miller, Anita Somerfeld, Jacqueline Popovich,Mark Pitcher,aand Julie Pitcher.

Old Business: We were able to get some help from the village. They will be posting our Commission on cable. Howard will be speaking with Nicole regarding on how this can be done. . We will need certain procedures before we can get started.

New Business: Howard will e getting information from our council and will discuss this at our next meeting.

Meeting ended at 8:30

Next Meeting: Oct. 11,2023 at 7:30 pm.

Minuets taken by Laavergne Innocenti ISecretary)



# City Council Agenda Memo

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**DATE:** September 11, 2023  
**TO:** Mayor and City Council  
**FROM:** Bridget DiSanto, HR Manager  
**SUBJECT:** Approval of Contract with BlueCross and Blue Shield of Illinois for Comprehensive Benefits Renewal

## BACKGROUND

Attached please find a one year contract with Blue Cross Blue Shield to continue providing health insurance coverage to full-time city employees. The annual cost of insurance will be approximately \$2.9M for 135 covered employees and retirees. The renewal premium increased approximately 4% from last year, or \$112,609.20, which is a significant decrease from the initial renewal of 10.4%. The city's broker, Alliant, solicited quotes from other insurance carriers, but they could not match the plan design of our current policy.

There are no changes to Delta Dental PPO plan, and about a 3.5% increase to the Delta Dental HMO plan.

There is about a 2.67% increase to the VSP Vision plan.

No changes to Principal Life Insurance.

The expense is adequately budgeted.

## ACTION REQUESTED

Motion to approve the one year contract with BCBS for health insurance coverage, and the continuation of services with Delta Dental, VSP Vision and Principle Life Insurances.

## RECOMMENDATION

Approve the one year contract with BCBS and the continuation of services with Delta Dental, VSP Vision and Principle Life Insurances.



# BlueCross BlueShield of Illinois

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, 300 E Randolph, Chicago, IL 60601  
Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148

## BENEFIT PROGRAM APPLICATION (“BPA”)

### Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (herein called “BCBSIL”)

(All items are applicable to 151-Plus Grandfathered and Non-Grandfathered Insured Group Accounts unless otherwise specified.)  
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer’s Legal Name: City of Oak Forest  
(Specify the employer, the employee trust or the association applying for coverage. List subsidiary or affiliated companies to be covered below. An employee benefit plan may not be named.)

Employer Account Number: 256231  
HMO Illinois Employer Group Number(s): H56231  
HMO Illinois Section Number(s): 0000, 6565, 8888  
Blue Advantage HMO<sup>SM</sup> Employer Group Number(s): \_\_\_\_\_  
Blue Advantage HMO Section Number(s): \_\_\_\_\_  
Non-HMO Plan Employer Group Number(s): P72536  
Non-HMO Plan Section Number(s): 0100, 6565, 8888

Physical Address: 15440 S. Central Avenue  
City: Oak Forest State: IL Zip Code: 60452

Billing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Identification Number (“EIN”): 36-6007749 Standard Industry Code (SIC): 9199

Wholly Owned Subsidiaries to be covered (if additional space is needed, use the Additional Provisions section):  
\_\_\_\_\_

Affiliated Companies to be covered (if additional space is needed, use the Additional Provisions section):  
\_\_\_\_\_

(Affiliated Companies must be required or permitted to be aggregated per IRS guidelines. Employer hereby confirms that Employer, Subsidiaries and Affiliates are treated as a single employer under Internal Revenue Code Section 414(b), or (c), or (m), or (o), or under applicable law.)

Administrative Contact: Bridget DiSanto Email: bdisanto@oak-forest.com  
Phone: 708-444-4810 Fax: \_\_\_\_\_

Blue Access for Employers<sup>SM</sup> (“BAE<sup>SM</sup>”) Contact: Colleen Julian  
(The BAE contact is the employee of the account authorized by the Employer to access and maintain its account via BAE.)

Title: Finance Director Email: cjulian@oak-forest.com  
Phone: 708-444-4803 Fax: 708-535-0014

Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Medical and Dental benefits are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

Policy Effective Date: 10/01/2023

Policy Anniversary Date (month/day/year): 10/01/2024

The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, **all** employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and church plans as defined by the Internal Revenue Code.

ERISA Regulated Group Health Plan\*:  Yes  No

If Yes, specify ERISA Plan Year\* (month/day/year): Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ERISA Plan Sponsor\*: \_\_\_\_\_

ERISA Plan Administrator\*: \_\_\_\_\_

ERISA Plan Administrator's Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

ERISA Plan Administrator's Email: \_\_\_\_\_

Please provide your Non-ERISA Plan Month/Year: \_\_\_\_/\_\_\_\_

If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption\*:

- Federal Governmental Plan (e.g., the government of the United States or agency of the United States)
- Non-Federal Governmental Plan (e.g., the government of the State, an agency of the State, or the government of a political subdivision, such as a county or agency of the State)
- Church Plan
- Other, please specify: \_\_\_\_\_

**For more information regarding ERISA, contact your Legal Advisor.**

\*All as defined by ERISA and/or other applicable law/regulations.

#### ELIGIBILITY

1. **Eligible Person:** Employer has decided that Eligible Person means: (For the HMO plan, an eligible person must reside or work in the Service Area of a Participating IPA.)

- A Full-Time Employee of the Employer.
- A Full-Time Employee who is a member of: \_\_\_\_\_ (name of union or association).
- Other (please specify): \_\_\_\_\_.

Full-Time Employee means:

- An Employee of the Employer who is regularly scheduled to work a minimum of 35 hours per week
- Other (please specify): \_\_\_\_\_
- An Eligible Person may also include a retiree of the Employer. Please specify: An Eligible Person may include a person who has retired from employment with the Employer. A retiree must be at least 50 years of age and with a minimum of 20 years of service, unless the retiree participates in IMRF, or participate in IMRF and goes on IMRF disability, in which case the age limit is 55 and the service limit is 8 years. Retiree must be covered on the date immediately prior to the date of retirement. Retiree and/or eligible spouse may continue with the plan after becoming Medicare eligible, however at that time Medicare becomes primary and coverage under this policy becomes secondary. Participation of the retiree and/or eligible spouse may end if the retiree is terminated or deceased. If the retiree is deceased, the eligible spouse may continue on the plan under the eligible spouse's unique identification number after becoming Medicare eligible (at which time Medicare becomes primary and coverage under this policy becomes secondary). Participation of the surviving spouse shall continue until the surviving spouse dies or remarries. The eligible dependent child/ren may stay on the plan until reaching the dependent age limit, at which time dependent is terminated and qualifies for COBRA. This eligibility language only applies to retirees and their eligible dependents. Where a retiree divorces, the City of Oak Forest would offer the employees' spouse COBRA coverage for a maximum of 36 months, after which they would be removed from the plan. Retirees are eligible to switch to

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a lesser expensive plan upon retirement. If continuation of health insurance is not elected upon retirement, the retiree will not be eligible to pick it up at a later date. If the retiree elects coverage upon retirement and then terminates at a later date, coverage cannot be elected again unless otherwise allowed by the policy or law.

The term "Employee" shall have the meaning set forth under ERISA and applicable law. BCBSIL reserves the right to audit Employer's initial and ongoing eligibility determinations.

2. **Civil Union Partner Coverage:** A Civil Union partner, as defined in the Policy, and his or her dependents are automatically eligible to enroll for coverage and, once enrolled, eligible for continuation of coverage as described in the Certificate Booklet. The Employer as Policyholder is responsible for providing notice of possible tax implications to those Insureds with coverage for Civil Union partners.

3. **Domestic Partner Coverage:**  Yes  No

If Employer elects "Yes," a Domestic Partner, as defined in the Certificate Booklet, shall be considered eligible for coverage. The Employer is responsible for providing notice of possible tax implications to those Insureds with Domestic Partner Coverage.

**Continuation coverage for Domestic Partners:** If Employer elects coverage for Domestic Partners, Domestic Partners are eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) if the Employee elects COBRA coverage. Employer shall determine eligibility for COBRA continuation for Domestic Partners on an independent basis from the Employee, if any. Please indicate your election below:

- Yes, Employer elects to offer continuation coverage to Domestic Partners on an independent basis from the Employee, as defined in the Certificate Booklet
- No, Employer does not elect to offer continuation coverage to Domestic Partners on an independent basis from the Employee (Domestic Partners are not independently eligible for continuation coverage)
- Other: \_\_\_\_\_

4. **The Limiting Age for covered children:** Hereafter, Covered Children means a natural child, a stepchild, an eligible foster child, an adopted child (including a child involved in a suit for adoption), a child for whom the Insured is the legal guardian, under twenty-six (26) years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status (if applicable under the Policy), marital status, or any combination of those factors. Unless Employer elects a Limiting Age over twenty-six (26), coverage will terminate at the end of the month in which the covered child turns age twenty-six (26). If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

To cover children age twenty-six (26) or over, you may select option (a) or (b) below:

- (a)  Limiting Age for covered children age twenty-six (26) or over,  who are married  who are unmarried  regardless of marital status, is \_\_\_\_\_ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.
- (b)  Limiting Age for covered children who are full-time students and age twenty-six (26) or over,  who are married  who are unmarried  regardless of marital status, is \_\_\_\_\_ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

For a covered child who reaches a Limiting Age over twenty-six (26), coverage will terminate:

- At the end of the period for which premium has been accepted.
- At the end of the month in which the Limiting Age is reached.
- At the end of the calendar year in which the Limiting Age is reached.
- On the Limiting Age birthday.
- Other (please specify): \_\_\_\_\_.

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However, coverage shall be extended due to a leave of absence in accordance with any applicable federal or state law.

5. **Disabled Dependent:** Disabled Dependent means a child who is medically certified as disabled and dependent upon the Employee or his/her spouse (or Civil Union partner and/or Domestic Partner if Domestic Partner coverage is elected). Disabled means any medically determinable physical or mental condition that prevents the child from engaging in self-sustaining employment. The disability must begin while the child is covered as a dependent under the Plan or as a dependent child under another employer plan and before the child attains the limiting age with no break in coverage. To administer medical certification of disabled dependents, you may select option (a) standard rules or (b) custom rules. If (b) is selected there are additional selections regarding age, proof of prior coverage, certification review, forms, and previous medical certification approvals.

(a)  Disabled Dependent Administration will follow **standard rules**.

A disabled dependent may continue coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26). A disabled dependent may add coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26), and proof of coverage as a disabled dependent is provided.

Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.

(b)  Disabled Dependent Administration will follow **custom rules**. Please make the following selections:

**Age:** Please select one (1) option regarding age of when the disability began.

The disability must have begun before the child attained the age of twenty-six (26).

All disabled dependents are covered regardless of when the disability began.

**Proof of Prior Coverage:** Please select required or not required below:

When adding coverage, proof of prior coverage as a disabled dependent is  required  
 not required.

**Certification Review:** Please select one (1) option regarding administration of Certification Review.

Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.

Certification Review is administered by the Employer; there are no Disabled Dependent Certification Form requirements.

**If Certification Review is administered by BCBSIL,** please select one (1) option regarding forms:

BCBSIL's Disabled Dependent Certification Form will be utilized.

A custom/other Disabled Dependent Certification Form will be utilized.

**If Certification Review is administered by BCBSIL,** please select allowed or not allowed below:

An approved disabled dependent medical certification from a prior carrier is  allowed  
 not allowed.

An approved disabled dependent medical certification from a prior BCBS policy is  
 allowed  not allowed.

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6. **Eligibility Date:** All current and new Employees must satisfy the substantive eligibility criteria and required waiting period indicated below before coverage will become effective. No waiting period may result in an effective date that exceeds ninety-one (91) calendar days from the date that an Employee becomes eligible for coverage, unless otherwise permitted by applicable law.

If a person is added to the Policy and it is later determined that the Employer reported a Coverage Date earlier than what would apply to the Employee or dependent, based on the waiting period and eligibility conditions the Employer provided to BCBSIL, BCBSIL reserves the right to retroactively adjust the Coverage Date for such person.

- The date of employment.
- The \_\_\_\_ day of employment. **Note:** This may not exceed ninety-one (91) calendar days.
- The \_\_\_\_ day of the month following \_\_\_\_ month(s) of employment.
- The first (1st) day of the month following 30 days (option of up to sixty (60) days) of employment.
- The \_\_\_\_ day of the month following the date of employment.
- Other (please specify): \_\_\_\_\_. **Note:** This may not exceed ninety-one (91) calendar days.

A full month's premium will be charged for the first (1<sup>st</sup>) month of coverage for those Employees whose Coverage Dates fall between the first (1<sup>st</sup>) and fifteenth (15<sup>th</sup>) day of the Premium period. No premium will be charged for the first month of coverage for those Employees whose Coverage Dates fall between the sixteenth (16<sup>th</sup>) day and the end of the Premium Period.

**Substantive eligibility criteria.** Provide a representation below regarding the terms of any eligibility conditions (other than any applicable waiting period already reflected above) imposed before an individual is eligible to become covered under the terms of the plan. If any of these eligibility conditions change, Employer is required to submit a new BPA to reflect that new information.

Check all that apply:

- An Orientation Period that:
  - 1) Does not exceed one (1) month (calculated by adding one (1) calendar month and subtracting one (1) calendar day from an Employee's start date); and
  - 2) If used in conjunction with a waiting period, the waiting period begins on the first (1<sup>st</sup>) day after the orientation period.
- A Cumulative hours of service requirement that does not exceed 1200 hours
- An hours-of-service per period (or full-time status) requirement for which a measurement period is used to determine the status of variable-hour Employees, where the measurement period:
  - 1) Starts between the Employee's date of hire and the first (1<sup>st</sup>) day of the following month;
  - 2) Does not exceed twelve (12) months; and
  - 3) Taken together with other eligibility conditions does not result in coverage becoming effective later than thirteen (13) months from the Employee's start date plus the number of days between a start date and the first (1<sup>st</sup>) day of the next calendar month (if start day is not the first (1<sup>st</sup>) day of the month).
- Other substantive eligibility criteria not described above; please describe: \_\_\_\_\_

## 7. Enrollment

**Special Enrollment:** An Eligible Person may apply for coverage, Family Coverage or add dependents within thirty-one (31) days of a Special Enrollment event if he/she did not apply prior to his/her Eligibility Date or when eligible to do so. Such person's Coverage Date, Family Coverage Date, and /or dependent's Coverage Date will be effective on the date of the Special Enrollment event or, in the event of Special Enrollment due to termination of previous coverage, the date of application for coverage. In the case of a Special Enrollment event due to loss

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of coverage under Medicaid or a state children's health insurance program, however, this enrollment opportunity is not available unless the Eligible Person requests enrollment within sixty (60) days after such coverage ends.

**Annual Open Enrollment:** Specify annual open enrollment period: \_\_\_\_\_. An Eligible Person may apply for coverage, Family coverage or add dependents if he/she did not apply prior to his/her Eligibility Date or did not apply when eligible to do so, during the Employer's annual open enrollment period. Such person's Coverage Date, Family Coverage Date, and/or dependent's Coverage Date will be a date mutually agreed to by BCBSIL and the Employer. Such date shall be subsequent to the annual open enrollment period.

**8. Extension of benefits due to Temporary Layoff, Disability or Leave of Absence:**

Temporary Layoff: 30 days                      Disability: 30 days                      Leave of Absence: 30 days

Other: (please specify): \_\_\_\_\_

However, benefits shall be extended for the duration of an Eligible Person's leave in accordance with any applicable federal or state law.

In the event of Total Disability at the time the group policy is terminated, an Extension of Benefits will be provided for a period of no more than twelve (12) months from the date of termination, to the extent required, and in accordance, with any applicable federal or state law.

**9. FUNDING ARRANGEMENT:**  Standard Premium – Prospective     Cost Plus Program

**10. STANDARD PREMIUM INFORMATION.** The following elections apply to both Grandfathered and Non-Grandfathered Groups. Premium Period:

The first (1<sup>st</sup>) day of each calendar month through the last day of each calendar month. (This option applies to all coverages if the Employer has BlueCare Dental HMO<sup>SM</sup> coverage.)

The \_\_\_\_\_ day of each calendar month through the \_\_\_\_\_ day of the next calendar month. (This option is not available for any coverage if the Employer has BlueCare Dental HMO coverage.)

**11. MINIMUM PARTICIPATION AND EMPLOYER CONTRIBUTION INFORMATION:**

**(a) The following elections apply to both Grandfathered and Non-Grandfathered Groups.** Employer contribution:

One hundred percent (100%) of the Individual Coverage Premium and an amount equal to one hundred percent (100%) of the Individual Coverage Premium will be contributed toward the Family Coverage Premium.

\_\_\_\_\_% of the Individual Coverage Premium and \_\_\_\_\_% of the Family Coverage Premium.

Other (please specify): \_\_\_\_\_.

