

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT
TAZEWELL COUNTY, ILLINOIS

IN RE THE APPOINTMENT OF A SPECIAL)	
PROSECUTOR)	
)	
SHELLY I. HRANKA,)	
)	
Petitioner)	Case No.
vs.)	
)	
STEWART UMHOLTZ, Tazewell County State's)	
Attorney,)	
)	
Respondent)	

APPENDIX

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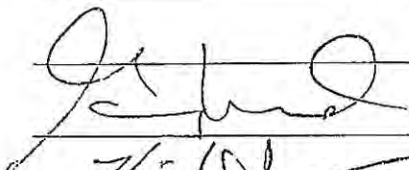
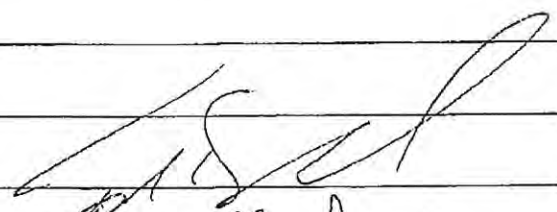

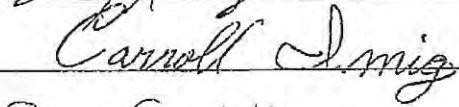
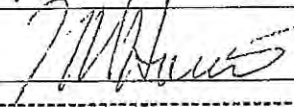


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EXHIBIT "1"

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2019; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$526,451; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 30th DAY OF OCTOBER, 2019.

ATTEST:

Tazewell County Clerk

Tazewell County Board Chairman

Tazewell County Board

James Carius Community Room

Wednesday, August 29, 2018

David Zimmerman, Chairman of the Board

Tim Neuhauser, Vice-Chairman of the Board



COUNTY BOARD AGENDA

1

RESOLUTIONS:

LAND USE	SUMMARY SHEET	6
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TAZEWELL COUNTY BOARD

James Carius Community Room
Wednesday, August 29, 2018 - 6:00 p.m.

David Zimmerman - Chairman of the Board
Tim Neuhauser - Vice Chairman of the Board

- A. Roll Call
- B. Invocation and Pledge of Allegiance
- C. Communications from members of the public and county employees
- D. Communications from elected and appointed county officials
- E. **In-Place Human Resources Committee meeting**
- F. **In-Place Executive Committee meeting**
- F. Approve the minutes of the July 25, 2018 County Board Proceedings
- G. Consent Agenda:

Land Use:

- LU-18-09 1. Case No. 18-30-V: Tom Bauer – Variance – Tremont Township
- LU-18-10 2. Case No. 18-38-V: Luke Porritt – Variance – Hopedale Township
- LU-18-11 3. Case No. 18-31-A: Amendment No. 51
- LU-18-12 4. Case No. 18-32-A: Amendment No. 52
- LU-18-13 5. Approve fee increase to various codes

Transportation:

- T-18-27 6. Approve low bid for Section 18-00000-10-GM – RCCP Material
- T-18-29 7. Approve cleaning contract amendment
- T-18-28 8. Approve PPUATS annual funding agreement

Property:

- P-18-10 9. Approve lease agreement for office space in the Monge Building

Finance:

- F-18-18 10. Approve transfer request for Community Development
- F-18-19 11. Approve transfer request for Court Services

Human Resources:

- HR-18-29 12. Approve replacement hire in the Sheriff's Department
- HR-18-30 13. Approve replacement hire of Facilities Director
- HR-18-32** **14. Approve financial viability of the Voluntary Retirement Incentive**
Upon approval of In-Place Committee meeting
- HR-18-31** **15. Approve replacement hire for County Clerk**
Upon approval of In-Place Committee meeting

Risk Management:

- RM-18-07 16. Approve contract renewal with Kuhl and Company ✓
- RM-18-08 17. Approve contract renewal with ICRMT ✓

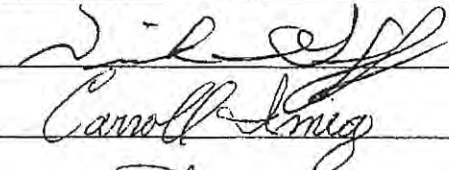
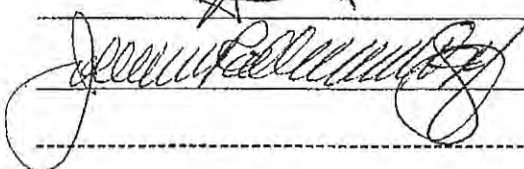
Executive:

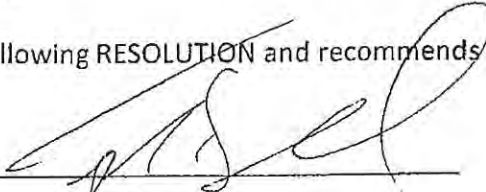
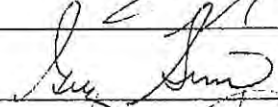
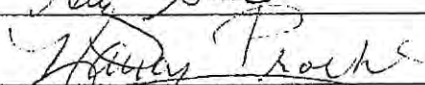

- E-18-68 18. Approve the Ordinance fixing the budget for HLA SSA
- E-18-70 19. Approve agreement for a Hearing Officer for the Tazewell County Code Hearing Unit
- E-18-71 20. Approve agreement for a substitute Hearing Officer for the Tazewell County Code Hearing Unit
- E-18-69 21. Approve County Delinquent Tax Resolution
- E-18-74 22. Approve management Control Agreement – Criminal Justice Information System
- E-18-76 23. Approve the recommendation by the State's Attorney on the six month review of the Executive Session minutes and recordings
- E-18-77 24. Approve execution and amendment of Federal 5311 Grant Agreement – We Care
- E-18-72 25. Accept the resignation of County Board member, Jim Donahue

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:


 Carol Smith






 Monica Connett

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Kuhl and Company contract renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve the renewal agreement with Kuhl and Company Insurance as the Agent of Record at a cost of \$30,000; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract and all applicable documents.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:

 Tazewell County Clerk

 Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:



Handwritten signatures of committee members on lined paper. The signatures are written in black ink. On the left side, there are three signatures: the top one appears to be 'Carroll Smig', the middle one is 'Monica Connell', and the bottom one is partially obscured. On the right side, there are two signatures: the top one is 'Tazewell County Board' and the bottom one is 'Tazewell County Board'.

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$464,216; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:

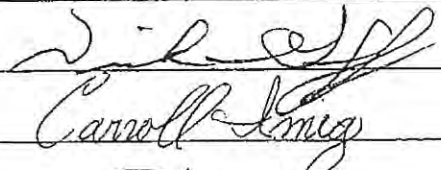
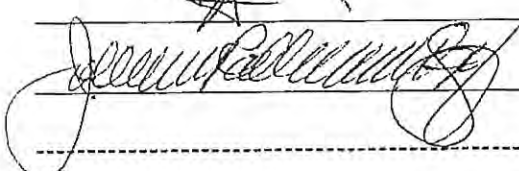
Tazewell County Clerk

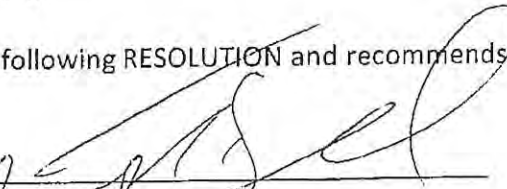
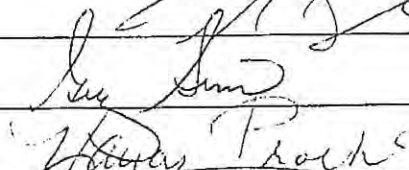
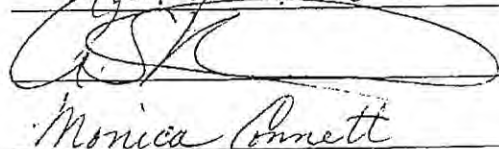
Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:


Carroll King




Henry [unclear]

Monica Connett

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Kuhl and Company contract renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve the renewal agreement with Kuhl and Company Insurance as the Agent of Record at a cost of \$30,000; and


WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract and all applicable documents.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:

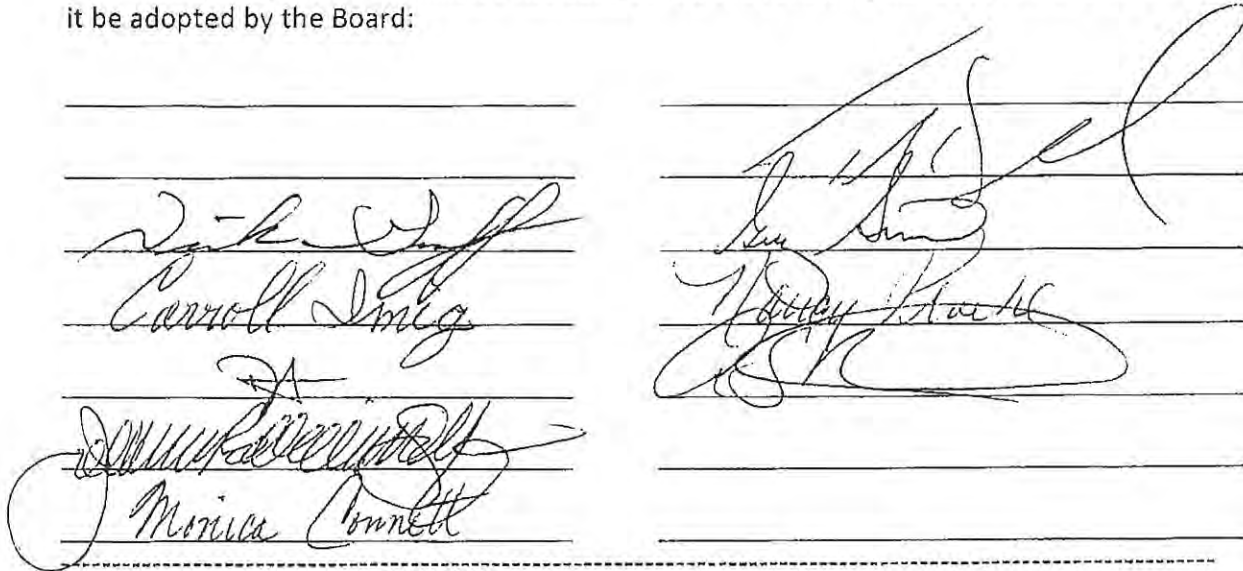

Charles A. Webb
Tazewell County Clerk


[unclear]
Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:



Handwritten signatures of committee members on lined paper. On the left, the signatures of Rick Woff, Carroll Imig, and Monica Connett are visible. On the right, the signatures of two other members are visible.

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$464,216; and

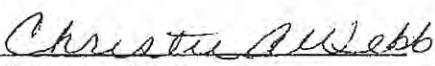
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:


Tazewell County Clerk



Tazewell County Board Chairman

EXHIBIT “2”

Minutes approved 11-10-20



RISK MANAGEMENT COMMITTEE

Jury Commission Room and
Teleconference

Wednesday, October 21, 2020 – 4:00 p.m.

Committee Members Present: Chairman Zimmerman, Mindy Darcy, Nick Graff, Mike Harris, Carroll Imig, Kim Joesting, Greg Menold, Nancy Proehl, Greg Sinn, Sue Sundell

Committee Members Absent: Tim Neuhauser, Monica Connett, Auditor Hranka,
State's Attorney Mike Holly, Treasurer Burress

Others Attending: Wendy Ferrill, County Administrator

MOTION MOTION BY DARCY, SECOND BY SUNDELL to approve the minutes of the September 23, 2020 meeting.

On voice vote, MOTION CARRIED.

MOTION
E-20-08

MOTION BY GRAFF, SECOND BY PROEHL to recommend to approve contract renewal with Kuhl and Company.

Ferrill explained they originally came in with a substantial increase and she expressed her frustration and it was kept flat.

On voice vote, MOTION CARRIED.

MOTION
E-20-09

MOTION BY SUNDELL, SECOND BY DARCY to recommend to approve contract renewal with ICRMT.

Ferrill explained they gave a \$26,000 COVID credit. The increase would have been 4.6%. She advised Committee members that to keep the cost down she would like to bid these annually.

On voice vote, MOTION CARRIED.

MOTION
E-20-07

MOTION BY DARCY, SECOND BY JOESTING to recommend to

approve Settlement Acceptance and Release of Claims.

Chairman Zimmerman provided the Committee with some brief background information.

On voice vote, MOTION CARRIED.

Chairman Zimmerman recessed the meeting at 4:07 p.m.

(transcribed by S. Beeney)

EXHIBIT “3”



ILLINOIS COUNTIES RISK MANAGEMENT TRUST

INSURANCE PROGRAM RENEWAL

Tazewell County

PRESENTED BY:

Kuhl Insurance Agency, Inc.

Quote Number:

R4-1000024-2122-02

POLICY YEAR:

DEC 01, 2021 - DEC 01, 2022

Administered by



ABOUT ICRMT

ICRMT is one of the leading insurance programs in Illinois, providing property, casualty, and workers' compensation coverages for Illinois public entities since 1983. Owned by its members and administered by IPMG, ICRMT provides an integrated approach to risk management, claims administration, and underwriting tailored to fit the needs of your entity.

ICRMT provides broad coverages and the most comprehensive service package specifically designed to protect the entity's exposures and budgetary constraints.

QUICK FACTS

Size: 380+ members

Retention Rate: 97%

Total Premium: \$81 million

ENHANCED COVERAGES AVAILABLE

- PEDA Coverage available under WC
- Unemployment Insurance
- Crime Coverage up to \$1,000,000



PROGRAM MANAGEMENT

Insurance Program Managers Group

ACCOUNT EXECUTIVES

BOB SPRING
VP of New Business Development
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KRISTEN TRACY
VP Public Entity Underwriting
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TODD GREER
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KIM DIEDERICH
ICRMT Account Assistant
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GREGG PETERSON
President/CEO



RISK MANAGEMENT & LOSS CONTROL SERVICES

ICRMT Risk Management Services consultants deliver a catalog of resources with material expertise in public entity risk management. The staff has field-based experts in clinical medicine, physical therapy, and advanced degree safety experts. ICRMT's risk consultants have a background working in local law enforcement, fire, and emergency medical services.

The RMS consultants work with each entity to facilitate risk mitigation efforts through policy, training and engineering controls. These controls are delivered onsite and through online training options. ICRMT RMS consultants provide policy and training solutions for all lines of coverage with focus on industry and client loss trends and emerging risks.

SERVICES INCLUDED

- Use of Force Training
- Jail Policies and Procedures Audits
- Policy and Procedure Implementation
- Auto/Driving Exposure Evaluation
- Employment Practices Strategies, Education, and Training
- Safety Committee Development
- Hiring and Management Strategies
- Law Enforcement Seminars
- Firefighter/EMS Training
- Regulatory Compliances
- Essential Functions Testing Policy
- Employee Drug Testing Policy
- Background Check Policy
- Supervisors/Leadership Development
- Loss Analysis and Trending
- Slip and Fall Prevention Program
- Supervisory/Personnel Safety Training
- Accident Investigation Training
- Hazard Communication Training
- Blood Borne Pathogens Training

BRIAN DEVLIN

Sr. VP of Risk Management Services

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DAN LUTTRELL

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JEFF BACIDORE

Risk Management Consultant

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DEREK MADEIRA

Risk Management Consultant

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CLAIMS MANAGEMENT SERVICES

IPMG Claims Management Services offers a full-service claims team specializing in the public entity sector. IPMG CMS services claims for property, casualty and workers compensation claims.

IPMG CMS has a staff of 39 including 21 seasoned claims professionals with an average claims experience of over ten years. IPMG CMS's leadership team boasts well over 20 years of experience. IPMG CMS's staff specializes in program business, including unique self-insured retention structures.

SERVICES INCLUDED

- Dedicated service adjuster approach, which promotes service continuity and trust
- On-line claim reporting and investigation tool through In-Sight with loss experience access
- On-line claim review and claim report generation
- 24-hour contact on every new claim submission
- Clients are updated on all critical events and participate in all major claims decisions
- Quarterly claim file reviews
- Data analytics to quickly identify potential high cost claims
- Tailor made service plans
- Nurse Case Management

MIKE CASTRO

Senior Vice President

Mike.Castro@ipmg.com

630.485.5895

DONNA FROMM

WC Team Lead

Donna.Fromm@ipmg.com

630.485.5950

SUSANNE SKJERSETH

P&C Team Leader

Susanne.Skjersestet@ipmg.com

314.293.9723

ICRMT FEATURES AND BENEFITS

Who is an Insured

- An individual while appointed as a director or executive officer
- A volunteer, unpaid worker, leased or temporary worker
- A board member, commissioner, trustee, or council person
- An employee or staff member
- An elected or appointed official or a member of your governing body, board, commission, council or agency of yours
- A partnership or Joint Venture, including a mutual assistance pact, joint powers agreement or similar agreement
- Your Medical Directors in conjunction with the medical facilities covered under this Policy, but only with respect to their administrative duties on your behalf.

Program Highlights

- Property and Casualty Policy is Non-Auditable
- Terrorism Coverage Included
- The ICRMT Trust Agreement contains a Resolution by the Executive Board making the program Non-Assessable
- Specialized Law Enforcement Risk Management Services
- Open Door Legal Consultation
- Tailored Risk Management Services
- Professional Property Appraisals
- Online Claims Reporting
- Crisis Management Assistance
- Enhanced Case Management
- PEDA Coverage Available
- Unemployment Insurance Program

This is a summary of coverages provided. Please refer to the full policy for complete coverage, exclusions, and terms & conditions.

COVERAGE SUMMARY: GENERAL LIABILITY

COVERAGE

LIMITS

Each Occurrence	\$1,000,000
General Annual Aggregate	\$3,000,000
Products/Completed Operations Annual Aggregate	\$1,000,000
Advertising and Personal Injury	\$1,000,000

Self-Insured Retention: \$250,000 each occurrence

Sexual Abuse Liability – Claims Made

Each Occurrence	\$1,000,000
Annual Aggregate	\$1,000,000

Retroactive Date: **02/28/2014**

Innocent Party Defense Coverage Included

Self-Insured Retention: \$250,000

COVERAGES INCLUDE

- Liquor Liability
- Medical Professional (Excluding Doctors & Dentists)
- Special Events
- Terrorism
- Volunteers
- Non-Auditable
- Herbicides & Pesticides - \$50,000 Coverage Limits
- Premises Liability

EXHIBIT “4”

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



4959

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEWELL COUNTY BOARD

FILED

MAR 05 2021

John L. Adams
COUNTY CLERK
TAZEWELL COUNTY, ILLINOIS

Full Post Office Address:

134 MAPLE RIDGE, MORTON, IL 61550

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If more space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year; (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interest as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false or incomplete statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary not to exceed one year, or both fine and imprisonment.

Signature of Person Making Statement

Date

3/5/21

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



4959

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

APR 23 2020

Shirley L. Adams
COUNTY CLERK
TAZEVELL COUNTY, ILLINOIS

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedule) and to the best of my knowledge and belief is a true, correct and complete statement under the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

(Signature) has been examined by me and is true and correct to the best of my knowledge and belief as required by the Illinois Governmental Ethics Act. The penalty for filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

4/10/20
Date

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



4959

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

MAR 11 2019

John C. Adams
COUNTY CLERK
TAZEVELL COUNTY, ILLINOIS

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

A-027

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedule) and to the best of my knowledge and belief is a true, correct and complete statement of my economic interests as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

This statement has been examined by me and I certify that it is a true and correct statement of the declarant's economic interests as required by the Illinois Governmental Ethics Act. The penalty for a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

Signature

A-028

Date

3/10/19

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

APR 03 2018

Christie A. Webb
COUNTY CLERK
TAZEVELL COUNTY, ILLINOIS

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity	Instrument of Ownership	Position of Management
n/a		

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name	Address	Type of Practice
n/a		

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title or description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedule) and to the best of my knowledge and belief is a true, correct and complete statement under the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement is a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

This statement has been examined by me and is true and correct to the best of my knowledge and belief as required by the Illinois Governmental Ethics Act. The penalty for a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary, or both fine and imprisonment.

3/25/18
Date

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



4959

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEWEEL COUNTY BOARD

FILED
MAR 02 2017
Christie A. Webb
COUNTY CLERK
TAZEWEEL COUNTY, ILLINOIS

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If more space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

A-031

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules) is true, correct and complete to the best of my knowledge and belief and is a true, correct and complete statement as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the State Prison, or both fine and imprisonment.

This statement has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the State Prison, or both fine and imprisonment.

3/1/17
Date

A-032

Statement of Economic Interests to be Filed with the County Clerk
Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)



2380

Name:

J DAVID ZIMMERMAN

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

FEB 11 2016

Christie A. Webb
COUNTY CLERK
TAZEVELL COUNTY, ILLINOIS

Full Post Office Address:

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. **If more space is needed, please attach supplemental listing.**

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value; or from which dividends in excess of \$1,200 were received during the preceding calendar year. (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

A-033

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

3. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interest as required by the Illinois Governmental Ethics Act. I understand that the penalty for willfully filing a false statement shall be a fine not to exceed \$1,000, or imprisonment in a penal institution other than the penitentiary for not more than one year, or both fine and imprisonment.

Si

2/8/16
A-034

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



2380

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

JAN 27 2015

Christie A. Webb
COUNTY CLERK
TAZEVELL COUNTY ILLINOIS

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me and to the best of my knowledge and belief is a true, correct and complete statement of my economic interest as required by the Illinois Governmental Ethics Act. I understand that the penalty for a false statement is a fine not to exceed \$1,000, or imprisonment in a penal institution or both fine and imprisonment.

1/26/15
Date

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



2380

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEWEEL COUNTY BOARD

FILED

JAN 09 2014

Christie A. Webb
COUNTY CLERK
TAZEWEEL COUNTY, ILLINOIS

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me and to the best of my knowledge and belief is a true, correct and accurate statement required by the Illinois Governmental Ethics Act. I understand that the penalty for exceeding \$1,000, or imprisonment in a penal institution other than imprisonment, I be a fine not to exceed \$1,000, or both fine and imprisonment.

1/9/14
Date

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



2380

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEWEILL COUNTY BOARD

FILED

FEB FEB 13 2013

Christie D. Webb
COUNTY CLERK
TAZEWEILL COUNTY, ILLINOIS

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a		

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a		

3. List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any accompanying schedules of statements) has been examined by me and to the best of my knowledge and belief is a true, correct statement of my economic interests under the Illinois Governmental Ethics Act. I understand that the penalty for a false statement is a fine not to exceed \$1,000, or imprisonment in a penal institution of up to one year, or both a fine and imprisonment.

2-11-13
Date

Statement of Economic Interests to be Filed with the County Clerk

Your Name Was Submitted For Filing by an Entity That You Represent
(Type or Print)

Name:

J DAVID ZIMMERMAN



2380

Each Office or Position of Employment for which this Statement is Filed:

CHAIRMAN, TAZEVELL COUNTY BOARD

FILED

FEB - 8 2012

Christie A. Webb
COUNTY CLERK
TAZEVELL COUNTY, ILLINOIS

GENERAL DIRECTIONS

The interest (if constructively controlled by the person making the statement) of a spouse or any other party shall be considered to be the same as the interest of the person making the statement. Campaign receipts shall not be included in this statement. If more space is needed, please attach supplemental listing.

1. List the name and instrument of ownership in any entity doing business with a unit of local government in relation to which the person is required to file, in which the ownership interest held by the person at the date of filing is in excess of \$5,000 fair market value, or from which dividends in excess of \$1,200 were received during the preceding calendar year: (In the case of real estate, location thereof shall be listed by the street address, or if none, then by legal description.) No time or demand deposit in a financial institution, nor any debt instrument shall be listed.

Business Entity

Instrument of Ownership

Position of Management

n/a

2. List the name, address and type of practice of any professional organization in which the person making the statement was an officer, director, associate, partner or proprietor, or served in any advisory capacity, from which income in excess of \$1,200 was derived during the preceding calendar year:

Name

Address

Type of Practice

n/a

List the nature of professional services rendered (other than to the unit or units of local government in relation to which the person is required to file) to each entity from which income exceeding \$5,000 was received for professional services rendered during the preceding calendar year by the person making the statement:

n/a

4. List the identity (including address or legal description of real estate) of any capital asset from which a capital gain of \$5,000 or more was realized during the preceding calendar year:

n/a

5. List the name of any entity and the nature of the governmental action requested by any entity that has applied to a unit of local government in relation to which the person must file for any license, franchise or permit for annexation, zoning or rezoning of real estate during the preceding calendar year, if the ownership interest of the person filing is in excess of \$5,000 fair market value at the time of filing, or if income or dividends in excess of \$1,200 were received by the person filing from the entity during the preceding calendar year:

n/a

6. List the name of any entity doing business with a unit of local government in relation to which the person is required to file, from which income in excess of \$1,200 was derived during the preceding calendar year other than for professional services and the title of description of any position held in that entity: (No time or demand deposit in a financial institution nor any debt instrument need be listed.)

n/a

7. List the name of any unit of government that employed the person making the statement during the preceding calendar year, other than the unit or units of government in relation to which the person is required to file:

n/a

8. List the name of any entity from which a gift or gifts, or honorarium or honoraria, valued singly or in the aggregate in excess of \$500, was received during the preceding calendar year:

n/a

VERIFICATION

I declare that this Statement of Economic Interests (including any and to the best of my knowledge and belief is a true, correct and complete statement) has been examined by me and I understand that the penalty for exceeding \$1,000, or imprisonment in a penal institution other than imprisonment.

I declare that this Statement of Economic Interests (including any and to the best of my knowledge and belief is a true, correct and complete statement) has been examined by me and I understand that the penalty for exceeding \$1,000, or imprisonment in a penal institution other than imprisonment.

2/8/12
Date

EXHIBIT "5"

[Tax-Rates.org](#) — The 2021 Tax Resource

Search [Tax-Rates.org](#)

[Start filing your tax return now](#) 

TAX DAY NOW MAY 17th - There are -308 days left until taxes are due.