**(b) The following applies to both Grandfathered and Non-Grandfathered Groups:** BCBSIL reserves the right to change premium rates when a substantial change occurs in the number or composition of Subscribers covered. A substantial change will be deemed to have occurred when the number of Subscribers covered changes by ten percent (10%) or more over a thirty (30) day period or twenty-five percent (25%) or more over a ninety (90) day period.

**(c) The following applies to Non-Grandfathered Groups.** BCBSIL reserves the right to take any or all of the following actions:

1) Initial rates will be finalized for the effective date of the policy based on the enrolled participation and Employer contribution levels;

2) After the policy effective date, the group will be required to maintain a minimum Employer contribution of twenty-five percent (25%), and at least a seventy percent (70%) participation of Eligible Employees (less valid waivers). In the event the group is unable to maintain the contribution and participation requirements, then the rates will be adjusted accordingly; and/or

3) Non-renew or discontinue coverage unless the twenty-five percent (25%) minimum Employer contribution is met and at least seventy percent (70%) of Eligible Employees (less valid waivers)

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have enrolled for coverage. Employer will promptly notify BCBSIL of any change in participation and Employer contribution.

- (d) **The following applies to Grandfathered Groups:** It is understood that no Policy will be issued or renewed on a contributory basis unless at least twenty-five percent (25%) of the Eligible Persons, and for Family Coverage seventy-five percent (75%) of the Eligible Persons with eligible dependents, have enrolled for coverage.

12. **Essential Health Benefits ("EHB") Definition Election:** Employer elects EHBs based on the Illinois benchmark.

13. **The Effective Date of Termination for a person who ceases to meet the definition of an Eligible Person:**

- The date such person ceases to meet the definition of Eligible Person.  
 The last day of the calendar month in which such person ceases to meet the definition of Eligible Person.  
 Other (please specify): \_\_\_\_\_.

#### CURRENT ELIGIBILITY INFORMATION

**Total Number of Employees (Please indicate the total number of actual Employees, not Enrollees):**

1. On payroll \_\_\_\_\_
2. On COBRA continuation coverage \_\_\_\_\_
3. With retiree coverage (if applicable) \_\_\_\_\_
4. Who work part-time \_\_\_\_\_
5. Serving the new hire waiting period \_\_\_\_\_
6. Declining because of other **group** coverage (e.g., other commercial group coverage, Medicare, Medicaid, TRICARE/Champus) \_\_\_\_\_
7. Declining coverage (not covered elsewhere) \_\_\_\_\_

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**STANDARD PREMIUM RATES**

**Yes**    **No**

	<i>For Internal Use Only - Blue Star<sup>SM</sup> Ben. Agree#:</i> <b><u>0006</u></b> <b><u>P72536</u></b>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> <b><u>0014</u></b> <b><u>H56231</u></b>	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> _____	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> _____	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> _____	<i>For Internal Use Only - Blue Star Ben. Agree#:</i> _____
1. Employee only:	\$ <u>931.54</u>	\$ <u>759.43</u>	\$ _____	\$ _____	\$ _____	\$ _____
2. Employee plus one (1) dependent (i.e. Employee plus one (1) spouse or one (1) child):	\$ <u>1,665.83</u>	\$ <u>1,357.71</u>	\$ _____	\$ _____	\$ _____	\$ _____
3. Employee plus two (2) or more dependents:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Employee plus Spouse:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Employee plus Child(ren) (i.e. Employee plus one (1) or more children):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. Employee plus Family / Family:	\$ <u>2,477.47</u>	\$ <u>2,019.68</u>	\$ _____	\$ _____	\$ _____	\$ _____
7. Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Single Tier Rate structure - Complete item 1.						
Two Tier Rate structure - Complete items 1. and 6.						
Three Tier Rate structure - Complete items 1., 2., and 3.						
Four Tier Rate Structure - Complete items 1., 4., 5., and 6.						
Indicate "N/A" in any rate field that does not apply.						
<b>Medicare Eligible Rates (When BCBSIL is Secondary Payer)</b>						
Single Coverage:	\$ <u>931.54</u>	\$ <u>759.43</u>	\$ _____	\$ _____	\$ _____	\$ _____
Family Coverage:	\$ <u>1,863.09</u>	\$ <u>1,518.78</u>	\$ _____	\$ _____	\$ _____	\$ _____

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### COST PLUS PROGRAM

Yes  No

#### Service Charges:

##### For the HMO Plan:

##### a) Service Charges for Claim Payments:

- HMO Illinois: \_\_\_\_\_% of Claim Payments; or \$\_\_\_\_\_ per Enrollee per month for health Claim Payments.
- Blue Advantage HMO: \_\_\_\_\_% of Claim Payments; or \$\_\_\_\_\_ per Enrollee per month for health Claim Payments.

##### b) Physician's Services Fees:

- HMO Illinois: \$\_\_\_\_\_ per month per single Enrollee; or \$\_\_\_\_\_ per month per Enrollee with one (1) or more dependents.
- Blue Advantage HMO: \$\_\_\_\_\_ per month per single Enrollee; or \$\_\_\_\_\_ per month per Enrollee with one (1) or more dependents.

##### c) HMO Managed Care Fee: \$\_\_\_\_\_ per HMO Enrollee per month.

##### For the Non-HMO Plan:

- \_\_\_\_\_% of Net Claim Payments or \$\_\_\_\_\_ per Employee per month.
- Applies to all coverage(s).
- Different percentage(s) or amount(s) for the following types of coverage. Please specify below:  
For \_\_\_\_\_ coverage: \_\_\_\_\_% of \_\_\_\_\_ Claim Payments or \$\_\_\_\_\_ per Employee per month.  
For \_\_\_\_\_ coverage: \_\_\_\_\_% of \_\_\_\_\_ Claim Payments or \$\_\_\_\_\_ per Employee per month.  
Other (please specify): \_\_\_\_\_.

##### Virtual Visits Program (Non-HMO Plan only)

- Fee: \$\_\_\_\_\_ per covered Employee per month for administration of the program.
- Fee is included in the Service Charges.

##### Ancillary Program:

- Health Dialog (may select one (1)) Health Dialog Fee: \$\_\_\_\_\_ per covered Employee per month
- Health Coach Line (In bound)
- Health Coach Line (In and out bound)
- Health Coach Line (With Disease Management)
- Not applicable

Payment Method:  Transfer Payment  Post Payment

##### If Transfer Payment, method of Transfer Payment:

Wire Transfer  Draft  Electronic Fund Transfer  Other (please specify): \_\_\_\_\_

##### Payment Period:

Daily  Weekly  Bi-Weekly  Monthly  Other (please specify): \_\_\_\_\_

Claim Settlement Period:  Monthly  Quarterly  Other (please specify): \_\_\_\_\_

##### If Transfer Payment, Tentative Final Settlement Period:

Transfer Payments to be made for the following time period after termination:

- three (3) months  six (6) months  nine (9) months  twelve (12) months
- Other (please specify): \_\_\_\_\_

Excess Loss – Run Off Period: \_\_\_\_\_ months Standard is twelve (12) months.

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**Final Settlement:** Final Settlement is to be made within \_\_\_\_ days after end of Excess Loss Run-Off Period. Standard is sixty (60) days.

**Employer Payments** are to be made past the run-off period for all claims and adjustments.

**Advanced Payment Review (APR):** APR is a suite of payment integrity offerings. Refer to the Automated Benefit Summary ("ABS"). Reimbursement Services are included for the Cost-Plus program. BCBSIL will retain twenty-five percent (25%) of any recovered amounts made on third-party liability claims other than recovery amounts received as a result of or associated with any Workers' Compensation Law.

Does Employer elect additional APR capabilities?  Yes  No If **yes**, indicate APR Savings Program or PEPM below:

APR Savings Program

PEPM

**For APR capabilities other than Reimbursement Services:** If Employer elects APR Savings Program, BCBSIL will invoice twenty-five percent (25%) of any savings amounts identified by BCBSIL or third-party vendor.

**Prescription Drugs covered under the Medical Benefit:**

**Medical Drug Rebate Credit:**

PPO: \$ \_\_\_\_ per covered Employee per month.

**Prescription Drug Program:**

HMO (If selected, the Pharmacy Benefit Manager(s) ("PBM") Fee Schedule Exhibit must be attached and is part of this BPA.)

PPO (If selected, the PBM Fee Schedule Exhibit must be attached and is part of this BPA.)

**Rebate Credit for Drugs covered under the Pharmacy Benefit:**

PPO: \$ \_\_\_\_ per covered Employee per month.

HMO: \$ \_\_\_\_ per covered Employee per month.

**HMO Pharmacy Network (Select one (1)):**

Traditional Select Network

Network shown on PBM Fee Schedule Exhibit

**PPO Pharmacy Network (Select one (1)):**

Advantage Network

Preferred Network

Network shown on PBM Fee Schedule Exhibit

**PPO Drug List: Select Drug List Other (please specify):** \_\_\_\_

**Prescription Drug Program Clinical Management Programs**

Medication Therapy Management (MTM) (Retrospective) (HMO) Fee: \$ \_\_\_\_ per member per month for administration of the program.

Medication Therapy Management (MTM) (Retrospective) (PPO) Fee: \$ \_\_\_\_ per member per month for administration of the program.

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### Termination Administrative Charge

As applies to the Run-Off Period indicated in the Payment Specifications section below:

- i. **For service charges (including, but not limited to, access fees) billed on a per covered Employee basis at the time of termination of the Policy or partial termination of covered Employees,** the Termination Administrative Charge will be the amount equal to ten percent (10%) of the annualized charges based on the service charges in effect as of the termination date or date of partial termination and the Policy participation of the two (2) months immediately preceding the termination date or date of partial termination. Such aggregate amount will be due BCBSIL within ten (10) days of BCBSIL's notification to the Employer of the Termination Administrative Charge described herein.
- ii. **For service charges (including, but not limited to, access fees) billed on a basis other than per covered Employee at the time of termination of the Policy or partial termination of covered Employees,** the Termination Administrative Charge will be such service charges in effect at the time of termination of the Policy or partial termination of covered Employees to be applied and billed by BCBSIL, and paid by the Employer, in the same manner as prior to termination of the Policy or partial termination of covered Employees.

Termination Administrative Charges assume the continuation of the Policy benefit program(s) and the administrative services in effect prior to termination. Should such Policy benefit program(s) and/or administrative services change, or in the event the average Policy enrollment during the three (3) months immediately preceding termination varies by ten percent (10%) or more from the enrollment used to determine the service charges in effect at the time of termination, BCBSIL reserves the right to adjust the rates for service charges (including, but not limited to, access fees) to be used to compute the Termination Administrative Charge.

### FOR NON-HMO COST-PLUS PROGRAMS ONLY: PLAN PROVIDER ACCESS FEE(S)

Yes  No

Group Number(s): \_\_\_\_\_

% of Average Discount Percentage ("ADP") savings: \_\_\_\_\_%

\$ per Employee per month: \$\_\_\_\_\_

**Please complete for groups with multiple products (for example, Comprehensive Major Medical and PPO) with separate access fees:**

Group Number(s): \_\_\_\_\_

% of ADP savings: \_\_\_\_\_%

\$ per Employee per month: \$\_\_\_\_\_

### EMPLOYER STATEMENTS:

1. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.
2. The undersigned representative is authorized and responsible for purchasing insurance on behalf of the Employer, has provided the information requested in this BPA and, on behalf of the Employer, offers to purchase the benefit program as outlined in the Request For Proposal ("RFP") or, in the case of an HMO Plan, the proposal document submitted to the Employer by the Sales Representative. Any changes to the RFP are specified below. It is understood and agreed that the actual terms and conditions of the benefit program are those contained in the Policy.
3. This BPA is subject to acceptance by BCBSIL. Upon acceptance, BCBSIL shall issue a Policy to the Employer and this BPA shall be incorporated and made a part of the Policy. Upon acceptance of this BPA and issuance of

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the Policy, the Employer shall be referred to as the Policyholder. In the event of any conflict between the RFP and the Policy, the provisions of the Policy shall prevail. No coverage will begin until receipt of the first (1<sup>st</sup>) premium by BCBSIL.

4. The undersigned representative acknowledges that any producer is acting on behalf of the Employer for purposes of purchasing the Employer's insurance, and that if BCBSIL accepts this BPA and issues a Policy to the Employer, BCBSIL may pay the Employer's producer a commission and/or other compensation in connection with the issuance of such Policy. The undersigned representative further acknowledges that if the Employer desires additional information regarding any commissions or other compensation paid the producer by BCBSIL in connection with the issuance of a Policy, the Employer should contact its producer.
5. The undersigned representative acknowledges that the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, establishes certain requirements for employee welfare benefit plans. As defined in Section 3 of ERISA, the term "employee welfare benefit plan" includes any plan, fund, or program which is established or maintained by an employer or by an employee organization, or by both, to the extent that such plan, fund, or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical or hospital benefits, or benefits in the event of sickness, accident or disability. The undersigned representative further acknowledges that: (i) an employee welfare benefit plan must be established and maintained through a separate plan document which may include the terms hereof or incorporate the terms hereof by reference, and that (ii) an employee welfare benefit plan document may provide for the allocation or delegation of responsibilities thereunder. However, notwithstanding anything contained in the employee welfare benefit plan document of the Employer (or any group member if the group is an association), the Employer agrees that no allocation or delegation of any fiduciary or nonfiduciary responsibilities under the employee welfare benefit plan of the Employer (or, for Non-HMO Plans, any group member if the group is an association) is effective with respect to or accepted by BCBSIL except to the extent specifically provided and accepted in this BPA or the Policy or otherwise accepted in writing by BCBSIL.
6. The Rebate Credit (if applicable) is a per covered Employee per month (or, for the HMO plan, per covered Employee per month) credit applied to the monthly billing statement. Rebate Credits shall not continue after termination of the Prescription Drug Program, except as otherwise set forth in this BPA or the PBM Fee Schedule Exhibit. (Further information about rebates, the Pharmacy Benefit Manager and the Rebate Credit is included in the governing Group Administration Document to which this BPA is attached under the section titled "The Plan's Separate Financial Arrangements Regarding Prescription Drugs.").

#### OTHER PROVISIONS:

1. **Reimbursement:** It is understood and agreed that in the event BCBSIL makes a recovery on a third-party liability claim, BCBSIL will retain twenty-five percent (25%) of any recovered amounts, other than recovery amounts received as a result of, or associated with, any Workers' Compensation Law.
2. **Third-Party Recovery Vendors (other than Reimbursement Services):** BCBSIL engages with third-party recovery vendors on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers. This provision does not apply to the Cost-Plus Program.
3. **Third-Party Law Firms Provisions (other than Reimbursement Services):** BCBSIL engages with third-party law firms on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers.
4. **Summary of Benefits and Coverage ("SBC"):** The SBC Addendum is attached and made a part of the Policy. BCBSIL will create the SBC (only for benefits BCBSIL insures under the Policy) and provide the SBC to the Employer in electronic format. If the Employer approves of the content, Employer will then distribute the SBC to participants and beneficiaries (or hire a third party to distribute) as required by law. If the Employer would like changes to the SBC, it will promptly notify BCBSIL. BCBSIL will also distribute the SBC to participants and beneficiaries via regular hardcopy mail or electronically in response to occasional requests received directly from individuals. All other distribution is the responsibility of the Employer.

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5. **Preferred HSA purchased:**  Yes  No (If yes, select vendor) **(Vendor:Select Vendor)**  
**If HealthEquity, Inc. is selected, BCBSIL to send HSA enrollment to HealthEquity, Inc.:**  Yes  No  
 Non-Preferred Vendor:
6. **Preferred FSA purchased:**  Yes  No (If yes, select vendor) **(Vendor: Select Vendor)**  
 Non-Preferred Vendor:
7. **HCA purchased:**  Yes  No (If yes, complete and attach a separate HCA Benefit Program Application)
8. **Preferred Health Reimbursement Account (HRA) purchased:**  Yes  No (if yes, select vendor)  
**(Vendor:Select Vendor)**  
 Non-Preferred Vendor:

An HSA must be paired with a qualified high deductible health plan (HDHP) and follow strict requirements set forth by the Internal Revenue Service (IRS). Employer Groups should seek advice from their independent tax advisor, legal counsel, or other professional counselor, to ensure their proposed benefit strategy, with respect to HSAs, FSAs, HRAs, or other benefit arrangements, does not conflict with current IRS requirements.