[Try our FREE income tax calculator](#)

[Tax-Rates.org](#) [Income Tax](#) [Sales Tax](#) [Property Taxes](#) [Business Tax](#) [Calculators](#) [World Taxes](#)
[Contact](#) **Illinois Taxes:** [Income Tax](#) | [Sales Tax](#) | [Property Tax](#) | [Corporate Tax](#) | [Excise Taxes](#)

Tazewell County Property Tax Rate 2022 [[Go To Different County](#)]

[Lowest Property Tax](#) [Highest Property Tax](#) [See Tax Data](#)



Tazewell County, Illinois Property Tax

[[Go To Different County](#)]



\$2,320.00

Avg. 1.85% of home value
Yearly median tax in Tazewell County

The median property tax in Tazewell County, Illinois is \$2,320 per year for a home worth the median value of \$125,700. Tazewell County collects, on average, **1.85%** of a property's assessed fair

market value as property tax.

Tazewell County has **one of the highest median property taxes** in the United States, and is ranked 322nd of the 3143 counties in order of

median property taxes.


The average yearly property tax paid by Tazewell County residents amounts to about 3.68% of their yearly income. Tazewell County is ranked **326th of the 3143 counties** for property taxes as a percentage of median income.

You can use the Illinois property tax map to the left to compare Tazewell County's property tax to other counties in Illinois. [Lake County](#) collects the highest property tax in Illinois, levying an average of **\$6,285.00** (2.19% of median home value) yearly in property taxes, while [Hardin County](#) has the lowest property tax in the state, collecting an average tax of **\$447.00** (0.71% of median home value) per year.

To compare Tazewell County with property tax rates in other states, see our map of [property taxes by state](#).

Tazewell County Property Tax Rate

Contents

1. Tazewell County Property Tax
 1. [Tazewell County Property Tax Rates](#)
 2. [Tazewell County Property Tax Estimator](#)
 3. [Tazewell County Property Tax Appeals](#)
 4. [Tazewell County Tax Assessor](#)
2. About the Tazewell County Property Tax
 1. [What Is The Property Tax?](#)
 2. [Homestead Exemption](#)
 3. [Property Tax Deductions](#)
3. More Information (*opens in new tab*)
 1. [Illinois Property Taxes By County](#) 

Because Tazewell County uses a complicated formula to determine the property tax owed on any individual property, it's not possible to condense it to a simple tax rate, like you could with an income or sales tax.

Instead, we provide property tax information based on the statistical median of all taxable properties in Tazewell County. The median property tax amount is based on the median Tazewell County property

value of \$125,700. You can use these numbers as a reliable benchmark for comparing Tazewell County's property taxes with property taxes in

other areas.

Our data allows you to compare Tazewell County's property taxes by median property tax in dollars, median property tax as a percentage of home value, and median property tax as a percentage of the Tazewell County median household income.

Tazewell County Property Taxes		
Median Property Tax	As Percentage Of Income	As Percentage Of Property Value
\$2,320 ± \$44 (322nd of 3143)	3.68 ± 0.11% (326th of 3143)	1.85 ± 0.04% (158th of 3143)

Note: This page provides general information about property taxes in Tazewell County. If you need specific tax information or property records about a property in Tazewell County, contact the [Tazewell County Tax Assessor's Office](#).


Tazewell County Property Tax Calculator

Property Tax Estimator

State

Illinois 

County

Tazewell County 

Appraised Property Value

\$150,000.0

[Estimate My Tax](#)

[Approximate Property Tax Calculation]

[More on the Illinois Property Tax](#)

Tazewell County Property Tax Appeal


Tazewell County calculates the property tax due based on the *fair market value* of the home or property in question, as determined by the Tazewell County Property Tax Assessor. Each property is individually t each year, and any improvements or additions made to your property may increase its appraised value.

As a property owner, you have the right to appeal the property tax amount you are charged and request a reassessment if you believe that the value determined by the Tazewell County Tax Assessor's office is incorrect. To appeal the Tazewell County property tax, you must contact the [Tazewell County Tax Assessor's Office](#).

Are You Paying Too Much Property Tax?

Statistics show that about 25% of homes in America are unfairly overassessed, and pay an average of \$1,346 too much in property taxes every year.

While the exact property tax rate you will pay is set by the tax assessor on a property-by-property basis, you can use our Tazewell County property tax estimator tool to estimate your yearly property tax. Our property tax estimates are based on the median property tax levied on similar houses in the Tazewell County area.

Property taxes are managed on a county level by the local tax assessor's office. If you need to find out the exact amount of your property tax bill or find other specific information, you can contact the [Tazewell County Tax Assessor](#) .

Disclaimer: Please note that we can only **estimate** your Tazewell County property tax based on average property taxes in your area. Every locality uses a unique property tax assessment method. Your actual property tax burden will depend on the details and features of each individual property.

We can check your property's current assessment against similar properties in Tazewell County and tell you if you've been overassessed. If you have been overassessed, we can help you submit a tax appeal.

Is your Tazewell County property overassessed?

Property Address *

City *

State *

Alabama



Zip *

Check My Property

You will be provided with a **property tax appeal form**, on which you will provide the tax assessor's current appraisal of your property as well as **your proposed appraisal** and a description of why you believe your appraisal is more accurate.

Previous appraisals, expert opinions, and appraisals for similar properties may be attached to the appeal as supporting documentation. If your appeal is successful, your property will be reassessed at a lower valuation and your Tazewell County property taxes will be lowered accordingly.

If your appeal is denied, you still have the option to re-appeal the decision. If no further administrative appeals can be made, you can appeal your Tazewell County tax assessment in court.

Has this page helped you? Let us know!

✓ Send Instant Feedback

Tazewell County Property Tax Assessor

The Tazewell County Tax Assessor is responsible for assessing the fair market value of properties within Tazewell County and determining the property tax rate that will apply. The Tax Assessor's office can also provide **property tax history** or **property tax records** for a property. These property tax records are excellent sources of information when buying a new property or appealing a recent appraisal.

Most county assessors' offices are located in or near the county courthouse or the local county administration building. You can look up the Tazewell County Assessor's contact information here [↗](#) (*opens in external website*).

What is the Tazewell County Property Tax?

Proceeds from the **Tazewell County Personal Property Tax** are used locally to fund school districts, public transport, infrastructure, and other municipal government projects. Property tax income is almost always used for local projects and services, and does not go to the federal or state budget.

Unlike other taxes which are restricted to an individual, the Tazewell County Property Tax is levied directly on the **property**. Unpaid property tax can lead to a **property tax lien**, which remains attached to the property's title and is the responsibility of the current owner of the property. Tax liens are not affected by transferring or selling the property, or even filing for bankruptcy. Property tax delinquency can result in additional fees and interest, which are also attached to the property title.

EXHIBIT “6”

FILED
6/26/2018 2:49 PM

TAZEWELL COUNTY CIRCUIT CLERK
TENTH JUDICIAL CIRCUIT OF ILLINOIS

CT

EXHIBIT **1**

B. Defendants' Petition For Appointment Of A Special Prosecutor

Illinois state statute designates the State's Attorney as the legal representative for both the Plaintiff and Defendants in this matter. *See 55 ILCS 5/3-9005(4) and 55 ILCS 5/3-9005(5)* Illinois Rules of Professional Conduct indicate that the State's Attorney can not represent opposing parties in a matter and is prohibited from doing so. *See IRPC 1.7.*

The State's Attorney and one or more Assistant State's Attorneys and staff may be expected to be potential witnesses in this matter should this Honorable Court allow this matter to proceed. Illinois Rules of Professional Conduct indicate that the State's Attorney is prohibited from providing representation where he is likely to be a witness. *See IRPC 3.7*

The State's Attorney has provided legal advice to both the Plaintiff and Defendants in this matter regarding the issues that give rise to this cause of action. Illinois Rules of Professional Conduct indicate that an attorney who has provided representation to one client in a matter is prohibited from representing another client in a substantially related matter in which one client's interests are materially adverse to the interests of the other client and can not use information relating to the representation of one client to the disadvantage of another client. *See IRPC 1.9*

For these reasons, the State's Attorney has an actual conflict of interest in this cause. Pursuant to 55 ILCS 5/3-9008(a-10), where the State's Attorney has an actual conflict of interest in a cause or proceeding, this Honorable Court may appoint an attorney to defend the cause or proceeding.

For the same reasons as those stated herein and due to the stated conflicts of interest, the State's Attorney also now recuses himself from this cause pursuant to 55 ILCS 5/3-9008(a-15) for the purpose of ensuring a just and fair disposition of this matter. 55 ILCS 5/3-9008(a-15) indicates that where a State's Attorney recuses himself from a cause, "the court shall appoint a special prosecutor" using the procedures outlined in 55 ILCS 5/3-9008(a-20).

WHEREFORE, STEWART J. UMHOLTZ, State's Attorney for the County of Tazewell, by and through his Assistant State's Attorney, MICHAEL P. HOLLY and

EXHIBIT “7”

DOCUMENT PREPARED BY:

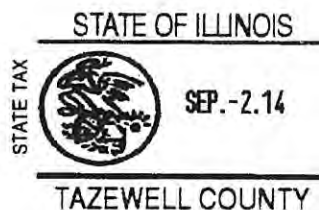
BLACK, BLACK & BROWN
115 WASHINGTON SQUARE
WASHINGTON, IL 61571

RETURN DOCUMENT TO:

BLACK, BLACK & BROWN
115 WASHINGTON SQUARE
WASHINGTON, IL 61571

County Tax Paid in
Half Amount As State Tax

201400013717
Filed for Record in
TAZEWELL COUNTY, IL
CHRISTIE A WEBB
09-02-2014 At 03:46 pm.
TRUSTE DEED 504.50
RHSP Surcharge 9.00



TRUSTEE'S DEED

THIS INDENTURE, made AUGUST 29TH, 2014, between **BARBARA B. BROWN**, not personally or individually, but solely as Trustee under the provisions of a Trust Agreement known as the **BARBARA B. BROWN TRUST**, of the Village of Morton, in the County of Tazewell and State of Illinois, **GRANTOR**, and **J. DAVID ZIMMERMAN** and **CYNTHIA R. ZIMMERMAN**, husband and wife, of the Village of Morton, in the County of Tazewell and State of Illinois, not as joint tenants or tenants in common but as tenants by the entirety, **GRANTEES**.

WITNESSETH, that the GRANTOR, in performance of said trust and in consideration of the sum of ONE DOLLAR, the receipt of which is acknowledged, does hereby SELLS and CONVEYS to the GRANTEES, the following described real estate situated in TAZEWELL COUNTY, Illinois, to-wit:

Lot 120 of ACKERMAN'S HYDE PARK ADDITION, SECTION VIII, a subdivision in the Village of Morton as shown by plat recorded in Plat Book "Y", page 140, and a part of Lot 119 in said ACKERMAN'S HYDE PARK ADDITION, SECTION VIII, being more particularly described as follows, and bearings are for the purpose of description only: Beginning at an iron rod at the most Southwesterly corner of said Lot 119; thence South 93 degrees 50.0 minutes East along the Southerly line of said Lot 119, a distance of 82.50 feet; thence North 4 degrees 54.4 minutes East, a distance of 282.69 feet to an iron rod; thence South 49 degrees 39.3 minutes West, along the line between said Lots 119 and Lot 120, a distance of 150.0 feet to an iron rod at the most Southerly corner of said Lot 120; thence South 2 degrees 38.8 minutes East, along the line between said Lot 119 and Lot 121, a distance of 175.87 feet to the Point of Beginning, Except any interest in the Coal, Oil, Gas and other minerals underlying the land which have been heretofore conveyed or reserved in prior conveyances, and all rights and easements in favor of the estate of said Coal, Oil, Gas and other minerals, if any, all situated in TAZEWELL COUNTY, ILLINOIS;

Tax I.D. Number: 06-06-05-305-004 (lot 120) and 06-06-05-305-012 (Lot 119) ^{PART OF}

Common Address: 134 Maple Ridge Drive, Morton, Illinois 61550

together with the tenements and appurtenances thereto belonging and the rents, income, issues, and profits thereof, and all the estate, right, title and interest, whatsoever, at law or in equity, of the GRANTOR in and to said premises.

EXHIBIT

2

A-051

TO BE FILED WITH THE TAZEWELL COUNTY RECORDER OF DEEDS
AFFIDAVIT FOR PURPOSE OF ILLINOIS PLAT ACT REQUIREMENTS
THIS IS A LEGAL DOCUMENT - PLEASE CONSULT YOUR ATTORNEY
(Zoning & Subdivision Ordinances May Also Apply)

Instrument
201400013717

PG 3 OF 3

PARCEL NUMBER: 06-06-05-305-004 and 012 PART OF

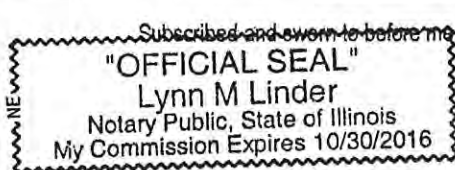
Grantor or Grantor's Attorney authorized representative in a deed transferring interest in the real estate described in the accompanying deed and further states this transfer IS EXEMPT FROM THE ILLINOIS PLAT ACT (765 ILCS 205) BECAUSE OF THE FOLLOWING:

- ☒ NOT A DIVISION OF LAND - PARCEL BOUNDARIES REMAIN UNCHANGED (The Recorder will proceed with recording the deed and no further questions apply. County Plat Officer signature is NOT required. Please sign below and have notarized)
- ☐ A DIVISION OF LAND THAT MEETS ONE OF THE FOLLOWING EXCEPTIONS - APPROVAL BY COUNTY PLAT OFFICER (OR DESIGNEE) IS REQUIRED ALONG WITH APPLICABLE FEE PRIOR TO RECORDING:
- ☐ The divisions or subdivision of land into parcels or tracts of 5 acres or more in size which does not involve any new streets or easements of access.
 - ☐ The division of lots or blocks of less than 1 acre in any recorded subdivision which does not involve any new streets or easements of access.
 - ☐ The sale or exchange of parcels of land between owners of adjoining and contiguous land.
 - ☐ The conveyance of parcels of land or interest therein for use as a right of way for railroads or other public utility facilities and other pipe lines which does not involve any new streets or easements of access.
 - ☐ The conveyance of land for highway or other public purposes or grants or conveyances relating to the dedication of land for public use or instruments relating to the vacation of land impressed with a public use.
 - ☐ Conveyances made to correct descriptions in prior conveyances.
 - ☐ The sale or exchange of parcels or tracts of land following the division into no more than 2 parts of a particular parcel or tract of land existing on July 17, 1959 and not involving any new streets or easements of access.
 - ☐ The sale of a single lot of less than 5 acres from a larger tract when a survey is made by an Illinois Registered Land Surveyor; provided that this exemption shall not apply to the sale of any subsequent lots from the same larger tract of land, as determined by the dimensions and configuration of the larger tract on October 1, 1973, and provided also that this exemption does not invalidate any local requirements applicable to the subdivision of land.
 - ☐ The preparation of a plat for wind energy devised under section 10-620 of the Property Tax Code.
 - ☐ Division meets criteria for agricultural exemption

I swear to the best of my knowledge that the statements contained herein are true and correct. Grantor/Grantor's Attorney further states that this affidavit for the purpose of indicating to THE RECORDER OF DEEDS OF TAZEWELL COUNTY, ILLINOIS, that the conveyance by the attached instrument is within, and in compliance with, the provisions of the Illinois Plat Act.

Name: BARBARA B. BROWN TRUST Signature: Barbara B Brown Date: Aug. 29, 2014

Name: _____ Signature: _____ Date: _____



Lynn M. Linder
Notary Public

Approval for State Plat Act, County Subdivision and Zoning Code Purposes:

SURVEY REQUIRED FOR RECORDING: Yes ☐ No ☐

Tazewell County Plat Officer/designee: _____ Date: _____

(NOTE: County Plat Officer signature required for properties only in the UNINCORPORATED areas of Tazewell County)

EXHIBIT “8”

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

Office Hours 8:00am - 4:30pm Monday-Friday

TAZEWELL COUNTY PROPERTY TAX BILL
2013 TAXES PAYABLE 2014

LOCATION: 134 MAPLE RIDGE DR
MORTON, IL 61550-0000

LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

NAME:
BROWN TRUST BARBARA B TRU
134 MAPLE RIDGE DR
MORTON IL 61550-0000

TAX CODE 06002 TAZEWELL COUNTY ITEMIZED STATEMENT TOWNSHIP MORTON

PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004

PROPERTY CLASS 0040

LENDING CODE

TIF BASE 0

FIRST DUE DATE 06/02/2014 1977 EQUALIZED 30,680

SAF BASE 0

FIRST INSTALLMENT \$2,976.87 FAIR CASH VALUE 284,940

SECOND DUE DATE 09/02/2014 TOTAL ACRES 0.00

LAND VALUE 21,780

SECOND INSTALLMENT \$2,976.87 + BUILDING VALUE 73,190

PRIOR TAX SOLD NO HOME IMPROVEMENT 0

FORFEITED NO ASSESSED VALUE 94,970

STATE MULTIPLIER 1.0000

EQUALIZED VALUE 94,970

DISASTER EXEMPT 0

OWNER OCCUPIED 6,000

SENIOR EXEMPT 5,000

FREEZE EXEMPTIONS 0

DISABLED VET 0

DISABLED EXEMPT 0

+ FARM LAND 0

+ FARM BUILDING 0

= NET TAXABLE VAL. 83,970

X TAX RATE 7.09032

= CURRENT TAX \$5,953.74

- ENTERPRISE ZONE \$0.00

+ DRAINAGE \$0.00

+ FORFEITURE BAL.

= TOTAL TAX DUE \$5,953.74

- TOTAL TAX PAID \$5,953.74

= TOTAL TAX DUE \$0.00

EXHIBIT "8"

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.47412	\$402.87	0.48589	\$407.99	\$83.16
COMMUNITY COLLEGE 514	0.63467	\$539.28	0.47276	\$396.98	\$6.60
MORTON LIBRARY	0.17145	\$145.68	0.17526	\$147.17	\$12.66
MORTON PARK	0.30089	\$255.67	0.30585	\$256.82	\$11.11
MORTON RD & BR	0.13197	\$112.13	0.13477	\$113.17	\$0.00
MORTON TOWNSHIP	0.07131	\$60.59	0.07282	\$61.15	\$0.00
UNIT SCHOOL 709	4.90476	\$4,167.57	5.00492	\$4,202.63	\$99.30
MORTON CORP	0.42859	\$364.17	0.43805	\$367.83	\$224.91
Totals	7.11776	\$6,047.96	7.09032	\$5,953.74	\$437.74

2013 PAYABLE 2014

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

DUPLICATE

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2013	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 06/02/2014	FIRST INSTALLMENT \$0.00 AMOUNT PAID \$2,976.87
PAID BY	

LATE PAYMENTS

AFTER: 06/02/2014 \$3,021.52
AFTER: 07/02/2014 \$3,066.18
AFTER: 08/02/2014 \$3,110.83
AFTER: 09/02/2014 \$3,155.48

DUPLICATE

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2013	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/02/2014	SECOND INSTALLMENT \$0.00 AMOUNT PAID \$2,976.87
PAID BY	

LATE PAYMENTS

AFTER: 09/02/2014 \$3,021.52
AFTER: 09/14/2014 CONTACT 309-477-2284 FOR AMOUNT

DUPLICATE



NAME: BROWN TRUST BARBARA B TRU
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-0000



NAME: BROWN TRUST BARBARA B TRU
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-0000

Total Tax Due A-054 \$0.00

EXHIBIT “9”

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

Office Hours 8:00am - 4:30pm Monday-Friday

TAZEWELL COUNTY PROPERTY TAX BILL
2014 TAXES PAYABLE 2015

LOCATION: 134 MAPLE RIDGE DR
MORTON, IL 61550-0000

LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

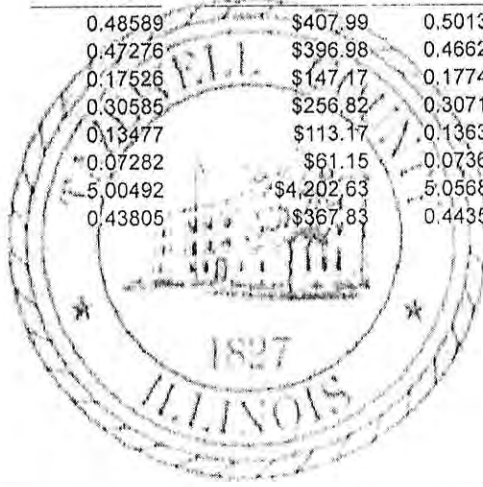
NAME:

ZIMMERMAN J. DAVID & CYNTHIA R
134 MAPLE RIDGE DR
MORTON IL 61550-000

EXHIBIT 4
9

TAX CODE 06002	TAZEWELL COUNTY ITEMIZED STATEMENT	TOWNSHIP MORTON
-------------------	---------------------------------------	--------------------

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.48589	\$407.99	0.50130	\$420.95	\$92.97
COMMUNITY COLLEGE 514	0.47276	\$396.98	0.46620	\$391.47	\$7.03
MORTON LIBRARY	0.17526	\$147.17	0.17746	\$149.01	\$13.04
MORTON PARK	0.30585	\$256.82	0.30713	\$257.90	\$12.43
MORTON RD & BR	0.13477	\$113.17	0.13635	\$114.49	\$0.00
MORTON TOWNSHIP	0.07282	\$61.15	0.07368	\$61.87	\$0.00
UNIT SCHOOL 709	5.00492	\$4,202.63	5.05689	\$4,246.27	\$100.43
MORTON CORP	0.43805	\$367.83	0.44354	\$372.44	\$219.54
Totals	7.09032	\$5,953.74	7.16255	\$6,014.40	\$445.44



PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004	PROPERTY CLASS 0040
FIRST DUE DATE 06/01/2015	LENDING CODE
SECOND DUE DATE 09/01/2015	TIF BASE 0
SECOND INSTALLMENT \$3,007.20	1977 EQUALIZED 30,680
PRIOR TAX SOLD NO	SAF BASE 0
FORFEITED NO	FAIR CASH VALUE 284,940
	TOTAL ACRES 0.00
	LAND VALUE 21,780
	BUILDING VALUE 73,190
	HOME IMPROVEMENT 0
	ASSESSED VALUE 94,970
	STATE MULTIPLIER 1.0000
	EQUALIZED VALUE 94,970
	DISASTER EXEMPT 0
	OWNER OCCUPIED 6,000
	SENIOR EXEMPT 5,000
	FREEZE EXEMPTIONS 0
	DISABLED VET 0
	DISABLED EXEMPT 0
	FARM LAND 0
	FARM BUILDING 0
	NET TAXABLE VAL. 83,970
	TAX RATE 7.16255
	CURRENT TAX \$6,014.40
	ENTERPRISE ZONE \$0.00
	DRAINAGE \$0.00
	FORFEITURE BAL. 0
	TOTAL TAX DUE \$6,014.40
	TOTAL TAX PAID \$6,014.40
	TOTAL TAX DUE \$0.00

2014 PAYABLE 2015

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

DUPLICATE

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2014	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 06/01/2015	FIRST INSTALLMENT \$0.00
	AMOUNT PAID \$3,007.20
	PAID BY

LATE PAYMENTS

AFTER: 06/01/2015 \$3,052.31
AFTER: 07/01/2015 \$3,097.42
AFTER: 08/01/2015 \$3,142.52
AFTER: 09/01/2015 \$3,187.63

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2014	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/01/2015	SECOND INSTALLMENT \$0.00
	AMOUNT PAID \$3,007.20
	PAID BY

LATE PAYMENTS

AFTER: 09/01/2015 \$3,052.31
AFTER: 09/14/2015 CONTACT 309-477-2284 FOR AMOUNT

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

Total Tax Due A-056 \$0.00

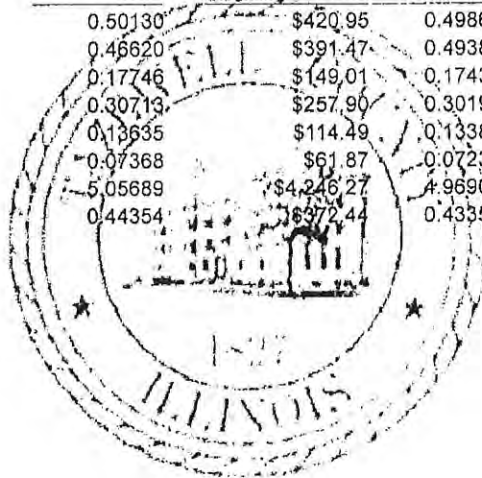
MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

Office Hours 8:00am - 4:30pm Monday-Friday

TAZEWELL COUNTY PROPERTY TAX BILL
2015 TAXES PAYABLE 2016

LOCATION:	134 MAPLE RIDGE DR MORTON, IL 61550-0000	
LEGAL DESC:	SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4	
NAME:	ZIMMERMAN J. DAVID & CYNTHIA R 134 MAPLE RIDGE DR MORTON IL 61550-000	
TAX CODE	06002	TOWNSHIP MORTON
TAZEWELL COUNTY ITEMIZED STATEMENT		

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.50130	\$420.95	0.49866	\$432.00	\$90.55
COMMUNITY COLLEGE 514	0.46620	\$391.47	0.49384	\$427.81	\$6.80
MORTON LIBRARY	0.17746	\$149.01	0.17430	\$151.00	\$12.90
MORTON PARK	0.30713	\$257.90	0.30199	\$261.61	\$12.91
MORTON RD & BR	0.13635	\$114.49	0.13381	\$115.92	\$0.00
MORTON TOWNSHIP	0.07368	\$61.87	0.07231	\$62.64	\$0.00
UNIT SCHOOL 709	5.05689	\$4,246.27	4.96903	\$4,304.67	\$117.49
MORTON CORP	0.44354	\$372.44	0.43358	\$375.61	\$145.22
Totals	7.16255	\$6,014.40	7.07752	\$6,131.26	\$385.87