9. **BlueCare Dental HMO Coverage purchased:**  Yes  No (If yes, complete separate application.)
10. **Life, Disability, Critical Illness, Accident, Hospital Indemnity or Vision Insurance purchased:**  Yes  No  
 (If yes, complete separate application.)
11. **Excess Loss Coverage purchased:**  Yes  No (If yes, complete separate application.)
12. **Blue Directions for Large Business<sup>SM</sup> purchased:**  Yes  No (if yes, the Blue Directions<sup>SM</sup> Addendum is attached and made a part of the Policy.)
13. **(For the Non-HMO Plan) Case Management:**  Yes  No If Yes, the undersigned representative authorizes provision of alternative benefits for services rendered to Covered Persons in accordance with the provisions of the Policy.
14. **Massachusetts Health Care Reform Act:** Notwithstanding anything to the contrary in this BPA, with respect to the Employer's Employees who live in Massachusetts (if any) the Employer represents that it offers the health insurance benefits provided for herein to all full-time Employees, and the Employer will not make a smaller premium contribution percentage to a full-time Employee living in Massachusetts than to any other full-time Employee living in Massachusetts who receives an equal or greater total hourly or annual salary. For purposes of this representation, a "full-time employee" is defined by Massachusetts law, generally an Employee who is scheduled or expected to work at least the equivalent of an average of thirty-five (35) hours per week.

If elected below, BCBSIL will provide required written statements of Minimum Creditable Coverage ("MCC") to Covered Persons residing in Massachusetts and submit applicable electronic reporting to the Massachusetts Department of Revenue. Information transmitted will be exclusively based on information provided to BCBSIL by Employer and coverage under the Plan(s) during the term of this Agreement. By electing to have BCBSIL transmit these creditable coverage reports on Employer's behalf, Employer hereby certifies that, to the best of its knowledge, such coverage under the Plan(s) is "creditable coverage" in accordance with the Massachusetts Health Care Reform Act. Employer acknowledges that BCBSIL is not responsible for verifying nor ensuring compliance with any tax and/or legal requirements related to this service. Employer or its Covered Persons should seek advice from their legal or tax advisors as necessary. If not elected, Employer acknowledges it will provide written statements and electronic reporting to the Massachusetts Department of Revenue as required by the Massachusetts Health Care Reform Act.

Employer consents to BCBSIL transmitting MCC reports on its behalf. Further, Employer attests that the information submitted is true and compliant with all relevant MCC Regulations.

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Employer will transmit MCC reports, and any other documentation as may be required to comply with the Massachusetts Health Care Reform Act.

15.  **Wellbeing Management (WBM)**

16.  **Medical and Ancillary Package Pricing:** The rates shown in this Agreement reflect a volume-based discount in an amount up to three percent (3%) of the medical premium for the twelve (12) month period beginning on the Policy Effective Date. If any of the qualifying ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness, Hospital Indemnity and/or Vision product(s)) lapses during this twelve (12) month period, BCBSIL reserves the right to remove the volume-based discount attributable to the lapsed product on medical premium. In such event, upon sixty (60) days prior written notice to Employer, the premium payment will be adjusted to reflect the removal of the discount attributable to the lapsed product.

#### **ADDITIONAL PROVISIONS:**

- A. Grandfathered Health Plans:** Employer shall provide BCBSIL with written notice prior to renewal (and during the plan year, at least sixty (60) days advance written notice) of any changes in its Contribution Rate Based on Cost of Coverage or Contribution Rate Based on a Formula towards the cost of any tier of coverage for any class of Similarly Situated Individuals as such terms are described in the Affordable Care Act and applicable regulations. Any such changes (or failure to provide timely notice thereof) can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax, or other ramifications related to any benefit package of any group health insurance coverage (each hereafter a "plan") qualifying as a "grandfathered health plan" under the Affordable Care Act and applicable regulations or any representation regarding any plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference and made part of the BPA and Group Policy, and Employer represents and warrants that such Form is true, complete, and accurate. If Employer fails to timely provide BCBSIL with any requested grandfathered health plan information, BCBSIL may make retroactive and/or prospective changes to the terms and conditions of coverage, including changes for compliance with state or federal laws or regulations or interpretations thereof.
- B. Retiree Only Plans and/or Excepted Benefits:** If the BPA includes any retiree only plans and/or excepted benefits, then Employer represents and warrants that one (1) or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and ERISA) (an "exempt plan status"). Any determination that a plan does not have exempt plan status can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax or other ramifications related to any plan's exempt plan status or any representation regarding any plan's past, present and future exempt plan status.
- C.** Employer shall indemnify and hold harmless BCBSIL and its directors, officers and employees against any and all loss, liability, damages, fines, penalties, taxes, expenses (including attorneys' fees and costs) or other costs or obligations resulting from or arising out of any claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against BCBSIL in connection with (a) any plan's grandfathered health plan status, (b) any plan's exempt plan status, (c) any directions, actions and interpretations of the Employer, (d) any provision of inaccurate information, (e) the SBC, (f) any plan's design (including but not limited to any directions, actions and interpretations of the Employer, and/or (g) Employer's selection of EHB definition for the purpose of the Patient Protection and Affordable Care Act ("ACA"). Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

The provisions of paragraphs A-C (directly above) shall be in addition to (and does not take the place of) the other terms and conditions of coverage and/or administrative services between the parties.

Notwithstanding anything in the Policy or Renewal(s) to the contrary, BCBSIL reserves the right to revise our charge for the cost of coverage (premium or other amounts) at any time if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require

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BCBSIL to pay, submit or forward, on its own behalf or on the Employer's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

**Renewals Only:** If this BPA is blank, it is intentional, and this BPA is an addendum to the existing BPA. In such case, all terms of the existing BPA as amended from time to time shall remain in force and effect. However, beginning with the Employer's first renewal date on or after September 23, 2010, the provisions of paragraphs A-C (above) shall be part of (and be in addition to) the terms of the existing BPA as amended from time to time.

Any reference in this BPA to eligible dependents may include Domestic Partners or Civil Union partners but will include dependent covered children under the Limiting Age of twenty-six (26), or election made above.

Any reference in this BPA to the Limiting Age for covered children means twenty-six (26) years, or election made above, regardless of presence or absence of a child's financial dependency, residency, student status, employment, marital status, or any combination of those factors. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the certificate booklet.

Any reference in this BPA to the "Employee plus one (1) dependent" rate structure means "Employee plus one (1) spouse (includes Civil Union partner and/or, if elected, Domestic Partner) or one (1) child."

Any reference in this BPA to the "Employee plus Child(ren)" rate structure means "Employee plus one (1) or more children."

Effective 10/01/2023: Group is renewing with no plan changes and will remain grandfathered.

NOTE: PSEBA / Duty Disability members are allowed to change classes upon Open Enrollment. Example: existing member on PSEBA / Duty Disability with Police and Telecommunication PPO coverage is able to elect the Non Police and Non Telecommunications HMO coverage.

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Daniel Goelz

Sales Representative

826

District

630-824-5236

Phone No.

Adriana Duenas

Producer Representative

Signature of Producer Representative

Alliant/Mesirow Insurance Services

Producer Firm

353 North Clark Street

Chicago, IL 60654

Producer Address

Producer Phone No.

621500

Producer Number

36-3429604

Producer Tax ID No.

Signature of Authorized Purchaser

Title

Date

Witness

\$\_\_\_\_\_ Amount Submitted (not required for renewals)

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**BlueCross BlueShield  
of Illinois**

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, 300 E Randolph, Chicago, IL 60601  
Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148

**BENEFIT PROGRAM APPLICATION (“BPA”)**

**Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company (herein called “BCBSIL”)**

(All items are applicable to 151-Plus Grandfathered and Non-Grandfathered Insured Group Accounts unless otherwise specified.)  
(All items are applicable to the HMO plan and the Non-HMO plan unless otherwise specified.)

Employer’s Legal Name: City of Oak Forest

(Specify the employer, the employee trust or the association applying for coverage. List subsidiary or affiliated companies to be covered below. An employee benefit plan may not be named.)

Employer Account Number: 256231  
HMO Illinois Employer Group Number(s): H56233  
HMO Illinois Section Number(s): 0000, 6565, 8888  
Blue Advantage HMO<sup>SM</sup> Employer Group Number(s): \_\_\_\_\_  
Blue Advantage HMO Section Number(s): \_\_\_\_\_  
Non-HMO Plan Employer Group Number(s): P56232  
Non-HMO Plan Section Number(s): 0100, 6565, 8888

Physical Address: 15440 S. Central Avenue  
City: Oak Forest State: IL Zip Code: 60452

Billing Address (if different from above): \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer Identification Number (“EIN”): 36-6007749 Standard Industry Code (SIC): 9199

Wholly Owned Subsidiaries to be covered (if additional space is needed, use the Additional Provisions section):  
\_\_\_\_\_

Affiliated Companies to be covered (if additional space is needed, use the Additional Provisions section):  
\_\_\_\_\_

(Affiliated Companies must be required or permitted to be aggregated per IRS guidelines. Employer hereby confirms that Employer, Subsidiaries and Affiliates are treated as a single employer under Internal Revenue Code Section 414(b), or (c), or (m), or (o), or under applicable law.)

Administrative Contact: Bridget DiSanto Email: bdisanto@oak-forest.com  
Phone: 708-444-4810 Fax: \_\_\_\_\_

Blue Access for Employers<sup>SM</sup> (“BAE<sup>SM</sup>”) Contact: Colleen Julian  
(The BAE contact is the employee of the account authorized by the Employer to access and maintain its account via BAE.)

Title: Finance Director Email: cjulian@oak-forest.com  
Phone: 708-444-4803 Fax: 708-535-0014

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Medical and Dental benefits are offered by Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company, an Independent Licensee of the Blue Cross and Blue Shield Association.

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Policy Effective Date: 10/01/2023

Policy Anniversary Date (month/day/year): 10/01/2024

The **Employee Retirement Income Security Act of 1974 (ERISA)** is a federal law that sets minimum standards for employee benefit plans in the private industry. In general, all employer groups, insured or ASO, are subject to ERISA provisions except for governmental entities, such as municipalities and public school districts, and church plans as defined by the Internal Revenue Code.

ERISA Regulated Group Health Plan\*:  Yes  No

If Yes, specify ERISA Plan Year\* (month/day/year): Beginning Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

ERISA Plan Sponsor\*: \_\_\_\_\_

ERISA Plan Administrator\*: \_\_\_\_\_

ERISA Plan Administrator's Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

ERISA Plan Administrator's Email: \_\_\_\_\_

Please provide your Non-ERISA Plan Month/Year: \_\_\_\_/\_\_\_\_

If you contend ERISA is inapplicable to your group health plan, please give legal reason for exemption\*:

- Federal Governmental Plan (e.g., the government of the United States or agency of the United States)
- Non-Federal Governmental Plan (e.g., the government of the State, an agency of the State, or the government of a political subdivision, such as a county or agency of the State)
- Church Plan
- Other, please specify: \_\_\_\_\_

**For more information regarding ERISA, contact your Legal Advisor.**

\*All as defined by ERISA and/or other applicable law/regulations.

#### ELIGIBILITY

1. **Eligible Person:** Employer has decided that Eligible Person means: (For the HMO plan, an eligible person must reside or work in the Service Area of a Participating IPA.)

- A Full-Time Employee of the Employer.
- A Full-Time Employee who is a member of: \_\_\_\_\_ (name of union or association).
- Other (please specify): \_\_\_\_\_.

Full-Time Employee means:

- An Employee of the Employer who is regularly scheduled to work a minimum of 35 hours per week
- Other (please specify): \_\_\_\_\_

An Eligible Person may also include a retiree of the Employer. Please specify: An Eligible Person may include a person who has retired from employment with the Employer. A retiree must be at least 50 years of age and with a minimum of 20 years of service, unless the retiree participates in IMRF, or participate in IMRF and goes on IMRF disability, in which case the age limit is 55 and the service limit is 8 years. Retiree must be covered on the date immediately prior to the date of retirement. Retiree and/or eligible spouse may continue with the plan after becoming Medicare eligible, however at that time Medicare becomes primary and coverage under this policy becomes secondary. Participation of the retiree and/or eligible spouse may end if the retiree is terminated or deceased. If the retiree is deceased, the eligible spouse may continue on the plan under the eligible spouse's unique identification number after becoming Medicare eligible (at which time Medicare becomes primary and coverage under this policy becomes secondary). Participation of the surviving spouse shall continue until the surviving spouse dies or remarries. The eligible dependent child/ren may stay on the plan until reaching the dependent age limit, at which time dependent is terminated and qualifies for COBRA. This eligibility language only applies to retirees and their eligible dependents. Where a retiree divorces, the City of Oak Forest would offer the employees' spouse COBRA coverage for a maximum of 36 months, after which they would be removed from the plan. Retirees are eligible to switch to

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a lesser expensive plan upon retirement. If continuation of health insurance is not elected upon retirement, the retiree will not be eligible to pick it up at a later date. If the retiree elects coverage upon retirement and then terminates at a later date, coverage cannot be elected again unless otherwise allowed by the policy or law.

The term "Employee" shall have the meaning set forth under ERISA and applicable law. BCBSIL reserves the right to audit Employer's initial and ongoing eligibility determinations.

2. **Civil Union Partner Coverage:** A Civil Union partner, as defined in the Policy, and his or her dependents are automatically eligible to enroll for coverage and, once enrolled, eligible for continuation of coverage as described in the Certificate Booklet. The Employer as Policyholder is responsible for providing notice of possible tax implications to those Insureds with coverage for Civil Union partners.

3. **Domestic Partner Coverage:**  Yes  No

If Employer elects "Yes," a Domestic Partner, as defined in the Certificate Booklet, shall be considered eligible for coverage. The Employer is responsible for providing notice of possible tax implications to those Insureds with Domestic Partner Coverage.

**Continuation coverage for Domestic Partners:** If Employer elects coverage for Domestic Partners, Domestic Partners are eligible for continuation coverage under Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) if the Employee elects COBRA coverage. Employer shall determine eligibility for COBRA continuation for Domestic Partners on an independent basis from the Employee, if any. Please indicate your election below:

- Yes, Employer elects to offer continuation coverage to Domestic Partners on an independent basis from the Employee, as defined in the Certificate Booklet
- No, Employer does not elect to offer continuation coverage to Domestic Partners on an independent basis from the Employee (Domestic Partners are not independently eligible for continuation coverage)
- Other: \_\_\_\_\_

4. **The Limiting Age for covered children:** Hereafter, Covered Children means a natural child, a stepchild, an eligible foster child, an adopted child (including a child involved in a suit for adoption), a child for whom the Insured is the legal guardian, under twenty-six (26) years of age, regardless of presence or absence of a child's financial dependency, residency, student status, employment status (if applicable under the Policy), marital status, or any combination of those factors. Unless Employer elects a Limiting Age over twenty-six (26), coverage will terminate at the end of the month in which the covered child turns age twenty-six (26). If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

To cover children age twenty-six (26) or over, you may select option (a) or (b) below:

- (a)  Limiting Age for covered children age twenty-six (26) or over,  who are married  who are unmarried  regardless of marital status, is \_\_\_\_\_ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.
- (b)  Limiting Age for covered children who are full-time students and age twenty-six (26) or over,  who are married  who are unmarried  regardless of marital status, is \_\_\_\_\_ years. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the Certificate Booklet.

For a covered child who reaches a Limiting Age over twenty-six (26), coverage will terminate:

- At the end of the period for which premium has been accepted.
- At the end of the month in which the Limiting Age is reached.
- At the end of the calendar year in which the Limiting Age is reached.
- On the Limiting Age birthday.
- Other (please specify): \_\_\_\_\_.

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However, coverage shall be extended due to a leave of absence in accordance with any applicable federal or state law.

5. **Disabled Dependent:** Disabled Dependent means a child who is medically certified as disabled and dependent upon the Employee or his/her spouse (or Civil Union partner and/or Domestic Partner if Domestic Partner coverage is elected). Disabled means any medically determinable physical or mental condition that prevents the child from engaging in self-sustaining employment. The disability must begin while the child is covered as a dependent under the Plan or as a dependent child under another employer plan and before the child attains the limiting age with no break in coverage. To administer medical certification of disabled dependents, you may select option (a) standard rules or (b) custom rules. If (b) is selected there are additional selections regarding age, proof of prior coverage, certification review, forms, and previous medical certification approvals.

(a)  Disabled Dependent Administration will follow **standard rules**.

A disabled dependent may continue coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26). A disabled dependent may add coverage beyond the limiting age, provided the disability began before the child attained the age of twenty-six (26), and proof of coverage as a disabled dependent is provided.

Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.

(b)  Disabled Dependent Administration will follow **custom rules**. Please make the following selections:

**Age:** Please select one (1) option regarding age of when the disability began.

The disability must have begun before the child attained the age of twenty-six (26).

All disabled dependents are covered regardless of when the disability began.

**Proof of Prior Coverage:** Please select required or not required below:

When adding coverage, proof of prior coverage as a disabled dependent is  required  
 not required.

**Certification Review:** Please select one (1) option regarding administration of Certification Review.

Certification Review is administered by BCBSIL; a Disabled Dependent Certification Form must be submitted to BCBSIL.

Certification Review is administered by the Employer; there are no Disabled Dependent Certification Form requirements.