PROPERTY INDEX NUMBER (PIN)	06-06-05-305-004
FIRST DUE DATE	06/01/2016
FIRST INSTALLMENT	\$3,065.63
SECOND DUE DATE	09/01/2016
SECOND INSTALLMENT	\$3,065.63
PRIOR TAX SOLD	NO
FORFEITED	NO
PROPERTY CLASS	0040
LENDING CODE	
TIF BASE	0
1977 EQUALIZED	30,680
SAF BASE	0
FAIR CASH VALUE	292,920
TOTAL ACRES	0.00
LAND VALUE	22,390
BUILDING VALUE	75,240
HOME IMPROVEMENT	0
ASSESSED VALUE	97,630
STATE MULTIPLIER	1.0000
EQUALIZED VALUE	97,630
DISASTER EXEMPT	0
OWNER OCCUPIED	6,000
SENIOR EXEMPT	5,000
FREEZE EXEMPTIONS	0
DISABLED VET	0
DISABLED EXEMPT	0
FARM LAND	0
FARM BUILDING	0
NET TAXABLE VAL.	86,630
TAX RATE	7.07752
CURRENT TAX	\$6,131.26
ENTERPRISE ZONE	\$0.00
DRAINAGE	\$0.00
FORFEITURE BAL.	
TOTAL TAX DUE	\$6,131.26
TOTAL TAX PAID	\$6,131.26
TOTAL TAX DUE	\$0.00

2015 PAYABLE 2016

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

DUPLICATE

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR	PROPERTY INDEX NUMBER (PIN)	
2015	06-06-05-305-004	
DUE DATE	FIRST INSTALLMENT	AMOUNT PAID
06/01/2016	\$0.00	\$3,065.63
LATE PAYMENTS		PAID BY

AFTER: 06/01/2016 \$3,111.61
 AFTER: 07/01/2016 \$3,157.60
 AFTER: 08/01/2016 \$3,203.58
 AFTER: 09/01/2016 \$3,249.57

DUPLICATE

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR	PROPERTY INDEX NUMBER (PIN)	
2015	06-06-05-305-004	
DUE DATE	SECOND INSTALLMENT	AMOUNT PAID
09/01/2016	\$0.00	\$3,065.63
LATE PAYMENTS		PAID BY

AFTER: 09/01/2016 \$3,111.61
 AFTER: 09/14/2016 CONTACT 309-477-2284 FOR AMOUNT

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
 ADDRESS: 134 MAPLE RIDGE DR
 MORTON IL 61550-000



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
 ADDRESS: 134 MAPLE RIDGE DR
 MORTON IL 61550-000

Total Tax Due A-057 \$0.00

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

Office Hours 8:00am - 4:30pm Monday-Friday

TAZEWELL COUNTY PROPERTY TAX BILL
2016 TAXES PAYABLE 2017

LOCATION: 134 MAPLE RIDGE DR
MORTON, IL 61550-0000

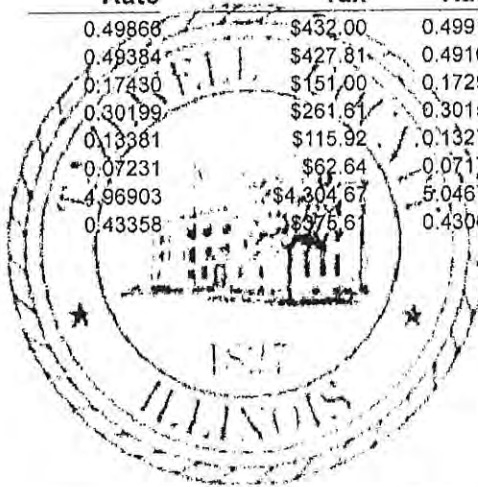
LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

NAME:

ZIMMERMAN J. DAVID & CYNTHIA R
134 MAPLE RIDGE DR
MORTON IL 61550-000

TAX CODE 06002 TAZEWELL COUNTY ITEMIZED STATEMENT TOWNSHIP MORTON

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.49868	\$432.00	0.49914	\$437.26	\$92.86
COMMUNITY COLLEGE 514	0.49384	\$427.81	0.49109	\$430.19	\$6.89
MORTON LIBRARY	0.17430	\$151.00	0.17292	\$151.48	\$14.09
MORTON PARK	0.30199	\$261.61	0.30152	\$264.13	\$12.67
MORTON RD & BR	0.13381	\$115.92	0.13276	\$116.30	\$0.00
MORTON TOWNSHIP	0.07231	\$62.64	0.07174	\$62.84	\$0.00
UNIT SCHOOL 709	0.96903	\$4,304.67	0.94672	\$4,420.93	\$117.86
MORTON CORP	0.43358	\$375.61	0.43008	\$376.75	\$163.61
Totals	7.07752	\$6,131.26	7.14597	\$6,259.88	\$407.98



PROPERTY INDEX NUMBER (PIN)	06-06-05-305-004
PROPERTY CLASS	0040
LENDING CODE	
TIF BASE	0
FIRST DUE DATE	06/01/2017
FIRST INSTALLMENT	\$3,129.94
SECOND DUE DATE	09/01/2017
SECOND INSTALLMENT	\$3,129.94
PRIOR TAX SOLD	NO
FORFEITED	NO
OWNER OCCUPIED	6,000
SENIOR EXEMPT	5,000
- FREEZE EXEMPTIONS	0
- DISABLED VET	0
- DISABLED EXEMPT	0
+ FARM LAND	0
+ FARM BUILDING	0
= NET TAXABLE VAL	87,600
x TAX RATE	7.14597
= CURRENT TAX	\$6,259.88
- ENTERPRISE ZONE	\$0.00
+ DRAINAGE	\$0.00
+ FORFEITURE BAL	
= TOTAL TAX DUE	\$6,259.88
- TOTAL TAX PAID	\$6,259.88
= TOTAL TAX DUE	\$0.00

2016 PAYABLE 2017

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

DUPLICATE

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2016	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 06/01/2017	FIRST INSTALLMENT \$0.00
	AMOUNT PAID \$3,129.94
	PAID BY

LATE PAYMENTS

AFTER: 06/01/2017 \$3,176.89
AFTER: 07/01/2017 \$3,223.84
AFTER: 08/01/2017 \$3,270.79
AFTER: 09/01/2017 \$3,317.74

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2016	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/01/2017	SECOND INSTALLMENT \$0.00
	AMOUNT PAID \$3,129.94
	PAID BY

LATE PAYMENTS

AFTER: 09/01/2017 \$3,176.89
AFTER: 09/14/2017 CONTACT 309-477-2284 FOR AMOUNT

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

Total Tax Due A-058 \$0.00

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

TAZEWELL COUNTY PROPERTY TAX BILL
2017 TAXES PAYABLE 2018

Office Hours 8:00am - 4:30pm Monday-Friday

LOCATION: 134 MAPLE RIDGE DR
 MORTON, IL 61550-0000

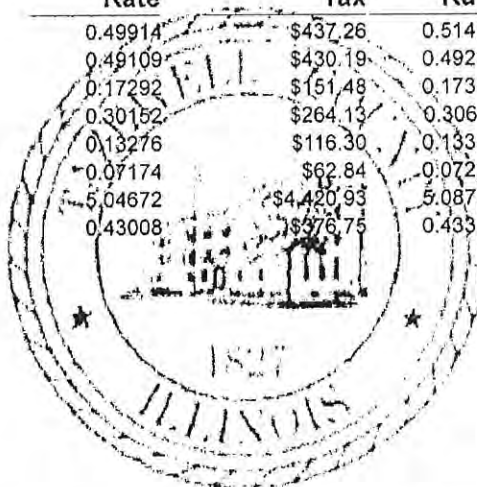
LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

NAME:

ZIMMERMAN J. DAVID & CYNTHIA R
 134 MAPLE RIDGE DR
 MORTON IL 61550-000

TAX CODE 06002 TAZEWELL COUNTY ITEMIZED STATEMENT TOWNSHIP MORTON

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.49914	\$437.26	0.51495	\$456.20	\$79.19
COMMUNITY COLLEGE 514	0.49109	\$430.19	0.49231	\$436.14	\$6.69
MORTON LIBRARY	0.17292	\$151.48	0.17345	\$153.66	\$14.58
MORTON PARK	0.30152	\$264.13	0.30611	\$271.18	\$12.85
MORTON RD & BR	0.13276	\$116.30	0.13382	\$118.55	\$0.00
MORTON TOWNSHIP	0.07174	\$62.84	0.07231	\$64.06	\$0.00
UNIT SCHOOL 709	5.04672	\$4,420.93	5.08742	\$4,506.95	\$120.30
MORTON CORP	0.43008	\$376.75	0.43384	\$384.34	\$220.81
Totals	7.14597	\$6,259.88	7.21421	\$6,391.08	\$454.42



PROPERTY INDEX NUMBER (PIN)
 06-06-05-305-004

FIRST DUE DATE
 06/04/2018

FIRST INSTALLMENT
 \$3,195.54

SECOND DUE DATE
 09/04/2018

SECOND INSTALLMENT
 \$3,195.54

PRIOR TAX SOLD
 NO

FORFEITED
 NO

PROPERTY CLASS	0040
LENDING CODE	
TIF BASE	0
1977 EQUALIZED	30,680
SAF BASE	0
FAIR CASH VALUE	298,800
TOTAL ACRES	0.00
LAND VALUE	22,840
+ BUILDING VALUE	76,750
+ HOME IMPROVEMENT	0
+ ASSESSED VALUE	99,590
+ STATE MULTIPLIER	1.0000
+ EQUALIZED VALUE	99,590
- DISASTER EXEMPT	0
- OWNER OCCUPIED	6,000
- SENIOR EXEMPT	5,000
- FREEZE EXEMPTIONS	0
- DISABLED VET	0
- DISABLED EXEMPT	0
+ FARM LAND	0
+ FARM BUILDING	0
= NET TAXABLE VAL.	88,590
x TAX RATE	7.21421
= CURRENT TAX	\$6,391.08
- ENTERPRISE ZONE	\$0.00
+ DRAINAGE	\$0.00
+ FORFEITURE BAL.	
= TOTAL TAX DUE	\$6,391.08
- TOTAL TAX PAID	\$6,391.08
= TOTAL TAX DUE	\$0.00

2017 PAYABLE 2018

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

DUPLICATE

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2017	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 06/04/2018	FIRST INSTALLMENT \$0.00
	AMOUNT PAID \$3,195.54
	PAID BY

LATE PAYMENTS

AFTER: 06/04/2018 \$3,243.47
 AFTER: 07/04/2018 \$3,291.41
 AFTER: 08/04/2018 \$3,339.34
 AFTER: 09/04/2018 \$3,387.27

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
 ADDRESS: 134 MAPLE RIDGE DR
 MORTON IL 61550-000

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2017	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/04/2018	SECOND INSTALLMENT \$0.00
	AMOUNT PAID \$3,195.54
	PAID BY

LATE PAYMENTS

AFTER: 09/04/2018 \$3,243.47
 AFTER: 09/14/2018 CONTACT 309-477-2284 FOR AMOUNT

DUPLICATE



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
 ADDRESS: 134 MAPLE RIDGE DR
 MORTON IL 61550-000

A-059

Total Tax Due \$0.00

EXHIBIT “10”

19

PTAX-340 2020 Senior Citizens Assessment Freeze Homestead Exemption Application and Affidavit

Last date to apply: 07/01/2020

Part 1: Applicant information (Please type or print.)

<p>1 _____ First name MI Last name</p> <p>2 _____ Mailing address</p> <p>_____</p> <p>City State ZIP</p>	<p>3 NOT REQUIRED Tax ID number _____</p> <p>4 _____ / _____ / _____ Date of birth (month, day, year)</p> <p>5 () - _____ Area code and phone number Email address</p>
--	---

Part 2: Property information

1 _____
Street address of property for which this exemption application is filed Township _____

_____ IL _____
City ZIP County

2 _____
Property (parcel) index number (PIN) Can be found on the top right corner of your tax bill.
Note: The PIN is shown on your property tax bill. You also may obtain it from your chief county assessment officer (CCAO). If you cannot obtain the PIN, attach a copy of the legal description.

3 Have you or your spouse received this exemption for this property previously? _____ Yes _____ No
If you answered "Yes", write the base year, if known. _____

4 If your spouse maintains a separate residence, has he or she applied for this exemption? _____ Yes _____ No

Part 3: Household income for 2019

You must include the income of you, your spouse, and all other individuals who live in your household.