**If Certification Review is administered by BCBSIL,** please select one (1) option regarding forms:

BCBSIL's Disabled Dependent Certification Form will be utilized.

A custom/other Disabled Dependent Certification Form will be utilized.

**If Certification Review is administered by BCBSIL,** please select allowed or not allowed below:

An approved disabled dependent medical certification from a prior carrier is  allowed  
 not allowed.

An approved disabled dependent medical certification from a prior BCBS policy is  allowed  not allowed.

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6. **Eligibility Date:** All current and new Employees must satisfy the substantive eligibility criteria and required waiting period indicated below before coverage will become effective. No waiting period may result in an effective date that exceeds ninety-one (91) calendar days from the date that an Employee becomes eligible for coverage, unless otherwise permitted by applicable law.

If a person is added to the Policy and it is later determined that the Employer reported a Coverage Date earlier than what would apply to the Employee or dependent, based on the waiting period and eligibility conditions the Employer provided to BCBSIL, BCBSIL reserves the right to retroactively adjust the Coverage Date for such person.

- The date of employment.
- The \_\_\_\_ day of employment. **Note:** This may not exceed ninety-one (91) calendar days.
- The \_\_\_\_ day of the month following \_\_\_\_ month(s) of employment.
- The first (1st) day of the month following 30 days (option of up to sixty (60) days) of employment.
- The \_\_\_\_ day of the month following the date of employment.
- Other (please specify): \_\_\_\_\_. **Note:** This may not exceed ninety-one (91) calendar days.

A full month's premium will be charged for the first (1<sup>st</sup>) month of coverage for those Employees whose Coverage Dates fall between the first (1<sup>st</sup>) and fifteenth (15<sup>th</sup>) day of the Premium period. No premium will be charged for the first month of coverage for those Employees whose Coverage Dates fall between the sixteenth (16<sup>th</sup>) day and the end of the Premium Period.

**Substantive eligibility criteria.** Provide a representation below regarding the terms of any eligibility conditions (other than any applicable waiting period already reflected above) imposed before an individual is eligible to become covered under the terms of the plan. If any of these eligibility conditions change, Employer is required to submit a new BPA to reflect that new information.

Check all that apply:

- An Orientation Period that:
  - 1) Does not exceed one (1) month (calculated by adding one (1) calendar month and subtracting one (1) calendar day from an Employee's start date); and
  - 2) If used in conjunction with a waiting period, the waiting period begins on the first (1<sup>st</sup>) day after the orientation period.
- A Cumulative hours of service requirement that does not exceed 1200 hours
- An hours-of-service per period (or full-time status) requirement for which a measurement period is used to determine the status of variable-hour Employees, where the measurement period:
  - 1) Starts between the Employee's date of hire and the first (1<sup>st</sup>) day of the following month;
  - 2) Does not exceed twelve (12) months; and
  - 3) Taken together with other eligibility conditions does not result in coverage becoming effective later than thirteen (13) months from the Employee's start date plus the number of days between a start date and the first (1<sup>st</sup>) day of the next calendar month (if start day is not the first (1<sup>st</sup>) day of the month).
- Other substantive eligibility criteria not described above; please describe: \_\_\_\_\_

## 7. Enrollment

**Special Enrollment:** An Eligible Person may apply for coverage, Family Coverage or add dependents within thirty-one (31) days of a Special Enrollment event if he/she did not apply prior to his/her Eligibility Date or when eligible to do so. Such person's Coverage Date, Family Coverage Date, and /or dependent's Coverage Date will be effective on the date of the Special Enrollment event or, in the event of Special Enrollment due to termination of previous coverage, the date of application for coverage. In the case of a Special Enrollment event due to loss

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of coverage under Medicaid or a state children's health insurance program, however, this enrollment opportunity is not available unless the Eligible Person requests enrollment within sixty (60) days after such coverage ends.

**Annual Open Enrollment:** Specify annual open enrollment period: \_\_\_\_\_. An Eligible Person may apply for coverage, Family coverage or add dependents if he/she did not apply prior to his/her Eligibility Date or did not apply when eligible to do so, during the Employer's annual open enrollment period. Such person's Coverage Date, Family Coverage Date, and/or dependent's Coverage Date will be a date mutually agreed to by BCBSIL and the Employer. Such date shall be subsequent to the annual open enrollment period.

**8. Extension of benefits due to Temporary Layoff, Disability or Leave of Absence:**

Temporary Layoff: 30 days                      Disability: 30 days                      Leave of Absence: 30 days

Other: (please specify): \_\_\_\_\_

However, benefits shall be extended for the duration of an Eligible Person's leave in accordance with any applicable federal or state law.

In the event of Total Disability at the time the group policy is terminated, an Extension of Benefits will be provided for a period of no more than twelve (12) months from the date of termination, to the extent required, and in accordance, with any applicable federal or state law.

**9. FUNDING ARRANGEMENT:**  Standard Premium – Prospective     Cost Plus Program

**10. STANDARD PREMIUM INFORMATION.** The following elections apply to both Grandfathered and Non-Grandfathered Groups. Premium Period:

The first (1<sup>st</sup>) day of each calendar month through the last day of each calendar month. (This option applies to all coverages if the Employer has BlueCare Dental HMO<sup>SM</sup> coverage.)

The \_\_\_\_\_ day of each calendar month through the \_\_\_\_\_ day of the next calendar month. (This option is not available for any coverage if the Employer has BlueCare Dental HMO coverage.)

**11. MINIMUM PARTICIPATION AND EMPLOYER CONTRIBUTION INFORMATION:**

**(a) The following elections apply to both Grandfathered and Non-Grandfathered Groups.** Employer contribution:

One hundred percent (100%) of the Individual Coverage Premium and an amount equal to one hundred percent (100%) of the Individual Coverage Premium will be contributed toward the Family Coverage Premium.

\_\_\_\_\_% of the Individual Coverage Premium and \_\_\_\_\_% of the Family Coverage Premium.

Other (please specify): \_\_\_\_\_.

**(b) The following applies to both Grandfathered and Non-Grandfathered Groups:** BCBSIL reserves the right to change premium rates when a substantial change occurs in the number or composition of Subscribers covered. A substantial change will be deemed to have occurred when the number of Subscribers covered changes by ten percent (10%) or more over a thirty (30) day period or twenty-five percent (25%) or more over a ninety (90) day period.

**(c) The following applies to Non-Grandfathered Groups.** BCBSIL reserves the right to take any or all of the following actions:

**1)** Initial rates will be finalized for the effective date of the policy based on the enrolled participation and Employer contribution levels;

**2)** After the policy effective date, the group will be required to maintain a minimum Employer contribution of twenty-five percent (25%), and at least a seventy percent (70%) participation of Eligible Employees (less valid waivers). In the event the group is unable to maintain the contribution and participation requirements, then the rates will be adjusted accordingly; and/or

**3)** Non-renew or discontinue coverage unless the twenty-five percent (25%) minimum Employer contribution is met and at least seventy percent (70%) of Eligible Employees (less valid waivers)

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have enrolled for coverage. Employer will promptly notify BCBSIL of any change in participation and Employer contribution.

- (d) **The following applies to Grandfathered Groups:** It is understood that no Policy will be issued or renewed on a contributory basis unless at least twenty-five percent (25%) of the Eligible Persons, and for Family Coverage seventy-five percent (75%) of the Eligible Persons with eligible dependents, have enrolled for coverage.

12. **Essential Health Benefits ("EHB") Definition Election:** Employer elects EHBs based on the Illinois benchmark.

13. **The Effective Date of Termination for a person who ceases to meet the definition of an Eligible Person:**

- The date such person ceases to meet the definition of Eligible Person.  
 The last day of the calendar month in which such person ceases to meet the definition of Eligible Person.  
 Other (please specify): \_\_\_\_\_.

#### CURRENT ELIGIBILITY INFORMATION

**Total Number of Employees (Please indicate the total number of actual Employees, not Enrollees):**

1. On payroll \_\_\_\_\_
2. On COBRA continuation coverage \_\_\_\_\_
3. With retiree coverage (if applicable) \_\_\_\_\_
4. Who work part-time \_\_\_\_\_
5. Serving the new hire waiting period \_\_\_\_\_
6. Declining because of other **group** coverage (e.g., other commercial group coverage, Medicare, Medicaid, TRICARE/Champus) \_\_\_\_\_
7. Declining coverage (not covered elsewhere) \_\_\_\_\_

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**STANDARD PREMIUM RATES**

**Yes**    **No**

	<i>For Internal Use Only - Blue Star<sup>SM</sup> Ben. Agree#: <b>0012</b> <b>P56232</b></i>	<i>For Internal Use Only - Blue Star Ben. Agree#: <b>0016</b> <b>H56233</b></i>	<i>For Internal Use Only - Blue Star Ben. Agree#: _____</i>	<i>For Internal Use Only - Blue Star Ben. Agree#: _____</i>	<i>For Internal Use Only - Blue Star Ben. Agree#: _____</i>	<i>For Internal Use Only - Blue Star Ben. Agree#: _____</i>
1. Employee only:	<u>\$1,012.54</u>	<u>\$830.28</u>	\$ _____	\$ _____	\$ _____	\$ _____
2. Employee plus one (1) dependent (i.e. Employee plus one (1) spouse or one (1) child):	<u>\$1,810.67</u>	<u>\$1,484.75</u>	\$ _____	\$ _____	\$ _____	\$ _____
3. Employee plus two (2) or more dependents:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
4. Employee plus Spouse:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
5. Employee plus Child(ren) (i.e. Employee plus one (1) or more children):	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
6. Employee plus Family / Family:	<u>\$2,692.92</u>	<u>\$2,208.19</u>	\$ _____	\$ _____	\$ _____	\$ _____
7. Other: _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Single Tier Rate structure - Complete item 1.						
Two Tier Rate structure - Complete items 1. and 6.						
Three Tier Rate structure - Complete items 1., 2., and 3.						
Four Tier Rate Structure - Complete items 1., 4., 5., and 6.						
Indicate "N/A" in any rate field that does not apply.						
<b>Medicare Eligible Rates (When BCBSIL is Secondary Payer)</b>						
Single Coverage:	<u>\$1,012.54</u>	<u>\$830.28</u>	\$ _____	\$ _____	\$ _____	\$ _____
Family Coverage:	<u>\$2,025.07</u>	<u>\$1,660.57</u>	\$ _____	\$ _____	\$ _____	\$ _____

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**COST PLUS PROGRAM**

Yes  No

**Service Charges:**

**For the HMO Plan:**

**a) Service Charges for Claim Payments:**

- HMO Illinois: \_\_\_\_\_% of Claim Payments; or \$\_\_\_\_\_ per Enrollee per month for health Claim Payments.
- Blue Advantage HMO: \_\_\_\_\_% of Claim Payments; or \$\_\_\_\_\_ per Enrollee per month for health Claim Payments.

**b) Physician's Services Fees:**

- HMO Illinois: \$\_\_\_\_\_ per month per single Enrollee; or \$\_\_\_\_\_ per month per Enrollee with one (1) or more dependents.
- Blue Advantage HMO: \$\_\_\_\_\_ per month per single Enrollee; or \$\_\_\_\_\_ per month per Enrollee with one (1) or more dependents.

**c)  HMO Managed Care Fee: \$\_\_\_\_\_ per HMO Enrollee per month.**

**For the Non-HMO Plan:**

- \_\_\_\_\_% of Net Claim Payments or \$\_\_\_\_\_ per Employee per month.
- Applies to all coverage(s).
- Different percentage(s) or amount(s) for the following types of coverage. Please specify below:  
 For \_\_\_\_\_ coverage: \_\_\_\_\_% of \_\_\_\_\_ Claim Payments or \$\_\_\_\_\_ per Employee per month.  
 For \_\_\_\_\_ coverage: \_\_\_\_\_% of \_\_\_\_\_ Claim Payments or \$\_\_\_\_\_ per Employee per month.  
 Other (please specify): \_\_\_\_\_.

**Virtual Visits Program (Non-HMO Plan only)**

- Fee: \$\_\_\_\_\_ per covered Employee per month for administration of the program.
- Fee is included in the Service Charges.

**Ancillary Program:**

- Health Dialog (may select one (1)) Health Dialog Fee: \$\_\_\_\_\_ per covered Employee per month
  - Health Coach Line (In bound)
  - Health Coach Line (In and out bound)
  - Health Coach Line (With Disease Management)
  - Not applicable

**Payment Method:**  Transfer Payment  Post Payment

**If Transfer Payment, method of Transfer Payment:**

Wire Transfer  Draft  Electronic Fund Transfer  Other (please specify): \_\_\_\_\_

**Payment Period:**

Daily  Weekly  Bi-Weekly  Monthly  Other (please specify): \_\_\_\_\_

**Claim Settlement Period:**  Monthly  Quarterly  Other (please specify): \_\_\_\_\_

**If Transfer Payment, Tentative Final Settlement Period:**

Transfer Payments to be made for the following time period after termination:

- three (3) months     six (6) months     nine (9) months     twelve (12) months
- Other (please specify): \_\_\_\_\_

**Excess Loss – Run Off Period:** \_\_\_\_\_ months Standard is twelve (12) months.

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**Final Settlement:** Final Settlement is to be made within \_\_\_\_ days after end of Excess Loss Run-Off Period. Standard is sixty (60) days.

**Employer Payments** are to be made past the run-off period for all claims and adjustments.

**Advanced Payment Review (APR):** APR is a suite of payment integrity offerings. Refer to the Automated Benefit Summary ("ABS"). Reimbursement Services are included for the Cost-Plus program. BCBSIL will retain twenty-five percent (25%) of any recovered amounts made on third-party liability claims other than recovery amounts received as a result of or associated with any Workers' Compensation Law.

Does Employer elect additional APR capabilities?  Yes  No If **yes**, indicate APR Savings Program or PEPM below:

APR Savings Program

PEPM

**For APR capabilities other than Reimbursement Services:** If Employer elects APR Savings Program, BCBSIL will invoice twenty-five percent (25%) of any savings amounts identified by BCBSIL or third-party vendor.

**Prescription Drugs covered under the Medical Benefit:**

**Medical Drug Rebate Credit:**

PPO: \$ \_\_\_\_\_ per covered Employee per month.

**Prescription Drug Program:**

HMO (If selected, the Pharmacy Benefit Manager(s) ("PBM") Fee Schedule Exhibit must be attached and is part of this BPA.)

PPO (If selected, the PBM Fee Schedule Exhibit must be attached and is part of this BPA.)

**Rebate Credit for Drugs covered under the Pharmacy Benefit:**

PPO: \$ \_\_\_\_\_ per covered Employee per month.

HMO: \$ \_\_\_\_\_ per covered Employee per month.

**HMO Pharmacy Network (Select one (1)):**

Traditional Select Network

Network shown on PBM Fee Schedule Exhibit

**PPO Pharmacy Network (Select one (1)):**

Advantage Network

Preferred Network

Network shown on PBM Fee Schedule Exhibit

**PPO Drug List: Select Drug List Other (please specify):** \_\_\_\_\_

**Prescription Drug Program Clinical Management Programs**

Medication Therapy Management (MTM) (Retrospective) (HMO) Fee: \$ \_\_\_\_\_ per member per month for administration of the program.

Medication Therapy Management (MTM) (Retrospective) (PPO) Fee: \$ \_\_\_\_\_ per member per month for administration of the program.

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**Termination Administrative Charge**

As applies to the Run-Off Period indicated in the Payment Specifications section below:

- i. **For service charges (including, but not limited to, access fees) billed on a per covered Employee basis at the time of termination of the Policy or partial termination of covered Employees**, the Termination Administrative Charge will be the amount equal to ten percent (10%) of the annualized charges based on the service charges in effect as of the termination date or date of partial termination and the Policy participation of the two (2) months immediately preceding the termination date or date of partial termination. Such aggregate amount will be due BCBSIL within ten (10) days of BCBSIL's notification to the Employer of the Termination Administrative Charge described herein.
- ii. **For service charges (including, but not limited to, access fees) billed on a basis other than per covered Employee at the time of termination of the Policy or partial termination of covered Employees**, the Termination Administrative Charge will be such service charges in effect at the time of termination of the Policy or partial termination of covered Employees to be applied and billed by BCBSIL, and paid by the Employer, in the same manner as prior to termination of the Policy or partial termination of covered Employees.

Termination Administrative Charges assume the continuation of the Policy benefit program(s) and the administrative services in effect prior to termination. Should such Policy benefit program(s) and/or administrative services change, or in the event the average Policy enrollment during the three (3) months immediately preceding termination varies by ten percent (10%) or more from the enrollment used to determine the service charges in effect at the time of termination, BCBSIL reserves the right to adjust the rates for service charges (including, but not limited to, access fees) to be used to compute the Termination Administrative Charge.