1 Social Security and SSI benefits. Include Medicare deductions in this total.	1	_____
2 Railroad Retirement benefits. Include Medicare deductions in this total.	2	_____
3 Civil Service benefits	3	_____
4 Annuities, federally taxable pensions and retirement plan distributions.	4	_____
5 Human Services and other governmental cash public assistance benefits	5	_____
6 Wages, salaries, and tips from work	6	_____
7 Interest and dividends received	7	_____
8 Net rental, farm, and business income or (loss). (See instructions for Line 8.)	8	_____
9 Net capital gain or (loss). (See instructions for Line 9.)	9	_____
10 Other income or (loss). (See instructions for Line 10.)	10	_____
11 Add Lines 1 through 10.	11	_____
12 Certain subtractions. You may subtract only the reported adjustments to income from U.S. 1040, Schedule 1, Line 22.		
Subtraction item	Amount	
12a _____	_____	
12b _____	_____	
Add the amounts on Lines 12a and 12b, and write the result.	12	_____
13 Subtract Line 12 from Line 11, and write the result. This is your total household income for 2019. If the amount is greater than \$65,000, STOP . You do not qualify for this exemption.	13	_____

Do not write in this space.

Date received _____	Income verified _____ Yes _____ No
Application number _____	Base year EAV \$ _____
Base year _____	Revised base year EAV \$ _____
Revised base year _____	EAV of added improvements \$ _____
Approved _____ Yes _____ No	Base amount \$ _____

Part 4: Affidavit

Sworn under oath, I state the following:

1 (Mark the statement that applies.)

On January 1, 2020, the property identified in Part 2, Line 1, was improved with a permanent structure

a _____ that I used as my principal residence.

b _____ for which I received this exemption previously and is either unoccupied or used as my spouse's principal residence.

I am now a resident of a facility licensed under the Assisted Living and Shared Housing Act, Nursing Home Care Act, ID/DD (intellectually disabled/developmentally disabled) Community Care Act, or Specialized Mental Health Rehabilitation Act of 2013.

Name of facility

Mailing address

2 (Mark the statement that applies.)

On January 1, 2020, I

a _____ was the owner of record of the property identified in Part 2, Line 1.

b _____ had a legal or equitable interest by a written instrument in the property listed in Part 2, Line 1.

c _____ had a leasehold interest in the property identified in Part 2, Line 1, that was used as a single-family residence.

3 I am liable for paying real property taxes on the property identified in Part 2, Line 1.

Note: If I have not received this exemption for this property previously, I also met the eligibility requirements listed in Part 4, Lines 1, 2, and 3 for this property on January 1, 2019.

4 (Mark the statement that applies.)

a _____ In 2020, I am, or will be, 65 years of age or older.

b _____ In 2020, my spouse, who died in 2020, would have been 65 years of age or older. (Complete the following information.)

Deceased spouse's name

NOT REQUIRED

Tax ID number

_____/_____/_____
Date of birth (month, day, year)

_____/_____/_____
Date of death (month, day, year)

5 The property identified in Part 2, Line 1, is the only property for which I am applying for a senior citizens assessment freeze homestead exemption for 2020.

6 The amount reported in Part 3, Line 13, of this form includes the income of my spouse and all persons living in my household and the total household income for 2019 is \$65,000 or less.

7 On January 1, 2020, the following individuals also used the property identified in Part 2, Line 1, for their principal residence. My spouse is included if he or she used the property as his or her principal dwelling place on January 1, 2020. The total income of all individuals and my spouse (regardless of his or her principal residence) are included in Part 3. (Attach an additional sheet if necessary.)

First and last name

Tax ID number

a _____ NOT REQUIRED

b _____ NOT REQUIRED

8 (Mark the statement that applies.)

On January 1, 2020, I was

a _____ single, widow(er), or divorced. **b** _____ married and living together. **c** _____ married, but not living together.

My spouse's name and address is

First name

MI

Last name

Street Address

City

State

ZIP

Under penalties of perjury, I state that, to the best of my knowledge, the information contained in this affidavit is true, correct, and complete.

Signature of applicant

_____/_____/_____
Date (month, day, year)

Subscribed and sworn to before me this

____ day of _____, 20____.

Notary public

Note: The CCAO may conduct an audit to verify that the taxpayer is eligible to receive this exemption.



Mail your completed Form PTAX-340 to:

If you have any questions, please call:

Jennifer Gomric Minton, St. Clair County Assessor

(618) 825-2704

Senior Freeze Department, 10 Public Square
Belleville, IL 62220

Last date to apply 0 7 / 0 1 / 2 0 2 0
Month Day Year

This form is authorized in accordance with the Illinois Property Tax Code. Disclosure of this information is required. Failure to provide information may result in this form not being processed and may result in a penalty.

Printed by the authority of the
state of Illinois-Web only-1

PTAX-340 (R-12/19)
A-062

EXHIBIT “11”

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

Office Hours 8:00am - 4:30pm Monday-Friday

TAZEWELL COUNTY PROPERTY TAX BILL
2018 TAXES PAYABLE 2019

LOCATION: 134 MAPLE RIDGE DR
MORTON, IL 61550-0000

LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

NAME:

ZIMMERMAN J. DAVID & CYNTHIA R
134 MAPLE RIDGE DR
MORTON IL 61550-000

EXHIBIT 6

TAX CODE 06002 TAZEWELL COUNTY ITEMIZED STATEMENT TOWNSHIP MORTON

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.51495	\$456.20	0.52722	\$493.44	\$65.10
COMMUNITY COLLEGE 514	0.49231	\$436.14	0.48642	\$455.24	\$7.22
MORTON LIBRARY	0.17345	\$153.66	0.17765	\$166.26	\$14.80
MORTON PARK	0.30611	\$271.18	0.31543	\$295.21	\$13.82
MORTON RD & BR	0.13382	\$118.55	0.13741	\$128.60	\$0.00
MORTON TOWNSHIP	0.07231	\$64.06	0.07425	\$69.49	\$0.00
UNIT SCHOOL 709	5.08742	\$4,506.95	5.24103	\$4,905.08	\$130.48
MORTON CORP	0.43384	\$384.34	0.44588	\$417.30	\$203.50
Totals	7.21421	\$6,391.08	7.40529	\$6,930.62	\$434.92

PROPERTY INDEX
NUMBER (PIN)

06-06-05-305-004

FIRST DUE DATE

06/03/2019

FIRST INSTALLMENT

\$3,465.31

SECOND DUE DATE

09/03/2019

SECOND INSTALLMENT

\$3,465.31

PRIOR TAX SOLD

NO

FORFEITED

NO

PROPERTY CLASS	0040
LENDING CODE	
TIF BASE	0
1977 EQUALIZED	30,680
SAF BASE	0
FAIR CASH VALUE	298,800
TOTAL ACRES	0.00
LAND VALUE	22,840
+ BUILDING VALUE	76,750
HOME IMPROVEMENT	0
ASSESSED VALUE	99,590
STATE MULTIPLIER	1.0000
EQUALIZED VALUE	99,590
DISASTER EXEMPT	0
OWNER OCCUPIED	6,000
SENIOR EXEMPT	0
FREEZE EXEMPTIONS	0
DISABLED VET	0
DISABLED EXEMPT	0
+ FARM LAND	0
+ FARM BUILDING	0
NET TAXABLE VAL.	93,590
TAX RATE	7.40529
CURRENT TAX	\$6,930.62
ENTERPRISE ZONE	\$0.00
+ DRAINAGE	\$0.00
+ FORFEITURE BAL.	
TOTAL TAX DUE	\$6,930.62
TOTAL TAX PAID	\$6,930.62
TOTAL TAX DUE	\$0.00

2018 PAYABLE 2019

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2018	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 06/03/2019	FIRST INSTALLMENT \$0.00
	AMOUNT PAID \$3,465.31
	PAID BY

LATE PAYMENTS

AFTER: 06/03/2019 \$3,517.29
AFTER: 07/03/2019 \$3,569.27
AFTER: 08/03/2019 \$3,621.25
AFTER: 09/03/2019 \$3,673.23



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2018	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/03/2019	SECOND INSTALLMENT \$0.00
	AMOUNT PAID \$3,465.31
	PAID BY

LATE PAYMENTS

AFTER: 09/03/2019 \$3,517.29
AFTER: 09/14/2019 CONTACT 309-477-2284 FOR AMOUNT



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

Total Tax Due A-064 \$0.00

MARY BURRESS
TAZEWELL COUNTY
TREASURER & COLLECTOR
11 S. 4TH ST. STE. 308
PEKIN, IL 61554

TAZEWELL COUNTY PROPERTY TAX BILL
2019 TAXES PAYABLE 2020

Office Hours 8:00am - 4:30pm Monday-Friday

LOCATION: 134 MAPLE RIDGE DR
MORTON, IL 61550-0000

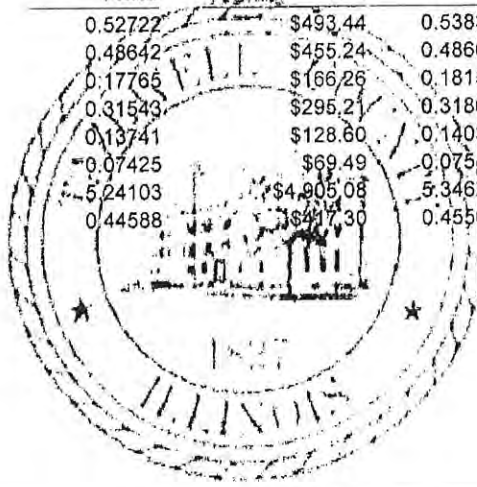
LEGAL DESC: SEC 5 T25N R3W ACKERMANS HYDE PARK ADDN SEC 8 LOT 120 SW 1/4

NAME:

ZIMMERMAN J. DAVID & CYNTHIA R
134 MAPLE RIDGE DR
MORTON IL 61550-000

TAX CODE 06002 TAZEWELL COUNTY ITEMIZED STATEMENT TOWNSHIP MORTON

Taxing Body	Prior Year Rate	Prior Year Tax	Current Rate	Current Tax	Pension Amount
TAZEWELL COUNTY	0.52722	\$493.44	0.53839	\$503.89	\$67.00
COMMUNITY COLLEGE 514	0.48642	\$455.24	0.48665	\$455.46	\$7.22
MORTON LIBRARY	0.17765	\$166.26	0.18156	\$169.92	\$14.82
MORTON PARK	0.31543	\$295.21	0.31866	\$298.23	\$15.22
MORTON RD & BR	0.13741	\$128.60	0.14037	\$131.37	\$0.00
MORTON TOWNSHIP	0.07425	\$69.49	0.07585	\$70.99	\$0.00
UNIT SCHOOL 709	5.24103	\$4,905.08	5.34622	\$5,003.53	\$133.25
MORTON CORP	0.44588	\$417.30	0.45566	\$426.45	\$190.66
Totals	7.40529	\$6,930.62	7.54336	\$7,059.84	\$428.17



PROPERTY INDEX NUMBER (PIN)	06-06-05-305-004
FIRST DUE DATE	07/01/2020
FIRST INSTALLMENT	\$3,529.92
SECOND DUE DATE	09/01/2020
SECOND INSTALLMENT	\$3,529.92
PRIOR TAX SOLD	NO
FORFEITED	NO
PROPERTY CLASS	0040
LENDING CODE	
TIF BASE	
1977 EQUALIZED	30,680
SAF BASE	
FAIR CASH VALUE	298,800
TOTAL ACRES	0.00
LAND VALUE	22,840
+ BUILDING VALUE	76,750
HOME IMPROVEMENT	
= ASSESSED VALUE	99,590
x STATE MULTIPLIER	1.0000
= EQUALIZED VALUE	99,590
- DISASTER EXEMPT	
OWNER OCCUPIED	6,000
SENIOR EXEMPT	
- FREEZE EXEMPTIONS	
- DISABLED VET	
- DISABLED EXEMPT	
+ FARM LAND	
+ FARM BUILDING	
= NET TAXABLE VAL	93,590
x TAX RATE	7.54336
= CURRENT TAX	\$7,059.84
- ENTERPRISE ZONE	\$0.00
+ DRAINAGE	\$0.00
+ FORFEITURE BAL	
= TOTAL TAX DUE	\$7,059.84
- TOTAL TAX PAID	\$7,059.84
= TOTAL TAX DUE	\$0.00

2019 PAYABLE 2020

PLEASE SEE REVERSE SIDE FOR PAYMENT INFORMATION.

Make checks payable to: TAZEWELL COUNTY TREASURER

#1

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2019	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 07/01/2020	FIRST INSTALLMENT \$0.00
	AMOUNT PAID \$3,529.92
	PAID BY

LATE PAYMENTS

AFTER: 07/01/2020 \$3,582.87
AFTER: 08/01/2020 \$3,635.82
AFTER: 09/01/2020 \$3,688.77
AFTER: 10/01/2020 \$3,741.72



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

#2

RETURN THIS PORTION WITH PAYMENT

FOR THE YEAR 2019	PROPERTY INDEX NUMBER (PIN) 06-06-05-305-004
DUE DATE 09/01/2020	SECOND INSTALLMENT \$0.00
	AMOUNT PAID \$3,529.92
	PAID BY

LATE PAYMENTS

AFTER: 09/01/2020 \$3,582.87
AFTER: 09/14/2020 CONTACT 309-477-2284 FOR AMOUNT



NAME: ZIMMERMAN J. DAVID & CYNTHIA R
ADDRESS: 134 MAPLE RIDGE DR
MORTON IL 61550-000

Total Tax Due A-065 \$0.00

EXHIBIT “12”

2013 06-06-05-305-004 Active Parcel

Parcel Report

Overview

Assessment

Board of Review

Corrections

Drainage

Exemptions

Farmland

Forfeiture

Genealogy

Hearings

Legal Desc.