**FOR NON-HMO COST-PLUS PROGRAMS ONLY:  
PLAN PROVIDER ACCESS FEE(S)**

Yes  No

**Group Number(s):** \_\_\_\_\_

% of Average Discount Percentage ("ADP") savings: \_\_\_\_\_%

\$ per Employee per month: \$ \_\_\_\_\_

**Please complete for groups with multiple products (for example, Comprehensive Major Medical and PPO) with separate access fees:**

**Group Number(s):** \_\_\_\_\_

% of ADP savings: \_\_\_\_\_%

\$ per Employee per month: \$ \_\_\_\_\_

**EMPLOYER STATEMENTS:**

1. Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.
2. The undersigned representative is authorized and responsible for purchasing insurance on behalf of the Employer, has provided the information requested in this BPA and, on behalf of the Employer, offers to purchase the benefit program as outlined in the Request For Proposal ("RFP") or, in the case of an HMO Plan, the proposal document submitted to the Employer by the Sales Representative. Any changes to the RFP are specified below. It is understood and agreed that the actual terms and conditions of the benefit program are those contained in the Policy.
3. This BPA is subject to acceptance by BCBSIL. Upon acceptance, BCBSIL shall issue a Policy to the Employer and this BPA shall be incorporated and made a part of the Policy. Upon acceptance of this BPA and issuance of

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the Policy, the Employer shall be referred to as the Policyholder. In the event of any conflict between the RFP and the Policy, the provisions of the Policy shall prevail. No coverage will begin until receipt of the first (1<sup>st</sup>) premium by BCBSIL.

4. The undersigned representative acknowledges that any producer is acting on behalf of the Employer for purposes of purchasing the Employer's insurance, and that if BCBSIL accepts this BPA and issues a Policy to the Employer, BCBSIL may pay the Employer's producer a commission and/or other compensation in connection with the issuance of such Policy. The undersigned representative further acknowledges that if the Employer desires additional information regarding any commissions or other compensation paid the producer by BCBSIL in connection with the issuance of a Policy, the Employer should contact its producer.
5. The undersigned representative acknowledges that the Employee Retirement Income Security Act of 1974 ("ERISA"), as amended, establishes certain requirements for employee welfare benefit plans. As defined in Section 3 of ERISA, the term "employee welfare benefit plan" includes any plan, fund, or program which is established or maintained by an employer or by an employee organization, or by both, to the extent that such plan, fund, or program was established or is maintained for the purpose of providing for its participants or their beneficiaries, through the purchase of insurance or otherwise, medical, surgical or hospital benefits, or benefits in the event of sickness, accident or disability. The undersigned representative further acknowledges that: (i) an employee welfare benefit plan must be established and maintained through a separate plan document which may include the terms hereof or incorporate the terms hereof by reference, and that (ii) an employee welfare benefit plan document may provide for the allocation or delegation of responsibilities thereunder. However, notwithstanding anything contained in the employee welfare benefit plan document of the Employer (or any group member if the group is an association), the Employer agrees that no allocation or delegation of any fiduciary or nonfiduciary responsibilities under the employee welfare benefit plan of the Employer (or, for Non-HMO Plans, any group member if the group is an association) is effective with respect to or accepted by BCBSIL except to the extent specifically provided and accepted in this BPA or the Policy or otherwise accepted in writing by BCBSIL.
6. The Rebate Credit (if applicable) is a per covered Employee per month (or, for the HMO plan, per covered Employee per month) credit applied to the monthly billing statement. Rebate Credits shall not continue after termination of the Prescription Drug Program, except as otherwise set forth in this BPA or the PBM Fee Schedule Exhibit. (Further information about rebates, the Pharmacy Benefit Manager and the Rebate Credit is included in the governing Group Administration Document to which this BPA is attached under the section titled "The Plan's Separate Financial Arrangements Regarding Prescription Drugs.").

#### OTHER PROVISIONS:

1. **Reimbursement:** It is understood and agreed that in the event BCBSIL makes a recovery on a third-party liability claim, BCBSIL will retain twenty-five percent (25%) of any recovered amounts, other than recovery amounts received as a result of, or associated with, any Workers' Compensation Law.
2. **Third-Party Recovery Vendors (other than Reimbursement Services):** BCBSIL engages with third-party recovery vendors on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers. This provision does not apply to the Cost-Plus Program.
3. **Third-Party Law Firms Provisions (other than Reimbursement Services):** BCBSIL engages with third-party law firms on a post-pay basis to identify and/or recover any potential overpayments that may have been made to Providers.
4. **Summary of Benefits and Coverage ("SBC"):** The SBC Addendum is attached and made a part of the Policy. BCBSIL will create the SBC (only for benefits BCBSIL insures under the Policy) and provide the SBC to the Employer in electronic format. If the Employer approves of the content, Employer will then distribute the SBC to participants and beneficiaries (or hire a third party to distribute) as required by law. If the Employer would like changes to the SBC, it will promptly notify BCBSIL. BCBSIL will also distribute the SBC to participants and beneficiaries via regular hardcopy mail or electronically in response to occasional requests received directly from individuals. All other distribution is the responsibility of the Employer.

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5. **Preferred HSA purchased:**  Yes  No (If yes, select vendor) **(Vendor: Select Vendor)**  
**If HealthEquity, Inc. is selected, BCBSIL to send HSA enrollment to HealthEquity, Inc.:**  Yes  No  
 Non-Preferred Vendor:
6. **Preferred FSA purchased:**  Yes  No (If yes, select vendor) **(Vendor: Select Vendor)**  
 Non-Preferred Vendor:
7. **HCA purchased:**  Yes  No (If yes, complete and attach a separate HCA Benefit Program Application)
8. **Preferred Health Reimbursement Account (HRA) purchased:**  Yes  No (if yes, select vendor)  
**(Vendor: Select Vendor)**  
 Non-Preferred Vendor:

An HSA must be paired with a qualified high deductible health plan (HDHP) and follow strict requirements set forth by the Internal Revenue Service (IRS). Employer Groups should seek advice from their independent tax advisor, legal counsel, or other professional counselor, to ensure their proposed benefit strategy, with respect to HSAs, FSAs, HRAs, or other benefit arrangements, does not conflict with current IRS requirements.

9. **BlueCare Dental HMO Coverage purchased:**  Yes  No (If yes, complete separate application.)
10. **Life, Disability, Critical Illness, Accident, Hospital Indemnity or Vision Insurance purchased:**  Yes  No  
 (If yes, complete separate application.)
11. **Excess Loss Coverage purchased:**  Yes  No (If yes, complete separate application.)
12. **Blue Directions for Large Business<sup>SM</sup> purchased:**  Yes  No (if yes, the Blue Directions<sup>SM</sup> Addendum is attached and made a part of the Policy.)
13. **(For the Non-HMO Plan) Case Management:**  Yes  No If Yes, the undersigned representative authorizes provision of alternative benefits for services rendered to Covered Persons in accordance with the provisions of the Policy.
14. **Massachusetts Health Care Reform Act:** Notwithstanding anything to the contrary in this BPA, with respect to the Employer's Employees who live in Massachusetts (if any) the Employer represents that it offers the health insurance benefits provided for herein to all full-time Employees, and the Employer will not make a smaller premium contribution percentage to a full-time Employee living in Massachusetts than to any other full-time Employee living in Massachusetts who receives an equal or greater total hourly or annual salary. For purposes of this representation, a "full-time employee" is defined by Massachusetts law, generally an Employee who is scheduled or expected to work at least the equivalent of an average of thirty-five (35) hours per week.

If elected below, BCBSIL will provide required written statements of Minimum Creditable Coverage ("MCC") to Covered Persons residing in Massachusetts and submit applicable electronic reporting to the Massachusetts Department of Revenue. Information transmitted will be exclusively based on information provided to BCBSIL by Employer and coverage under the Plan(s) during the term of this Agreement. By electing to have BCBSIL transmit these creditable coverage reports on Employer's behalf, Employer hereby certifies that, to the best of its knowledge, such coverage under the Plan(s) is "creditable coverage" in accordance with the Massachusetts Health Care Reform Act. Employer acknowledges that BCBSIL is not responsible for verifying nor ensuring compliance with any tax and/or legal requirements related to this service. Employer or its Covered Persons should seek advice from their legal or tax advisors as necessary. If not elected, Employer acknowledges it will provide written statements and electronic reporting to the Massachusetts Department of Revenue as required by the Massachusetts Health Care Reform Act.

Employer consents to BCBSIL transmitting MCC reports on its behalf. Further, Employer attests that the information submitted is true and compliant with all relevant MCC Regulations.

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Employer will transmit MCC reports, and any other documentation as may be required to comply with the Massachusetts Health Care Reform Act.

15.  **Wellbeing Management (WBM)**

16.  **Medical and Ancillary Package Pricing:** The rates shown in this Agreement reflect a volume-based discount in an amount up to three percent (3%) of the medical premium for the twelve (12) month period beginning on the Policy Effective Date. If any of the qualifying ancillary coverage (BlueCare Dental, Basic Life, Short-Term Disability, Long-Term Disability, Accident, Critical Illness, Hospital Indemnity and/or Vision product(s)) lapses during this twelve (12) month period, BCBSIL reserves the right to remove the volume-based discount attributable to the lapsed product on medical premium. In such event, upon sixty (60) days prior written notice to Employer, the premium payment will be adjusted to reflect the removal of the discount attributable to the lapsed product.

**ADDITIONAL PROVISIONS:**

- A. Grandfathered Health Plans:** Employer shall provide BCBSIL with written notice prior to renewal (and during the plan year, at least sixty (60) days advance written notice) of any changes in its Contribution Rate Based on Cost of Coverage or Contribution Rate Based on a Formula towards the cost of any tier of coverage for any class of Similarly Situated Individuals as such terms are described in the Affordable Care Act and applicable regulations. Any such changes (or failure to provide timely notice thereof) can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax, or other ramifications related to any benefit package of any group health insurance coverage (each hereafter a "plan") qualifying as a "grandfathered health plan" under the Affordable Care Act and applicable regulations or any representation regarding any plan's past, present and future grandfathered status. The grandfathered health plan form ("Form"), if any, shall be incorporated by reference and made part of the BPA and Group Policy, and Employer represents and warrants that such Form is true, complete, and accurate. If Employer fails to timely provide BCBSIL with any requested grandfathered health plan information, BCBSIL may make retroactive and/or prospective changes to the terms and conditions of coverage, including changes for compliance with state or federal laws or regulations or interpretations thereof.
- B. Retiree Only Plans and/or Excepted Benefits:** If the BPA includes any retiree only plans and/or excepted benefits, then Employer represents and warrants that one (1) or more such plans is not subject to some or all of the provisions of Part A (Individual and Group Market Reforms) of Title XXVII of the Public Health Service Act (and/or related provisions in the Internal Revenue Code and ERISA) (an "exempt plan status"). Any determination that a plan does not have exempt plan status can result in retroactive and/or prospective changes by BCBSIL to the terms and conditions of coverage. In no event shall BCBSIL be responsible for any legal, tax or other ramifications related to any plan's exempt plan status or any representation regarding any plan's past, present and future exempt plan status.
- C.** Employer shall indemnify and hold harmless BCBSIL and its directors, officers and employees against any and all loss, liability, damages, fines, penalties, taxes, expenses (including attorneys' fees and costs) or other costs or obligations resulting from or arising out of any claims, lawsuits, demands, governmental inquiries or actions, settlements or judgments brought or asserted against BCBSIL in connection with (a) any plan's grandfathered health plan status, (b) any plan's exempt plan status, (c) any directions, actions and interpretations of the Employer, (d) any provision of inaccurate information, (e) the SBC, (f) any plan's design (including but not limited to any directions, actions and interpretations of the Employer, and/or (g) Employer's selection of EHB definition for the purpose of the Patient Protection and Affordable Care Act ("ACA"). Changes in state or federal law or regulations or interpretations thereof may change the terms and conditions of coverage.

The provisions of paragraphs A-C (directly above) shall be in addition to (and does not take the place of) the other terms and conditions of coverage and/or administrative services between the parties.

Notwithstanding anything in the Policy or Renewal(s) to the contrary, BCBSIL reserves the right to revise our charge for the cost of coverage (premium or other amounts) at any time if any local, state or federal legislation, regulation, rule or guidance (or amendment or clarification thereto) is enacted or becomes effective/implemented, which would require

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BCBSIL to pay, submit or forward, on its own behalf or on the Employer's behalf, any additional tax, surcharge, fee, or other amount (all of which may be estimated, allocated or pro-rated amounts).

**Renewals Only:** If this BPA is blank, it is intentional, and this BPA is an addendum to the existing BPA. In such case, all terms of the existing BPA as amended from time to time shall remain in force and effect. However, beginning with the Employer's first renewal date on or after September 23, 2010, the provisions of paragraphs A-C (above) shall be part of (and be in addition to) the terms of the existing BPA as amended from time to time.

Any reference in this BPA to eligible dependents may include Domestic Partners or Civil Union partners but will include dependent covered children under the Limiting Age of twenty-six (26), or election made above.

Any reference in this BPA to the Limiting Age for covered children means twenty-six (26) years, or election made above, regardless of presence or absence of a child's financial dependency, residency, student status, employment, marital status, or any combination of those factors. If the covered child is eligible military personnel, the Limiting Age is thirty (30) years as described in the certificate booklet.

Any reference in this BPA to the "Employee plus one (1) dependent" rate structure means "Employee plus one (1) spouse (includes Civil Union partner and/or, if elected, Domestic Partner) or one (1) child."

Any reference in this BPA to the "Employee plus Child(ren)" rate structure means "Employee plus one (1) or more children."

Effective 10/01/2023: Group is renewing with no plan changes and will remain grandfathered.

NOTE: PSEBA / Duty Disability members are allowed to change classes upon Open Enrollment. Example: existing member on PSEBA / Duty Disability with Police and Telecommunication PPO coverage is able to elect the Non Police and Non Telecommunications HMO coverage.

**Proprietary and Confidential Information of Blue Cross and Blue Shield of Illinois. Not for use or disclosure outside Blue Cross and Blue Shield of Illinois, Employer, their respective affiliated companies and third-party representatives, except with written permission of Blue Cross and Blue Shield of Illinois.**

Life, Disability, Critical Illness, Accident, Hospital Indemnity and Vision insurance is offered by Dearborn Life Insurance Company, 701 E. 22nd St. Suite 300, Lombard, IL 60148. Dearborn Life Insurance Company is an independent Blue Cross and Blue Shield licensee. BLUE CROSS®, BLUE SHIELD® and the Cross and Shield Symbols are registered service marks of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Blue Cross and Blue Shield of Illinois, a Division of Health Care Service Corporation, a Mutual Legal Reserve Company,  
an Independent Licensee of the Blue Cross and Blue Shield Association

Daniel Goelz

Sales Representative

826

630-824-5236

District

Phone No.

Adriana Duenas

Producer Representative

Signature of Producer Representative

Alliant/Mesirow Insurance Services

Producer Firm

353 North Clark Street

Chicago, IL 60654

Producer Address

Producer Phone No.

621500

Producer Number

36-3429604

Producer Tax ID No.

Signature of Authorized Purchaser

Title

Date

Witness

\$\_\_\_\_\_ Amount Submitted (not required for renewals)

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## PROXY

The undersigned hereby appoints the Board of Directors of Health Care Service Corporation, a Mutual Legal Reserve Company ("HCSC"), or any successor thereof, with full power of substitution, and such persons as the Board of Directors may designate by resolution, as the undersigned's proxy to act on behalf of the undersigned at all meetings of members of HCSC (and at all meetings of members of any successor of HCSC) and any adjournments thereof, with full power to vote on behalf of the undersigned on all matters that may come before any such meeting and any adjournment thereof. The annual meeting of members is scheduled to be held each year in the HCSC corporate headquarters on the last Tuesday of October at 12:30 p.m. Special meetings of members may be called pursuant to notice provided to the member not less than thirty (30) nor more than sixty (60) days prior to such meetings. This proxy shall remain in effect until revoked either in writing by the undersigned at least twenty (20) days prior to any meeting of members or by attending and voting in person at any annual or special meeting of members.

HCSC pays indemnification or advances expenses to its directors, officers, employees, or agents consistent with HCSC's bylaws then in force and as otherwise required by applicable law.

Group No(s): H56233, By: \_\_\_\_\_  
P56232 \_\_\_\_\_  
Print Signer's Name Here  
➔ \_\_\_\_\_  
Signature and Title

Group Name: City of Oak Forest

Address: 15440 S. Central Avenue

City: Oak Forest State: IL Zip Code: 60452

Dated this \_\_\_\_\_ day of \_\_\_\_\_,  
Month Year

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ALL GOOD THINGS CLOSE TO HOME

# CITY COUNCIL AGENDA MEMO

DATE: 09-26-2023  
TO: MAYOR HENRY L KUSPA AND OAK FOREST CITY COUNCIL  
FROM: TIMOTHY J. KRISTIN  
SUBJECT: APPROVAL OF ORDINANCE # 2023-09-09950, AUTHORIZATION FOR DISPOSAL/SALE OF CITY OWNED PROPERTY

## BACKGROUND

The City owned vehicles described below have reached end of life and are no longer suitable to remain in the City owned fleet. I am seeking approval for the disposal or sale of said vehicles.

Make	Model	Year	VIN #
Ford	F350	2006	1FTWF31Y06ED64722
Ford	Explorer	2013	1FM5K8AR8DGB07947
Chevrolet	Impala	2006	2G1WB555279202598

## ACTION REQUESTED

Authorize ordinance for the sale/disposal of the City owned property.

## RECOMMENDATION

Authorize ordinance for the sale/disposal of the City owned property.

**CITY OF OAK FOREST**

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**ORDINANCE NO. 2023-09-09950**

**AUTHORIZING THE DISPOSAL OF PROPERTY  
OWNED BY THE CITY OF OAK FOREST**

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Passed by the City Council, September 26<sup>th</sup>, 2023

Published in pamphlet form by authority of the City Council  
Of the City of Oak Forest, Cook County, Illinois,  
This September 26<sup>th</sup>, 2023

CITY OF OAK FOREST  
COOK COUNTY, ILLINOIS

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I hereby certify that this document  
was properly published on the date  
stated above.

\_\_\_\_\_  
City Clerk

**ORDINANCE NO. 2023-09-09950**

**AUTHORIZING THE DISPOSAL OR SALE OF PROPERTY  
OWNED BY THE CITY OF OAK FOREST**

**WHEREAS,** in the opinion of a majority of the corporate authorities of the City of Oak Forest, it is no longer necessary, useful, or in the best interest of said jurisdiction to retain ownership of the property hereinafter described.

**NOW, THEREFORE, BE IT ORDAINED BY THE MAYOR AND CITY COUNCIL OF  
THE CITY OF OAK FOREST:**

**SECTION ONE**

Pursuant to Chapter 65, Section 5/11-76-4 of the 2000 Illinois Compiled Statutes, I, Henry L. Kuspa, Mayor, and the City Council of the City of Oak Forest find that the following described property now owned by said City of Oak Forest would be best served by the disposal or sale of the following property:

<i>Make</i>	<i>Model</i>	<i>Year</i>	<i>VIN #</i>
<i>Ford</i>	<i>F350</i>	<i>2006</i>	<i>1FTWF31Y06ED64722</i>
<i>Ford</i>	<i>Explorer</i>	<i>2013</i>	<i>1FM5K8AR8DGB07947</i>
<i>Chevrolet</i>	<i>Impala</i>	<i>2006</i>	<i>2G1WB555279202598</i>

**SECTION TWO**

The City Clerk for the City of Oak Forest is hereby authorized to direct disposal or sale of the aforementioned property.

**SECTION THREE**

This ordinance shall be in full force and effect from and after its passage by a vote of a majority of the corporate authorities, and approval in the manner provided by law.

**ORDINANCE NO. 2023-09-09950**

Approved by me this  
26<sup>th</sup>, day of September 2023

---

Henry L. Kuspa, Mayor

ATTEST:

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Nicole Tormey  
City Clerk

Aldermen	Aye	Nay	Abstain	Absent
Kenneth Keeler First Ward				
Joseph McCarthy Second Ward				
Charles Wolf Third Ward				
Paul Selman Fourth Ward				
James Emmett Fifth Ward				
James Hortsman Sixth Ward				
Denise Danihel Seventh Ward				
Henry L. Kuspa Mayor				



ALL GOOD THINGS CLOSE TO HOME

## CITY COUNCIL AGENDA MEMO

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DATE: September 26, 2023  
TO: Mayor Kuspa, City Council  
FROM: Michael Salamowicz, Director of Public Works  
SUBJECT: 147<sup>th</sup> Street & Justamere Road Intersection Improvements

### Background

As the Council members know, in May of 2011, the City finalized the jurisdictional transfer of Oak Park Avenue, from 159<sup>th</sup> Street (US Route 6) up to and including the intersection at 147<sup>th</sup> Street and Justamere Road, from the Illinois Department of Transportation.

Over the years, due to various reasons, numerous accidents have occurred at the intersection of 147<sup>th</sup> Street and Justamere Road, including one or more fatalities. To address the issues long term, Public Works will be seeking to apply for Federal Highway Safety Improvement Program (HSIP) funding, to improve the intersection. The overall objective of HSIP is to develop and implement, stand-alone safety projects designed to reduce the number and severity of crashes on all streets and highways (state and local). The federal funding ratio for HSIP funds is typically 90%, requiring a 10% state and/or local match.

The ultimate goal of the improvement project will be the realignment of the intersection, to provide a more gradual radius for vehicles traveling east and west between Oak Park Avenue and 147<sup>th</sup> Street. In addition, the alignment of Justamere Road we be revised to provide a more perpendicular intersection with 147<sup>th</sup> Street. These improvements will require the assistance from the Cook County Forest Preserve District, to obtain additional and/or modify the existing rights-of-way for Oak Park Avenue, 147<sup>th</sup> Street and Justamere Road.

It is likely that the application and acquisition of funding (if successful), the completion of the Phase I and Phase II reports, and the ultimate construction of the project could take multiple years to complete. In an effort to address the safety concerns as quickly as possible, Public Works has met with and obtained a proposal from HR Green for engineering services to widen the west/southwest asphalt shoulder of Oak Park Avenue, west of the 147<sup>th</sup> Street & Justamere intersection. This work will include extension of the existing storm sewer (approximately 100-feet), the installation of new drainage structures, extension of the existing embankment and extension of the

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asphalt shoulder with rumble strip. The project will also include new/additional signage along 147<sup>th</sup> Street and Oak Park Avenue.

The attached proposal from HR Green, in the amount of \$14,966.00, includes the following services:

- Survey
- Preparation of contract plans
- Preparation of project specifications and cost estimate
- Meeting and project coordination
- QA/QC
- Administration and management

Due to the significant safety concerns at the intersection, the goal of the project is to fast-track the plans and contract documents, place the project out for bid/obtain proposals and construct the project prior to the close of this year's construction season. The completion of the project this season will ultimately depend on the availability and schedule of the contractors bidding the project, as well as weather conditions at the end of the season, which will also dictate the availability of asphalt.

The project is not included in the current City Budget. However, the City would likely be able to use MFT funding for the project.

#### Recommendation

Approval of proposal from HR Green, for the 147<sup>th</sup> Street & Justamere Road Intersection Improvement Project, in the amount of \$14,966.00.

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#### Action Requested

Staff recommends approval of the proposal from HR Green, for the 147<sup>th</sup> Street & Justamere Road Intersection Improvement Project, in the amount of \$14,966.00.

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## **PROFESSIONAL SERVICES AGREEMENT**

**For**

**147<sup>th</sup> Street Safety Improvements  
Final Engineering**

Michael Salamowicz  
Director of Public Works  
15440 S. Central Avenue  
Oak Forest, IL 60452  
[msalamowicz@oak-forest.org](mailto:msalamowicz@oak-forest.org)

Akram Chaudhry – Vice President

HR Green, Inc.  
1391 Corporate Drive, Suite 203  
McHenry, IL 60050-5528  
815.759.8321

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HR Green Project Number: 2303549

September 19, 2023

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- 2.0 SCOPE OF SERVICES
- 3.0 DELIVERABLES AND SCHEDULES INCLUDED IN THIS AGREEMENT
- 4.0 ITEMS NOT INCLUDED IN AGREEMENT/SUPPLEMENTAL SERVICES
- 5.0 SERVICES BY OTHERS
- 6.0 CLIENT RESPONSIBILITIES
- 7.0 PROFESSIONAL SERVICES FEE
- 8.0 TERMS AND CONDITIONS



THIS **AGREEMENT** is between CITY OF OAK FOREST (hereafter "CLIENT") and HR GREEN, INC. (hereafter "COMPANY").

## **1.0 Project Understanding**

### **1.1 General Understanding**

CLIENT is proposing to make safety related improvements along 147<sup>th</sup> Street and Oak Park Avenue and wishes to proceed with engineering for the project as noted in the exhibit emailed September 14, 2023. The improvements generally include shoulder widening, storm sewer installation, signing and safety pavement enhancements.

COMPANY will complete the engineering including survey, design, contract plans, contract documents, and other relevant agency coordination as noted in this scope of work for the improvement as described in this document.

This project's major scope item includes the shoulder widening along Oak Park Avenue for up to approximately 300', installation of storm sewer to accommodate shoulder widening and installation of street signs previously developed by the COMPANY.

The CLIENT will utilize local funds for the engineering and construction of the improvements.

It has been assumed that the project will be bid by the CLIENT.

### **1.2 Design Criteria/Assumptions**

The following design guidelines will apply to this project:

- A. IDOT BLR (local roadways/streets)
- B. CLIENT Standard Specifications and Contract Documents

## **2.0 Scope of Services**

CLIENT agrees to employ COMPANY to perform the following services:

### **2.1 Survey, Design and Drainage Design**

#### **A. Topographic Survey**

1. Obtain topographic survey along the north side Oak Park Avenue for a distance of 400'.

#### **B. Design Studies**

The shoulder widening design will be developed and provided to the CLIENT for review and approval prior to finalizing the design. The following tasks will be completed by COMPANY:

1. COMPANY will develop a proposed design.
2. COMPANY will prepare proposed typical section.
3. COMPANY will prepare miscellaneous plans and exhibits for use in coordination with CLIENT.

#### **C. Drainage Design**

The proposed drainage improvements will consist of an extension of the existing storm sewer south along Oak Park Avenue for the limits of the shoulder widening. No hydraulic analysis will be completed, the proposed storm sewer will match the existing



sewer size. If needed, an additional drainage structure will be installed to drain the proposed ditch.

## 2.2 Final Engineering

COMPANY will prepare contracts plans, special provisions, and other related documents for the improvements as described below.

### A. Cover Sheet

The cover sheet will include job information, location map, and CLIENT signature.

### B. General Notes, Index of Sheets, and Highway Standards

Will include general notes and listing of CLIENT and Highway Standards.

### C. Summary of Quantities

The Summary of Quantities sheets will be developed using current IDOT pay items and code numbers. This task will also include the calculation of contract quantities. It has been assumed there will be up to 30 pay items.

### D. Typical Sections

Existing and proposed typical sections will be developed.

### E. Alignment and Ties

Alignment and ties sheet will be developed for the project. Information to be shown includes curve data, alignment coordinates, and benchmarks. Alignment and tie plans will be prepared at 1" = 100' scale.

### F. Maintenance of Traffic

It has been assumed that the work will be completed utilizing temporary daytime lane closures per current IDOT Highway Standards and detailed maintenance of traffic plans will not be prepared.

### G. Roadway and Drainage Plan

An overall plan sheet of the improvements area will be developed. The plans will be detailed and callouts and notation for both roadway and drainage improvements.

### H. Erosion Control Plans

To ensure that any runoff is filtered prior to leaving the construction areas, an erosion control plan will be prepared. The erosion control measures will be included on the roadway plans.

### I. Submittals

During the development of the contract plans and specifications, COMPANY will make two (2) submittals: pre-final (90%), and final (100%). The submittals will be made to CLIENT for review and comments. Comments received will be addressed and a disposition of comments will be prepared and submitted with subsequent submittals.

#### 1. Submittals (90% and 100%)

- a. Cover Sheet
- b. Index/General Notes/Standards
- c. Summary of Quantities
- d. Typical Sections
- e. Alignment and Ties (100 scale)



- f. Roadway and Drainage Plan Sheet (50 scale)
- g. Pavement Marking, Signing and Restoration Plans (50 scale)
- h. Miscellaneous Details
- i. Contract Documents
- j. EOPC

COMPANY will submit the following to CLIENT for review and comment:

- a. Two (2) 11" x 17" paper copies of the contract plans
- b. Two (2) copies of the contract documents
- c. Two (2) copies of the EOPC

### **2.3 Contract Documents**

- A. COMPANY will prepare the following contract documents (as applicable) for inclusion in the pre-final, and final submittals:
  - 1. Supplemental Specifications and Recurring Special Provisions
  - 2. Project Specific Special Provisions; and
  - 3. CLIENT Special Provisions
- B. COMPANY will prepare an EOPC for submittal to CLIENT at the pre-final (90%), and final (100%) milestones.

### **2.4 Utility Coordination**

The CLIENT will submit a JULIE ticket prior to the survey being completed. It has been assumed that there will be no utility conflicts or coordination required. If it is determined that additional utility coordination is required, that work will be included in a separate contract.

### **2.5 Permitting**

Construction will not result in disturbance greater than one (1) acre and a National Pollutant Discharge Elimination System (NPDES) permit will not be required. In addition, since 147<sup>th</sup> Street is a City owned roadway, no stormwater permit will be required. If it is determined that any permits are required, that work will be included in a separate contract.

### **2.6 Bidding Services**

The CLIENT will be responsible for completing all bidding related services including advertisement, distribution of documents, bid opening, preparation of bid tabs and contracts.

### **2.7 Meetings and Coordination**

COMPANY will attend the following meetings and field checks:

- A. CLIENT Meetings - Status/coordination meetings will be held to discuss the project. These meetings will be virtual.
  - 1. CLIENT – Coordination/Status - 2 meetings (2 people)
- B. Project Coordination and Correspondence

COMPANY will conduct general coordination throughout the project with CLIENT and other stakeholders. This item includes, but is not limited to letters, telephone and e-mail correspondence.



## **2.8 Administration**

COMPANY will conduct general project administration throughout the duration of the project, including management and oversight of the project schedule; periodic review of the project execution; document control; scope, schedule and budget monitoring; billing and invoicing; and contract file management.

## **2.9 Quality Assurance / Quality Control**

Quality Assurance and Quality Control (QA/QC) will be provided in accordance with COMPANY's current Quality Manual (QM), which outlines processes for project planning, including design input, outputs, review and verification.

## **3.0 Deliverables and Schedules Included in this Agreement**

### **3.1 The following deliverable(s) will be generated for this project and are included in this AGREEMENT:**

#### **A. Final Engineering Deliverables**

1. Roadway Plans, Specifications, Estimates, and bid package/documents.

### **3.2 Project Schedule**

COMPANY understands that this is a critical project to the CLIENT and the work will be completed in timely fashion. The project schedule includes the following estimated target dates:

#### **A. Notice to Proceed**

1. October 2, 2023

#### **B. Final Engineering**

1. Contract Plans – October 2023
2. Contract Bidding – November 2023

This schedule was prepared to include reasonable allowances for review and approval times required by CLIENT and public authorities/agencies having jurisdiction over the project. This schedule shall be equitably adjusted as the project progresses, allowing for changes in the scope of the project requested by CLIENT or for delays or other causes beyond the control of COMPANY.

## **4.0 Items not included in Agreement/Supplemental Services**

The following items are not included as part of this AGREEMENT:

1. Tree Identification Survey
2. Utility Coordination
3. Drainage Investigations
4. Wetland Delineations
5. Special Waste Testing
6. Biological/T&E species impacts/mitigation
7. Permitting
8. Bidding Services
9. Construction Observation/Construction Layout

Supplemental services not included in the AGREEMENT can be provided by COMPANY under separate agreement, if desired.



**5.0 Services by Others**

None

**6.0 Client Responsibilities**

1. Provide City details and information as needed.
2. Provide available ROW documentation.
3. Review documents, exhibits, letters, etc. in a timely manner so as not to negatively impact the project schedule.



## **7.0 Professional Services Fee**

### **7.1 Fees**

The fee for services will be based on COMPANY salaried rates current at the time the AGREEMENT is signed. These standard hourly rates are subject to change upon 30 days' written notice. Non-salary expenses directly attributable to the project such as: (1) living and traveling expenses of employees when away from the home office on business connected with the project; (2) identifiable communication expenses; (3) identifiable reproduction costs applicable to the work; and (4) outside services will be charged in accordance with the rates current at the time the service is done.

### **7.2 Invoices**

Invoices for COMPANY's services will be submitted, on a monthly basis. Invoices will be due and payable upon receipt in accordance with the Illinois Prompt Payment Act 50ILCS 505. If any invoice is not paid within these timelines, COMPANY may, without waiving any claim or right against the CLIENT, and without liability whatsoever to the CLIENT, suspend or terminate the performance of services.

### **7.3 Extra Services**

Any service required but not included as part of this AGREEMENT shall be considered extra services. Extra services will be billed on a Time and Material basis with prior approval of the CLIENT.

### **7.4 Exclusion**

This fee does not include attendance at any meetings or public hearings other than those specifically listed in the AGREEMENT. These service items are considered extra and are billed separately on an hourly basis.

### **7.5 Payment**

The CLIENT AGREES to pay COMPANY on the following basis:

Time and material basis with a Not to Exceed fee detailed on Exhibit A.