Lot / Acres

Names

Permits

Redemption

Sales

Site Address

Tax Bill

Tax Payments

Tax Rates

Refunds

Pre-Payment

Sales List

08/01/2014 \$312,500

Sales Detail

Sale Year 2014
 Document # 1413717
 Sale Type Trustee Deed
 Sale Date 08/01/2014
 Date Entered 09/26/2014
 Filing Date
 Valid Sale? ☒ Yes ☐ No
 Include in Study? ☒ Yes ☐ No
 Gross Sale Price 312,500
 Personal Prop. 0
 Net Sale Price 312,500
 PY Land Value 22,460
 PY Building Value 73,190
 PY Total Value / Net Selling Price = DOR Sales Ratio
 95,650 / 312,500 = 30.61%
 Curr. Tot. Value / Net Selling Price = Cmt Sales Ratio
 95,650 / 312,500 = 30.61%

Sales Notes

Grantor List

BARBARA B BROWN, TRUSTE

Grantee List

J DAVID ZIMMERMAN & CINDY I

Name Detail

☒ Individual
 Last: BAR
 First Name:
 Middle Initial:
☒ U.S.
 Address: 134
 City: MO
 State: IL
 Phone/Fax: ()

Sales Trended Info

Created
 Factor
 Price
 By

Parcel Detail

Parcel Number	Property Type	Sq. Ft.	Year Built	Neighborhood	Subdivision Code
06-06-05-305-004		0	0		
06-06-05-305-012		0	0		

Owner List

ZIMMERMAN J. DA

Parcel 06-06-05-30

Township: MO

Tax Code: 060

Property Class: 004

Number of parcels in sale :2

EXHIBIT "13"



2018-19 Commercial Proposal Premium Summary

\$250,000 Liability Retention

\$25,000 Property & Inland Marine Retention

\$25,000 Auto Physical Damage Retention

<u>Coverage Part</u>	<u>Expiring Annual Premium</u>	<u>Renewal Annual Premium</u>
Commercial Package Coverage Part	\$285,516	\$286,806
Property – <i>total limit of insurance</i>	\$66,881,278	\$67,528,294
Inland Marine		
General Liability		
Employee Benefits		
Law Enforcement		
Public Entity Management		
States Attorney & Public Defenders Coverage		
Employment Practices Liability		
Automobile Liability – <i>total limit of Insurance</i>	\$4,378,112	\$4,623,897
Automobile Physical Damage		
Cyber Liability		
Umbrella Liability		
Workers Compensation Coverage Part	\$176,969	\$177,410
(\$400,000 Retention) Total Payroll Reported	\$22,340,764	\$22,548,155
ICRMT "the Value" Fee	Included	Included
Claims One Claim Handling Fee	Included	Included
Kuhl Insurance Agency Service Fee	\$30,000	\$30,000
<i>Includes Step 5 Risk Management Program</i>		
<i>Access to all training resources and Risk Manager</i>		
<i>Dedicated Account Manger</i>		
<i>Claims Handling Fees</i>		
<i>Review of all policies and procedures</i>		
<i>Establishment of Safety Review Committee</i>		
<i>24 hour access to our web based program</i>		
<i>24 hour Kuhl & company access through cell phones and answering service</i>		
<i>Unlimited issuance of certificates of Insurance</i>		
<i>All additional service requirements, reports, requirements as determined by you</i>		
Grand Total Premium:	\$492,485	\$494,216



2021-22 Commercial Proposal Premium Summary

\$250,000 Liability Retention

\$300,000 Law Enforcement Retention

\$25,000 Property & Inland Marine Retention

\$25,000 Auto Physical Damage Retention

	<u>Expiring Coverage Part Annual Premium</u>	<u>Renewal Annual Premium</u>
Commercial Package Coverage Part	\$427,344	\$548,705
Property – <i>total limit of insurance</i>	\$81,289,046	\$84,468,380
Inland Marine	\$3,167,070	\$3,167,070
General Liability		
Employee Benefits		
Law Enforcement		
Public Entity Management		
States Attorney & Public Defenders Coverage		
Employment Practices Liability		
Automobile Liability – <i>total limit of Insurance</i>	\$4,768,324	\$4,491,539
Automobile Physical Damage - # Units	122	116
Cyber Liability – <i>Annual Premium is Reflected</i>		
Umbrella Liability		
 Workers Compensation Coverage Part	 \$160,867	 \$171,795
(\$400,000 Retention) <i>Total Payroll Reported</i>	\$22,488,202	\$23,995,130
 ICRMT "the Value" Fee	 Included	 Included
 Claims One Claim Handling Fee	 Included	 Included
 Kuhl Insurance Agency Service Fee	 \$30,600	 \$30,600
<i>Includes Step 5 Risk Management Program</i>		
<i>Access to all training resources and Risk Manager</i>		
<i>Dedicated Account Manger</i>		
<i>Claims Handling Fees</i>		
<i>Review of all policies and procedures</i>		
<i>Establishment of Safety Review Committee</i>		
<i>24 hour access to our web based program</i>		
<i>24 hour Kuhl & company access through cell phones and answering service</i>		
<i>Unlimited issuance of certificates of Insurance</i>		
<i>All additional service requirements, reports, requirements as determined by you</i>		
 Total Premium:	 \$618,811	 \$751,100

ICRMT INVOICE

Named Insured: Tazewell County
Quote Number: R4-1000024-1819-01
Policy Year: DEC 01, 2018 - DEC 01, 2019

Total Annual Premium	\$464,215
Total Pro-Rated Premium	\$464,215

Premium Due by Effective Date of Coverage.

Based upon the payment plan you select, the following down payment is due:

Annual	\$464,215
50/50	\$232,108
25/6	\$116,054

Payment Coupon Please Make Checks Payable to:

Named Insured:	Tazewell County
Quote Number:	R4-1000024-1819-01
Package Premium Remitted:	

Illinois Counties Risk Management Trust
6580 Solution Center
Chicago, IL 60677-6005



ILLINOIS COUNTIES RISK MANAGEMENT TRUST

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A-071

EXHIBIT "14"

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

Sue Serdell

[Signature]

Ray Linn

[Signature]

[Signature]

Plenary Hall

[Signature]

[Signature]

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to approve a contract renewal agreement with IPMG (Insurance Program Managers Group) for Third Party Administrator Services; and

WHEREAS, the Third Party Administrator provides services for the County's health, dental and vision benefits plan; and

THEREFORE BE IT RESOLVED that the County Board approve the recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, IPMG, Payroll and the Auditor of this action.

PASSED THIS 29th DAY OF JANUARY, 2020.

ATTEST:

[Signature]
Tazewell County Clerk

[Signature]
Tazewell County Board Chairman

EXHIBIT “15” *A*



Please Make Checks Payable to: IPMG EBS
225 Smith Road
St. Charles, IL 60174

Invoice Date(s): 1/1/2021

Payment is due upon receipt

Employee Benefits Services Invoice

Tazewell County (TAZ)
Locations: 0, 1, 10, 11, 12, 13, 14, 2, 3, 4, 5, 501, 6, 7, 8, 9, 99

Tazewell County (TAZ)

Invoice Number: 11069 Version 1

	Rate	Employees Covered	Total
COBRA COMPLIANCE ADMINISTRATION	\$1.50	268	\$402.00
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	(\$1.50)	1	(\$1.50)
HRA ADMINISTRATION	\$7.50	10	\$75.00
MEDICAL CLAIMS ADMINISTRATION	\$19.5		\$5,346.60
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	(\$19.9)		(\$19.95)
MEDICAL REIMBURSEMENT PLAN	\$5.		\$265.00
DENTAL/VISION ADMINISTRATION	\$3.		\$279.50
VISION CLAIM ADMINISTRATION	\$3.		\$35.75
AGGREGATE PREMIUM	\$5	3	\$1,538.32
AGGREGATE PREMIUM **** ADJUSTMENT	(\$5.	1	(\$5.74)
SPECIFIC EXCESS LOSS - EE/CHILD	\$175	4	\$2,454.62
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT	(\$175.	1	(\$175.33)
SPECIFIC EXCESS LOSS - EE/SPS	\$193	8	\$1,546.80
SPECIFIC EXCESS LOSS - FAMILY	\$260.44	2	\$18,955.44
SPECIFIC EXCESS LOSS - SINGLE	\$101.28	174	\$17,622.72
UTILIZATION REVIEW	\$1.81	268	\$485.08
UTILIZATION REVIEW **** ADJUSTMENT	(\$1.81)	1	(\$1.81)
BEHAVIORAL HEALTH - EAP	\$600.00	1	\$600.00
POSTAGE FEE (1/10/1/2020)	\$678.61	1	\$678.61
ID CARD FEE (1/10/1/2020)	\$20.65	1	\$20.65
Total Amount Due			\$50,101.76

Please pay as billed, adjustments will be reflected on subsequent invoice.
If there are any adjustments to be made to this invoice, please contact Client Services at 630-789-2082 or fax your changes to 630-203-4500.

Printed on

12/14/2020

Employee Benefits Services Invoice

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Please Make Checks Payable to: IPMG EBS
225 Smith Road
St. Charles, IL 60174

Invoice Date(s): 12/1/2021

Payment is due upon receipt

Employee Benefits Services Invoice

Tazewell County (TAZ)
Locations: 0, 1, 10, 11, 12, 13, 14, 2, 3, 4, 5, 501, 6, 7, 8, 9, 99

Tazewell County (TAZ)

Invoice Number: 13150 Version 1

	Rate	Employees Covered	Total
COBRA COMPLIANCE ADMINISTRATION	\$1.50	267	\$400.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	\$1.50	7	\$10.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	(\$1.50)	6	(\$9.00)
HRA ADMINISTRATION	\$7.50	10	\$75.00
MEDICAL CLAIMS ADMINISTRATION	\$19.91	267	\$5,315.97
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	\$19.91	7	\$139.37
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	(\$19.91)	6	(\$119.46)
MEDICAL REIMBURSEMENT PLAN	\$5.00	51	\$255.00
DENTAL/VISION ADMINISTRATION	\$3.25	86	\$279.50
DENTAL/VISION ADMINISTRATION **** ADJUSTMENT	(\$3.25)	1	(\$3.25)
VISION CLAIM ADMINISTRATION	\$3.25	10	\$32.50
AGGREGATE PREMIUM	\$7.92	267	\$2,114.64
AGGREGATE PREMIUM **** ADJUSTMENT	\$5.74	7	\$40.18
AGGREGATE PREMIUM **** ADJUSTMENT	(\$5.74)	6	(\$34.44)
SPECIFIC EXCESS LOSS - EE/CHILD	\$212.09	16	\$3,393.44
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT	\$175.33	1	\$175.33
SPECIFIC EXCESS LOSS - EE/SPS	\$239.64	6	\$1,437.84
SPECIFIC EXCESS LOSS - FAMILY	\$359.94	73	\$26,275.62
SPECIFIC EXCESS LOSS - FAMILY **** ADJUSTMENT	(\$263.27)	2	(\$526.54)
SPECIFIC EXCESS LOSS - SINGLE	\$120.30	172	\$20,691.60
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	\$101.28	7	\$708.96
UTILIZATION REVIEW	(\$101.28)	5	(\$506.40)
UTILIZATION REVIEW **** ADJUSTMENT	\$1.85	267	\$493.95
UTILIZATION REVIEW **** ADJUSTMENT	\$1.85	7	\$12.95
UTILIZATION REVIEW **** ADJUSTMENT	(\$1.85)	6	(\$11.10)
BEHAVIORAL HEALTH - EAP	\$600.00	1	\$600.00
MED/DEP CARE BUNDLED FSA	\$6.00	47	\$282.00
POSTAGE FEE (10/01/2021)	\$666.66	1	\$666.66
FSA DEBIT CARD	\$2.75	45	\$123.75
ID CARD FEE (10/01/2021)	\$7.24	1	\$7.24
Total Amount Due			\$62,322.31



Please Make Checks Payable to: IPMG EBS
225 Smith Road
St. Charles, IL 60174

Invoice Date(s): 1/1/2022

Payment is due upon receipt

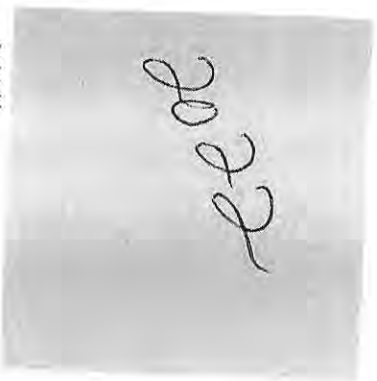
Employee Benefits Services Invoice

Tazewell County (TAZ)
Locations: 0, 1, 10, 11, 12, 13, 14, 2, 3, 4, 5, 501, 6, 7, 8, 9, 99

Tazewell County (TAZ)