## **8.0 Terms and Conditions**

The following Terms and Conditions are incorporated into this AGREEMENT and made a part of it.

### **8.1 Standard of Care**

Services provided by COMPANY under this AGREEMENT will be performed in a manner consistent with that degree of care and skill ordinarily exercised by members of the same profession currently practicing at the same time and in the same or similar locality.

### **8.2 Entire Agreement**

This AGREEMENT and its attachments constitute the entire understanding between CLIENT and COMPANY relating to COMPANY's services. Any prior or contemporaneous agreements, promises, negotiations, or representations not expressly set forth herein are of no effect. Subsequent modifications or amendments to this AGREEMENT shall be in writing and signed by the parties to this AGREEMENT. If the CLIENT, its officers, agents, or employees request COMPANY to perform extra services pursuant to this AGREEMENT, CLIENT will pay for the additional services even though an additional written agreement is not issued or signed.

### **8.3 Time Limit and Commencement of Services**

This AGREEMENT must be executed within ninety (90) days to be accepted under the terms set forth herein. The services will be commenced immediately upon receipt of this signed AGREEMENT.



#### **8.4 Suspension of Services**

If the Project or the COMPANY'S services are suspended by the CLIENT for more than thirty (30) calendar days, consecutive or in the aggregate, over the term of this AGREEMENT, the COMPANY shall be compensated for all services performed and reimbursable expenses incurred prior to the receipt of notice of suspension. In addition, upon resumption of services, the CLIENT shall compensate the COMPANY for expenses incurred as a result of the suspension and resumption of its services, and the COMPANY'S schedule and fees for the remainder of the Project shall be equitably adjusted.

If the COMPANY'S services are suspended for more than ninety (90) days, consecutive or in the aggregate, the COMPANY may terminate this AGREEMENT upon giving not less than five (5) calendar days' written notice to the CLIENT.

If the CLIENT is in breach of this AGREEMENT, the COMPANY may suspend performance of services upon five (5) calendar days' notice to the CLIENT. The COMPANY shall have no liability to the CLIENT, and the CLIENT agrees to make no claim for any delay or damage as a result of such suspension caused by any breach of this AGREEMENT by the CLIENT. Upon receipt of payment in full of all outstanding sums due from the CLIENT, or curing of such other breach which caused the COMPANY to suspend services, the COMPANY shall resume services and there shall be an equitable adjustment to the remaining project schedule and fees as a result of the suspension.

#### **8.5 Books and Accounts**

COMPANY will maintain books and accounts of payroll costs, travel, subsistence, field, and incidental expenses for a period of five (5) years. Said books and accounts will be available at all reasonable times for examination by CLIENT at the corporate office of COMPANY during that time.

#### **8.6 Insurance**

COMPANY will maintain insurance for claims under the Worker's Compensation Laws, and from General Liability and Automobile claims for bodily injury, death, or property damage, and Professional Liability insurance caused by the negligent performance by COMPANY'S employees of the functions and services required under this AGREEMENT.

#### **8.7 Termination or Abandonment**

Either party has the option to terminate this AGREEMENT. In the event of failure by the other party to perform in accordance with the terms hereof through no fault of the terminating party, then the obligation to provide further services under this AGREEMENT may be terminated upon seven (7) days' written notice. If any portion of the services is terminated or abandoned by CLIENT, the provisions of this Schedule of Fees and Conditions in regard to compensation and payment shall apply insofar as possible to that portion of the services not terminated or abandoned. If said termination occurs prior to completion of any phase of the project, the fee for services performed during such phase shall be based on COMPANY'S reasonable estimate of the portion of such phase completed prior to said termination, plus a reasonable amount to reimburse COMPANY for termination costs.

#### **8.8 Waiver**

COMPANY'S waiver of any term, condition, or covenant or breach of any term, condition, or covenant, shall not constitute a waiver of any other term, condition, or covenant, or the breach thereof.

#### **8.9 Severability**

If any provision of this AGREEMENT is declared invalid, illegal, or incapable of being enforced by any Court of competent jurisdiction, all of the remaining provisions of this AGREEMENT shall nevertheless continue in full force and effect, and no provision shall be deemed dependent upon any other provision unless so expressed herein.

#### **8.10 Successors and Assigns**

All of the terms, conditions, and provisions hereof shall inure to the benefit of and are binding upon the parties hereto, and their respective successors and assigns, provided, however, that no assignment of this AGREEMENT shall be made without written consent of the parties to this AGREEMENT.

#### **8.11 Third-Party Beneficiaries**

Nothing contained in this AGREEMENT shall create a contractual relationship with or a cause of action in favor of a third party against either the CLIENT or the COMPANY. The COMPANY'S services under this AGREEMENT are being performed solely for the CLIENT'S benefit, and no other party or entity shall have any claim against the COMPANY because of this AGREEMENT or the performance or nonperformance of services hereunder.



The CLIENT and COMPANY agree to require a similar provision in all contracts with contractors, subcontractors, sub-consultants, vendors and other entities involved in this project to carry out the intent of this provision.

**8.12 Governing Law and Jurisdiction**

The CLIENT and the COMPANY agree that this AGREEMENT and any legal actions concerning its validity, interpretation and performance shall be governed by the laws of the State of Illinois without regard to any conflict of law provisions, which may apply the laws of other jurisdictions.

It is further agreed that any legal action between the CLIENT and the COMPANY arising out of this AGREEMENT or the performance of the services shall be brought in a court of competent jurisdiction in the State of Illinois.

**8.13 Dispute Resolution**

Mediation. In an effort to resolve any conflicts that arise during the design or construction of the project or following the completion of the project, the CLIENT and COMPANY agree that all disputes between them arising out of or relating to this AGREEMENT shall be submitted to non-binding mediation unless the parties mutually agree otherwise. The CLIENT and COMPANY further agree to include a similar mediation provision in all agreements with independent contractors and consultants retained for the project and to require all independent contractors and consultants also to include a similar mediation provision in all agreements with subcontractors, sub-consultants, suppliers or fabricators so retained, thereby providing for mediation as the primary method for dispute resolution between the parties to those agreements.

**8.14 Attorney's Fees**

If litigation arises for purposes of collecting fees or expenses due under this AGREEMENT, the Court in such litigation shall award reasonable costs and expenses, including attorney fees, to the party justly entitled thereto. In awarding attorney fees, the Court shall not be bound by any Court fee schedule, but shall, in the interest of justice, award the full amount of costs, expenses, and attorney fees paid or incurred in good faith.

**8.15 Ownership of Instruments of Service**

All reports, plans, specifications, field data, field notes, laboratory test data, calculations, estimates and other documents including all documents on electronic media prepared by COMPANY as instruments of service shall remain the property of COMPANY. COMPANY shall retain these records for a period of five (5) years following completion/submission of the records, during which period they will be made available to the CLIENT at all reasonable times.

**8.16 Reuse of Documents**

All project documents including, but not limited to, plans and specifications furnished by COMPANY under this project are intended for use on this project only. Any reuse, without specific written verification or adoption by COMPANY, shall be at the CLIENT's sole risk, and CLIENT shall defend, indemnify and hold harmless COMPANY from all claims, damages and expenses including attorneys' fees arising out of or resulting therefrom.

Under no circumstances shall delivery of electronic files for use by the CLIENT be deemed a sale by the COMPANY, and the COMPANY makes no warranties, either express or implied, of merchantability and fitness for any particular purpose. In no event shall the COMPANY be liable for indirect or consequential damages as a result of the CLIENT's use or reuse of the electronic files.

**8.17 Failure to Abide by Design Documents or To Obtain Guidance**

The CLIENT agrees that it would be unfair to hold COMPANY liable for problems that might occur should COMPANY'S plans, specifications or design intents not be followed, or for problems resulting from others' failure to obtain and/or follow COMPANY'S guidance with respect to any errors, omissions, inconsistencies, ambiguities or conflicts which are detected or alleged to exist in or as a consequence of implementing COMPANY'S plans, specifications or other instruments of service. Accordingly, the CLIENT waives any claim against COMPANY, and agrees to defend, indemnify and hold COMPANY harmless from any claim for injury or losses that results from failure to follow COMPANY'S plans, specifications or design intent, or for failure to obtain and/or follow COMPANY'S guidance with respect to any alleged errors, omissions, inconsistencies, ambiguities or conflicts contained within or arising as a result of implementing COMPANY'S plans, specifications or other instruments of service. The CLIENT also agrees to compensate COMPANY for any time spent and expenses incurred remedying CLIENT's failures according to COMPANY'S prevailing fee schedule and expense reimbursement policy.



**8.18 Opinion of Probable Construction Cost**

As part of the Deliverables, COMPANY may submit to the CLIENT an opinion of probable cost required to construct work recommended, designed, or specified by COMPANY, if required by CLIENT. COMPANY is not a construction cost estimator or construction contractor, nor should COMPANY'S rendering an opinion of probable construction costs be considered equivalent to the nature and extent of service a construction cost estimator or construction contractor would provide. This requires COMPANY to make a number of assumptions as to actual conditions that will be encountered on site; the specific decisions of other design professionals engaged; the means and methods of construction the contractor will employ; the cost and extent of labor, equipment and materials the contractor will employ; contractor's techniques in determining prices and market conditions at the time, and other factors over which COMPANY has no control. Given the assumptions which must be made, COMPANY cannot guarantee the accuracy of its opinions of cost, and in recognition of that fact, the CLIENT waives any claim against COMPANY relative to the accuracy of COMPANY'S opinion of probable construction cost.

**8.19 Design Information in Electronic Form**

Because electronic file information can be easily altered, corrupted, or modified by other parties, either intentionally or inadvertently, without notice or indication, COMPANY reserves the right to remove itself from its ownership and/or involvement in the material from each electronic medium not held in its possession. CLIENT shall retain copies of the work performed by COMPANY in electronic form only for information and use by CLIENT for the specific purpose for which COMPANY was engaged. Said material shall not be used by CLIENT or transferred to any other party, for use in other projects, additions to this project, or any other purpose for which the material was not strictly intended by COMPANY without COMPANY's express written permission. Any unauthorized use or reuse or modifications of this material shall be at CLIENT'S sole risk. Furthermore, the CLIENT agrees to defend, indemnify, and hold COMPANY harmless from all claims, injuries, damages, losses, expenses, and attorneys' fees arising out of the modification or reuse of these materials.

The CLIENT recognizes that designs, plans, and data stored on electronic media including, but not limited to computer disk, magnetic tape, or files transferred via email, may be subject to undetectable alteration and/or uncontrollable deterioration. The CLIENT, therefore, agrees that COMPANY shall not be liable for the completeness or accuracy of any materials provided on electronic media after a 30-day inspection period, during which time COMPANY shall correct any errors detected by the CLIENT to complete the design in accordance with the intent of the contract and specifications. After 40 days, at the request of the CLIENT, COMPANY shall submit a final set of sealed drawings, and any additional services to be performed by COMPANY relative to the submitted electronic materials shall be subject to separate agreement. The CLIENT is aware that differences may exist between the electronic files delivered and the printed hard-copy construction documents. In the event of a conflict between the signed construction documents prepared by the COMPANY and electronic files, the signed or sealed hard-copy construction documents shall govern.

**8.20 Information Provided by Others**

The CLIENT shall furnish, at the CLIENT's expense, all information, requirements, reports, data, surveys and instructions required by this AGREEMENT. The COMPANY may use such information, requirements, reports, data, surveys and instructions in performing its services and is entitled to rely upon the accuracy and completeness thereof. The COMPANY shall not be held responsible for any errors or omissions that may arise as a result of erroneous or incomplete information provided by the CLIENT and/or the CLIENT's consultants and contractors.

COMPANY is not responsible for accuracy of any plans, surveys or information of any type including electronic media prepared by any other consultants, etc. provided to COMPANY for use in preparation of plans. The CLIENT agrees, to the fullest extent permitted by law, to indemnify and hold harmless the COMPANY from any damages, liabilities, or costs, including reasonable attorneys' fees and defense costs, arising out of or connected in any way with the services performed by other consultants engaged by the CLIENT.

COMPANY is not responsible for accuracy of topographic surveys provided by others. A field check of a topographic survey provided by others will not be done under this AGREEMENT unless indicated in the Scope of Services.

**8.21 Force Majeure**

The CLIENT agrees that the COMPANY is not responsible for damages arising directly or indirectly from any delays for causes beyond the COMPANY's control. CLIENT agrees to defend, indemnify, and hold COMPANY, its consultants, agents, and employees harmless from any and all liability, other than that caused by the negligent acts, errors, or omissions of COMPANY, arising out of or resulting from the same. For purposes of this AGREEMENT, such causes include, but are not limited to, strikes or other labor disputes; severe weather disruptions or other natural disasters or acts of God; fires, riots, war or other emergencies; disease epidemic or

pandemic; failure of any government agency to act in a timely manner; failure of performance by the CLIENT or the CLIENT'S contractors or consultants; or discovery of any hazardous substances or differing site conditions. Severe weather disruptions include but are not limited to extensive rain, high winds, snow greater than two (2) inches and ice. In addition, if the delays resulting from any such causes increase the cost or time required by the COMPANY to perform its services in an orderly and efficient manner, the COMPANY shall be entitled to a reasonable adjustment in schedule and compensation.

#### **8.22 Job Site Visits and Safety**

Neither the professional activities of COMPANY, nor the presence of COMPANY'S employees and sub-consultants at a construction site, shall relieve the general contractor and any other entity of their obligations, duties and responsibilities including, but not limited to, construction means, methods, sequence, techniques or procedures necessary for performing, superintending or coordinating all portions of the work of construction in accordance with the contract documents and any health or safety precautions required by any regulatory agencies. COMPANY and its personnel have no authority to exercise any control over any construction contractor or other entity or their employees in connection with their work or any health or safety precautions. The CLIENT agrees that the general contractor is solely responsible for job site safety, and warrants that this intent shall be made evident in the CLIENT'S AGREEMENT with the general contractor. The CLIENT also agrees that the CLIENT, COMPANY and COMPANY'S consultants shall be indemnified and shall be made additional insureds on the general contractor's and all subcontractor's general liability policies on a primary and non-contributory basis.

#### **8.23 Hazardous Materials**

CLIENT hereby understands and agrees that COMPANY has not created nor contributed to the creation or existence of any or all types of hazardous or toxic wastes, materials, chemical compounds, or substances, or any other type of environmental hazard or pollution, whether latent or patent, at CLIENT'S premises, or in connection with or related to this project with respect to which COMPANY has been retained to provide professional services. The compensation to be paid COMPANY for said professional services is in no way commensurate with, and has not been calculated with reference to, the potential risk of injury or loss which may be caused by the exposure of persons or property to such substances or conditions. Therefore, to the fullest extent permitted by law, CLIENT agrees to defend, indemnify, and hold COMPANY, its officers, directors, employees, and consultants, harmless from and against any and all claims, damages, and expenses, whether direct, indirect, or consequential, including, but not limited to, attorney fees and Court costs, arising out of, or resulting from the discharge, escape, release, or saturation of smoke, vapors, soot, fumes, acid, alkalis, toxic chemicals, liquids gases, or any other materials, irritants, contaminants, or pollutants in or into the atmosphere, or on, onto, upon, in, or into the surface or subsurface of soil, water, or watercourses, objects, or any tangible or intangible matter, whether sudden or not.

It is acknowledged by both parties that COMPANY'S Scope of Services does not include any services related to asbestos or hazardous or toxic materials. In the event COMPANY or any other party encounters asbestos or hazardous or toxic materials at the job site, or should it become known in any way that such materials may be present at the job site or any adjacent areas that may affect the performance of COMPANY'S services, COMPANY may, at its option and without liability for consequential or any other damages, suspend performance of services on the project until the CLIENT retains appropriate specialist consultant(s) or contractor(s) to identify, abate and/or remove the asbestos or hazardous or toxic materials, and warrants that the job site is in full compliance with applicable laws and regulations.

Nothing contained within this AGREEMENT shall be construed or interpreted as requiring COMPANY to assume the status of a generator, storer, transporter, treater, or disposal facility as those terms appear within the Resource Conservation and Recovery Act, 42 U.S.C.A., §6901 et seq., as amended, or within any State statute governing the generation, treatment, storage, and disposal of waste.

#### **8.24 Certificate of Merit**

The CLIENT shall make no claim for professional negligence, either directly or in a third party claim, against COMPANY unless the CLIENT has first provided COMPANY with a written certification executed by an independent design professional currently practicing in the same discipline as COMPANY and licensed in the State in which the claim arises. This certification shall: a) contain the name and license number of the certifier; b) specify each and every act or omission that the certifier contends is a violation of the standard of care expected of a design professional performing professional services under similar circumstances; and c) state in complete detail the basis for the certifier's opinion that each such act or omission constitutes such a violation. This certificate shall be provided to COMPANY not less than thirty (30) calendar days prior to the presentation of any claim or the institution of any judicial proceeding.



**8.25** Limitation of Liability

In recognition of the relative risks and benefits of the Project to both the CLIENT and the COMPANY, the risks have been allocated such that the CLIENT agrees, to the fullest extent permitted by law, to limit the liability of the COMPANY and COMPANY'S officers, directors, partners, employees, shareholders, owners and sub-consultants for any and all claims, losses, costs, damages of any nature whatsoever or claims expenses from any cause or causes, including attorneys' fees and costs and expert witness fees and costs, so that the total aggregate liability of the COMPANY and COMPANY'S officers, directors, partners, employees, shareholders, owners and sub-consultants shall not exceed \$50,000.00, or the COMPANY'S total fee for services rendered on this Project, whichever is greater. It is intended that this limitation apply to any and all liability or cause of action however alleged or arising, unless otherwise prohibited by law.

**8.26** Environmental Audits/Site Assessments

Environmental Audit/Site Assessment report(s) are prepared for CLIENT's sole use. CLIENT agrees to defend, indemnify, and hold COMPANY, its consultants, agents, and employees harmless against all damages, claims, expenses, and losses arising out of or resulting from any reuse of the Environmental Audit/Site Assessment report(s) without the written authorization of COMPANY.

**8.27** Design Without Construction Observation

It is agreed that the professional services of COMPANY do not extend to or include the review or site observation of the contractor's work or performance and the CLIENT assumes all responsibility for interpretation of the contract documents and for construction observation. It is further agreed that the CLIENT will defend, indemnify and hold harmless COMPANY from any claim or suit whatsoever, including but not limited to all payments, expenses or costs involved, arising from the contractor's performance or the failure of the contractor's work to conform to the design intent and the contract documents. COMPANY agrees to be responsible for its employees' negligent acts, errors or omissions.

**8.28** Soliciting Employment

Neither party to this AGREEMENT will solicit an employee of the other nor hire or make an offer of employment to an employee of the other that is working on this PROJECT, without prior written consent of the other party, during the time this AGREEMENT is in effect.

**8.29** Municipal Advisor

The COMPANY is not a Municipal Advisor registered with the Security and Exchange Commission (SEC) as defined in the Dodd-Frank Wall Street Reform and Consumer Protection Act. When the CLIENT is a municipal entity as defined by said Act, and the CLIENT requires project financing information for the services performed under this AGREEMENT, the CLIENT will provide the COMPANY with a letter detailing who their independent registered municipal advisor is and that the CLIENT will rely on the advice of such advisor. A sample letter can be provided to the CLIENT upon request.



This AGREEMENT is approved and accepted by the CLIENT and COMPANY upon both parties signing and dating the AGREEMENT. Services will not begin until COMPANY receives a signed agreement. COMPANY's services shall be limited to those expressly set forth in this AGREEMENT and COMPANY shall have no other obligations or responsibilities for the Project except as agreed to in writing. The effective date of the AGREEMENT shall be the last date entered below.

Sincerely,

**HR GREEN, INC.**

\_\_\_\_\_  
Akram Chaudhry

Approved by: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

Title: President - Transportation Date: \_\_\_\_\_

**CITY OF OAK FOREST**

Accepted by: \_\_\_\_\_

Printed/Typed Name: \_\_\_\_\_

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



Local Public Agency Oak Forest	County Cook	Section Number N/A
Prime Consultant (Firm) Name HR Green, Inc.	Prepared By Ted Hamilton	Date 9/19/2023
Consultant / Subconsultant Name HR Green, Inc.	Job Number	

Note: This is name of the consultant the CECS is being completed for. This name appears at the top of each tab.

**Remarks**

Final Engineering for 147th Street Improvements

**PAYROLL ESCALATION TABLE**

CONTRACT TERM 3 MONTHS	OVERHEAD RATE 181.58%
START DATE 10/1/2023	COMPLEXITY FACTOR 0
RAISE DATE 4/1/2024	% OF RAISE 2.00%
END DATE 12/31/2023	

**ESCALATION PER YEAR**

Year	First Date	Last Date	Months	% of Contract
0	10/1/2023	12/31/2023	3	100.00%





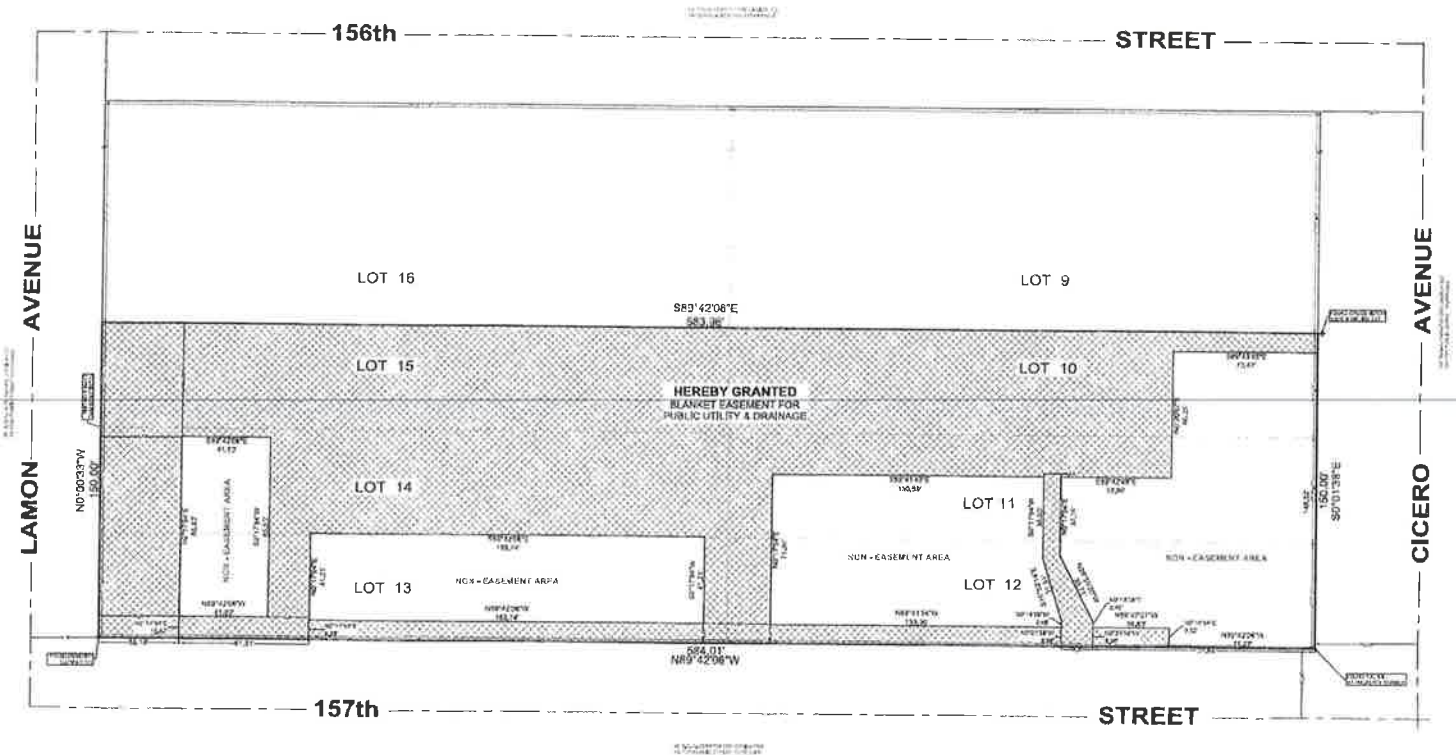




**DATE:** SEPTEMBER 26, 2023  
**TO:** MAYOR KUSPA, CITY COUNCIL  
**FROM:** PAUL RUANE, COMMUNITY PLANNER  
**SUBJECT:** APPROVAL OF ORDINANCE NO. 2023-09-0996O AUTHORIZING A PLAT OF EASEMENT FOR DESHE AT 157<sup>TH</sup> LLC.

**Background**

As part of the approval of the Planned Unit Development (PUD) staff required a plat of easement to be recorded in order to allow access to the public utilities and drainage. The area in question can be seen below;



**Action Requested**

Approval of Ordinance No. 2023-09-0996O granting the Plat of Easement.

CITY OF OAK FOREST

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ORDINANCE NO. 2023-09-09960

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AN ORDINANCE APPROVING A PLAT OF EASEMENT

(DESHE AT 157<sup>th</sup> LLC.)

Passed by the City Council, \_\_\_\_\_, 2023

Printed and Published, \_\_\_\_\_, 2023

Printed and Published in Pamphlet Form  
By Authority of the Board of Trustees

CITY OF OAK FOREST  
COOK COUNTY, ILLINOIS

---

I hereby certify that this document  
was properly passed and published  
on the dates stated above.

---

City Clerk

ORDINANCE NO. 2023-09-09960

BE IT ORDAINED by the Mayor and City Council of the City of Oak Forest, Cook County, Illinois, THAT:

AN ORDINANCE APPROVING A PLAT OF EASEMENT

(DESHE AT 157<sup>th</sup> LLC.)

shall be, and is hereby, adopted as follows:

**Section 1.**

That those public utility easement rights reserved and granted in that easement block denoted as the "PUBLIC UTILITY & DRAINAGE", to those easement areas shown and designated as "Public Utility Easement Hereby Granted" as set forth on the Plat of Easement in the "One Fifty-Seven Oak Forest Subdivision" in the City of Oak Forest, said Plat prepared by United Survey Service, LLC., dated June 16, 2023, and attached hereto as **Exhibit A** are hereby approved (the "Plat").

**Section 2.**

That said One Fifty-Seven Oak Forest Subdivision in the City of Oak Forest is legally described as follows:

LOTS 10 TO 15, BOTH INCLUSIVE, IN BLOCK 33 IN ARTHUR T. MCINTOSH AND COMPANY'S CICERO AVENUE SUBDIVISION OF THE WEST 1/2 OF SECTION 15, AND THE EAST 1/2 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

Address of Property:	Permanent Index Nos.:
15645 Lamon Ave., Oak Forest, IL 60452	28-16-407-010-0000
15644 S. Cicero Ave., Oak Forest, IL 60452	28-16-407-022-0000
<del>15644 S. Cicero Ave., Oak Forest, IL 60452</del>	<del>28-16-407-028-0000</del>
15659 Lamon Ave., Oak Forest, IL 60452	28-16-407-025-0000
4820 W. 157th Street, Oak Forest, IL 60452	28-16-407-026-0000
4816 W. 157th Street, Oak Forest, IL 60452	28-16-407-027-0000

**Section 3.**

That the City Clerk is hereby authorized and directed to execute the City of Oak Forest certification on the approved ordinance on behalf of the City Council and City of Oak Forest.

**Section 4.**

That the City Administrator is hereby further authorized to execute such other instruments or documents as may be necessary to effectuate the authorization of the Plat of Easement Grant for Public Utilities in the One Fifty-Seven Oak Forest Subdivision by the City Council herein.

**Section 5.**

That this Ordinance shall be in full force and effect immediately upon its adoption.

**ADOPTED**

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023

**APPROVED By Mayor**

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023

\_\_\_\_\_  
HENRY L. KUSPA, MAYOR

**ATTEST:**

\_\_\_\_\_  
NICOLE TORMEY, CITY CLERK

Aldermen	Aye	Nay	Abstain	Absent
Kenneth Keeler First Ward				
Joe McCarthy Second Ward				
Charles Wolf Third Ward				
Paul Selman Fourth Ward				
James Emmett Fifth Ward				
James Hortsman Sixth Ward				
Denise Danihel Seventh Ward				
Henry L. Kuspa Mayor				

EXHIBIT A  
PLAT OF EASEMENT





ALL GOOD THINGS CLOSE TO HOME

# CITY COUNCIL AGENDA MEMO

DATE: SEPTEMBER 26, 2023  
TO: MAYOR KUSPA, CITY COUNCIL  
FROM: PAUL RUANE, COMMUNITY PLANNER

SUBJECT: APPROVAL OF RESOLUTION NO. 2023-09-0446R AUTHORIZING A PLAT OF CONSOLIDATION TITLED "ONE FIFTY-SEVEN OAK FOREST SUBDIVISION"

## Background

As part of the approval of the Planned Unit Development (PUD) staff required a plat of consolidation to be recorded in order to merge the uses.

The existing 6 parcels will be broken down into 3 parcels:

**Parcel / Lot 1:** will be 15 townhouses and is the part of the project that is in TIF 7.

**Parcel / Lot 2:** will be 75 apartments and is the part of the project that is in TIF 3

**Parcel / Lot 3:** will remain without consolidating as it is parking and not located in a TIF.



## Action Requested

Approval of Resolution No. 2023-09-0446R granting the Plat of Consolidation.

CITY OF OAK FOREST

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RESOLUTION NO. 2023-09-0446R

---

A RESOLUTION APPROVING A PLAT OF CONSOLIDATION  
(ONE FIFTY-SEVEN OAK FOREST SUBDIVISION)

Passed by the City Council, \_\_\_\_\_, 2023

Printed and Published, \_\_\_\_\_, 2023

Printed and Published in Pamphlet Form  
By Authority of the Board of Trustees

CITY OF OAK FOREST  
COOK COUNTY, ILLINOIS

---

I hereby certify that this document  
was properly passed and published  
on the dates stated above.

---

City Clerk

RESOLUTION NO. 2023-09-0446R

BE IT ORDAINED by the Mayor and City Council of the City of Oak Forest, Cook County, Illinois, THAT:

A RESOLUTION APPROVING A PLAT OF CONSOLIDATION  
(ONE FIFTY-SEVEN OAK FOREST SUBDIVISION)

shall be, and is hereby, adopted as follows:

**Section 1. BACKGROUND.**

DESHE AT 157th LLC (the "Owner") has applied for a plat of consolidation request ("Requested Relief") at the property located on the north side of 157<sup>th</sup> Street between Lamon and Cicero Avenue which property is legally described in **Exhibit A** attached to and, by this reference, made a part of this Ordinance ("Property")

**Section 2. APPROVAL; AUTHORIZATION.**

The plat of consolidation for the Property, prepared by United Survey Service LLC., consisting of two sheets, attached as **Exhibit B** and, by this reference, made a part of this Resolution, shall be, and is hereby, approved in accordance with 765 Illinois Compiled Statutes 205/0.01 (The Plat Act) and the home rule powers of the City of Oak Forest. On behalf of the City Council of the City of Oak Forest, the Mayor and Clerk are hereby authorized and directed to execute the Plat of Consolidation.

**Section 3. ADOPTION.**

That this Resolution shall take effect from and after its adoption and approval.

**Section 4. CONDITIONS.**

- A. That any minor change, as determined within the sole discretion of City staff, to the plat of consolidation as adopted by Section 3 of this Resolution which is consistent with the standards applying to the plat of consolidation be subject to approval by City staff; and
- B. That any changes beyond a minor change require a new application for a plat of consolidation.

ADOPTED

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023

APPROVED By Mayor

This \_\_\_\_\_ Day of \_\_\_\_\_, 2023

---

HENRY L. KUSPA, MAYOR

ATTEST:

---

NICOLE TORMEY, CITY CLERK

Aldermen	Aye	Nay	Abstain	Absent
Kenneth Keeler First Ward				
Joe McCarthy Second Ward				
Charles Wolf Third Ward				
Paul Selman Fourth Ward				
James Emmett Fifth Ward				
James Hortsman Sixth Ward				
Denise Danihel Seventh Ward				
Henry L. Kuspa Mayor				

**EXHIBIT A**  
LEGAL DESCRIPTION

LOTS 10 TO 15, BOTH INCLUSIVE, IN BLOCK 33 IN ARTHUR T. MCINTOSH AND COMPANY'S CICERO AVENUE SUBDIVISION OF THE WEST 1/2 OF SECTION 15, AND THE EAST 1/2 OF SECTION 16, TOWNSHIP 36 NORTH, RANGE 13, EAST OF THE THIRD PRINCIPAL MERIDIAN, IN COOK COUNTY, ILLINOIS.

**Address of Property:**

15645 Lamon Ave., Oak Forest, IL 60452  
15644 S. Cicero Ave., Oak Forest, IL 60452  
15644 S. Cicero Ave., Oak Forest, IL 60452  
15659 Lamon Ave., Oak Forest, IL 60452  
4820 W. 157th Street, Oak Forest, IL 60452  
4816 W. 157th Street, Oak Forest, IL 60452

**Permanent Index Nos.:**

28-16-407-010-0000  
28-16-407-022-0000  
28-16-407-028-0000  
28-16-407-025-0000  
28-16-407-026-0000  
28-16-407-027-0000

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**EXHIBIT B**  
PLAT OF CONSOLIDATION

"ONE FIFTY-SEVEN OAK FOREST SUBDIVISION"