Invoice Number: 13202 Version 1

	Rate	Employees Covered	Total
COBRA COMPLIANCE ADMINISTRATION	\$1.50	270	\$405.00
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	\$1.50	3	\$4.50
HRA ADMINISTRATION	\$7.50	10	\$75.00
MEDICAL CLAIMS ADMINISTRATION	\$19.91	270	\$5,375.70
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	\$19.91	3	\$59.73
MEDICAL REIMBURSEMENT PLAN	\$5.00	51	\$255.00
DENTAL/VISION ADMINISTRATION		86	\$279.50
VISION CLAIM ADMINISTRATION		10	\$32.50
AGGREGATE PREMIUM		270	\$2,138.40
AGGREGATE PREMIUM **** ADJUSTMENT		3	\$19.40
SPECIFIC EXCESS LOSS - EE/CHILD		17	\$3,605.53
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT		3	\$562.75
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT		3	(\$562.75)
SPECIFIC EXCESS LOSS - EE/SPS		6	\$1,437.84
SPECIFIC EXCESS LOSS - FAMILY		75	\$26,995.50
SPECIFIC EXCESS LOSS - FAMILY		1	\$359.94
SPECIFIC EXCESS LOSS - FAMILY **** ADJUSTMENT		172	\$20,691.60
SPECIFIC EXCESS LOSS - SINGLE	\$101.28	3	\$322.86
SPECIFIC EXCESS LOSS - SINGLE	(\$120.30)	1	(\$120.30)
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	\$1.85	270	\$499.50
UTILIZATION REVIEW	\$1.85	3	\$5.55
UTILIZATION REVIEW **** ADJUSTMENT	\$600.00	1	\$600.00
BEHAVIORAL HEALTH - EAP	\$6.00	1	\$6.00
MED/DEP CARE BUNDLED FSA	\$3.25	1	\$3.25
DEN-COBRA PARTICIPANTS **** ADJUSTMENT	\$1,005.38	1	\$1,005.38
POSTAGE FEE (11/01/2021)	\$386.75	1	\$386.75
ID CARD FEE (11/01/2021)			
Total Amount Due			\$64,444.13



Please pay as billed, adjustments will be reflected on subsequent invoice.
If there are any adjustments to be made to this invoice, please contact Client Services at 630-789-2082 or fax your changes to 630-203-4500.

Printed on

12/14/2021

Employee Benefits Services Invoice

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Please Make Checks Payable to: IPMG EBS
225 Smith Road
St. Charles, IL 60174

Invoice Date(s): 2/1/2022

Payment is due upon receipt

Employee Benefits Services Invoice

Tazewell County (TAZ)
Locations: 0,1,10,11,12,13,14,2,3,4,5,501,6,7,8,9,99

Tazewell County (TAZ)

Invoice Number: 13376 Version 1

	Rate	Employees Covered	Total
COBRA COMPLIANCE ADMINISTRATION	\$1.50	267	\$400.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	\$1.50	1	\$1.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	(\$1.50)	1	(\$1.50)
HRA ADMINISTRATION	\$7.50	9	\$67.50
HRA ADMINISTRATION **** ADJUSTMENT	(\$7.50)	2	(\$15.00)
MEDICAL CLAIMS ADMINISTRATION	\$19.91	267	\$5,315.97
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	\$19.91	1	\$19.91
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	(\$19.91)	1	(\$19.91)
MEDICAL REIMBURSEMENT PLAN	\$5.00	50	\$250.00
DENTAL/VISION ADMINISTRATION	\$3.25	87	\$282.75
DENTAL/VISION ADMINISTRATION **** ADJUSTMENT	\$3.25	2	\$6.50
DENTAL/VISION ADMINISTRATION **** ADJUSTMENT	(\$3.25)	1	(\$3.25)
DENTAL/VISION ADMINISTRATION **** ADJUSTMENT	\$3.25	11	\$35.75
VISION CLAIM ADMINISTRATION	\$7.92	267	\$2,114.64
AGGREGATE PREMIUM	\$7.92	1	\$7.92
AGGREGATE PREMIUM **** ADJUSTMENT	(\$7.92)	1	(\$7.92)
AGGREGATE PREMIUM **** ADJUSTMENT	\$212.09	17	\$3,605.53
SPECIFIC EXCESS LOSS - EE/CHILD	\$212.09	1	\$212.09
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT	\$239.64	6	\$1,437.84
SPECIFIC EXCESS LOSS - EE/SPS	\$359.94	72	\$25,915.68
SPECIFIC EXCESS LOSS - FAMILY	(\$359.94)	1	(\$359.94)
SPECIFIC EXCESS LOSS - FAMILY **** ADJUSTMENT	\$120.30	172	\$20,691.60
SPECIFIC EXCESS LOSS - SINGLE	\$120.30	2	\$240.60
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	(\$120.30)	2	(\$240.60)
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	\$1.85	267	\$493.95
UTILIZATION REVIEW	\$1.85	1	\$1.85
UTILIZATION REVIEW **** ADJUSTMENT	(\$1.85)	1	(\$1.85)
UTILIZATION REVIEW **** ADJUSTMENT	\$600.00	1	\$600.00
BEHAVIORAL HEALTH - EAP	(\$6.00)	1	(\$6.00)
MED/DEP CARE BUNDLED FSA **** ADJUSTMENT			
Total Amount Due			\$61,046.11



Please Make Checks Payable to: IPMG EBS.
225 Smith Road
St. Charles, IL 60174

Invoice Date(s): 3/1/2022

Payment is due upon receipt

Employee Benefits Services Invoice

Tazewell County (TAZ)
Locations: 0,1,10,11,12,13,14,2,3,4,5,501,6,7,8,9,99

Tazewell County (TAZ)

Invoice Number: 13667 Version 1

	Rate	Employees Covered	Total
COBRA COMPLIANCE ADMINISTRATION	\$1.50	267	\$400.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	\$1.50	3	\$4.50
COBRA COMPLIANCE ADMINISTRATION **** ADJUSTMENT	(\$1.50)	2	(\$3.00)
HRA ADMINISTRATION	\$7.50	9	\$67.50
MEDICAL CLAIMS ADMINISTRATION	\$19.91	267	\$5,315.97
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	\$19.91	3	\$59.73
MEDICAL CLAIMS ADMINISTRATION **** ADJUSTMENT	(\$19.91)	2	(\$39.82)
MEDICAL REIMBURSEMENT PLAN	\$5.00	50	\$250.00
DENTAL/VISION ADMINISTRATION	\$3.25	87	\$282.75
VISION CLAIM ADMINISTRATION	\$3.25	11	\$35.75
VISION CLAIM ADMINISTRATION **** ADJUSTMENT	\$3.25	2	\$6.50
VISION CLAIM ADMINISTRATION **** ADJUSTMENT	(\$3.25)	1	(\$3.25)
AGGREGATE PREMIUM	\$7.92	267	\$2,114.64
AGGREGATE PREMIUM **** ADJUSTMENT	\$7.92	3	\$23.76
AGGREGATE PREMIUM **** ADJUSTMENT	(\$7.92)	2	(\$15.84)
SPECIFIC EXCESS LOSS - EE/CHILD	\$212.09	18	\$3,817.62
SPECIFIC EXCESS LOSS - EE/CHILD **** ADJUSTMENT	\$212.09	1	\$212.09
SPECIFIC EXCESS LOSS - EE/SPS	\$239.64	6	\$1,437.84
SPECIFIC EXCESS LOSS - FAMILY	\$359.94	71	\$25,555.74
SPECIFIC EXCESS LOSS - FAMILY **** ADJUSTMENT	(\$359.94)	1	(\$359.94)
SPECIFIC EXCESS LOSS - SINGLE	\$120.30	172	\$20,691.60
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	\$120.30	3	\$360.90
SPECIFIC EXCESS LOSS - SINGLE **** ADJUSTMENT	(\$120.30)	2	(\$240.60)
UTILIZATION REVIEW	\$1.85	267	\$493.95
UTILIZATION REVIEW **** ADJUSTMENT	\$1.85	3	\$5.55
UTILIZATION REVIEW **** ADJUSTMENT	(\$1.85)	2	(\$3.70)
BEHAVIORAL HEALTH - EAP	\$600.00	1	\$600.00
POSTAGE FEE (12/01/2021)	\$738.32	1	\$738.32
ID CARD FEE (12/01/2021)	\$12.93	1	\$12.93
Total Amount Due			\$61,821.99

Printed on

2/14/2022

Employee Benefits Services Invoice

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EXHIBIT "15" B

IPMG EMPLOYEE BENEFITS SERVICES ADMINISTRATIVE SERVICES AGREEMENT

This IPMG ADMINISTRATIVE SERVICES AGREEMENT ("Agreement") is made and entered into effective December 1, 2019 ("Effective Date") by and between IPMG EMPLOYEE BENEFITS SERVICES, LLC, its principal place of business at 225 Smith Rd., St. Charles, Illinois 60174 ("IPMG") and Tazewell County, a corporation with its principal place of business at 11 S. 4th Street - #308, Pekin IL 61554 ("Client"). All references to this Agreement shall include the schedules and exhibits to this Agreement unless otherwise specified. IPMG and Client may be referred to individually herein as a "Party" or collectively as the "Parties."

RECITALS

WHEREAS, Client has established a Benefits Plan (the "Plan") for eligible employees and their enrolled dependents (the "Participants");

WHEREAS, IPMG and its affiliates are in the business of providing certain benefit data processing and administrative services to its customers throughout the United States;

WHEREAS, Client has agreed to engage IPMG to provide the Base Services and any Additional Services (as such terms are defined below) to Client and its affiliates; and

NOW, THEREFORE, for good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties hereby agree as follows:

1. Definitions

The following capitalized terms shall have the meaning ascribed thereto in this Agreement:

"Additional Services" shall mean those IPMG services that IPMG and Client agree for IPMG to provide to Client pursuant to this Agreement, and any Addendum, but excluding any Base Services.

"Affiliate" shall mean, with respect to any entity, any other entity that directly, or indirectly through one or more intermediaries, Controls, is Controlled by, or is under common Control with, such entity.

"Base Services" shall mean those initial claims, data processing and administrative services provided by IPMG as set forth herein.

"IPMG Property" shall mean the IPMG Data, any software, materials, technologies, methods, processes, know-how, and techniques, and any other Intellectual Property Rights used, originated or developed in connection therewith or otherwise in connection with this Agreement (but excluding any Client Property).

"Change Order" shall mean a written modification to the Base Services or Additional Services set forth herein, signed by both Parties.

"Client Data" shall mean any data that Client or Client's designee supplies to IPMG for the performance of Services pursuant to this Agreement, including data collected, supplemented or provided by IPMG.

"Client Property" shall mean the Client Data, any pre-existing proprietary materials, processes, or methodologies that Client specifies in connection with the Services, the Deliverables, and any Intellectual Property Rights associated therewith.

"COBRA" shall mean the Consolidated Omnibus Budget Reconciliation Act of 1985, as amended.

"Confidential Information" shall mean information and materials that a Party discloses to the other Party in the performance of this Agreement that the disclosing Party reasonably considers confidential or proprietary, including but not limited to any financial, technical, legal, marketing, network, or customer or vendor information, lists, reports, strategies, records, or data. Client's Confidential Information shall be deemed to include the Client Property. IPMG's Confidential Information shall be deemed to include the IPMG Property and the Fees.

"Control" (including the terms "Controlling," "Controlled by" and "under common Control with") means, with respect to the relationship between or among two or more entities, the possession, directly or indirectly or as trustee or executor, of the power to direct or cause the direction of the affairs or management of another entity, whether through the ownership of voting securities, as trustee or executor, by contract or otherwise, including, but not limited to, the ownership, directly or indirectly, of securities having the power to elect a majority of the board of directors or similar body governing the affairs of such entity, or as otherwise defined under Internal Revenue Code Section 414(b) and (c) respectively.

"Deliverables" shall mean those tangible, written materials developed by IPMG and specified for delivery to Client.

"Fees" shall mean the fees for the Services as set forth in the attached Fee Schedule.

"Fee Schedule" shall mean a schedule that describes the applicable fees for any Services set forth herein or in any Addendum.

"Intellectual Property Rights" shall mean any and all copyrights, patents, trademarks, trade secrets, and any other intellectual property rights recognized under applicable law associated with or relating to a Party's Property, and any extensions, modifications and enhancements thereto, or derivative works thereof.

"Qualified Beneficiary" shall mean an employee or beneficiary who is eligible for COBRA coverage in accordance with ERISA Section 607(3).

"Qualifying Event" shall mean an event described in ERISA Section 603.

"Security Breach" shall mean any actual, potential or threatened unauthorized access to or use of any Client Data, or as otherwise defined under 45 C.F.R. Section 164.402.

"Services" shall mean any Base Services or Additional Services.

"Addendum" shall mean a schedule executed by the Parties that generally describes certain Additional Services and the supplemental terms and conditions that apply to IPMG's provision and Client's receipt and use of such Additional Services.

2. Agreement Operation

2.1 Agreement Application. This Agreement sets forth the terms and conditions that apply to IPMG's provision and Client's receipt and use of the Services. The Parties expressly understand and agree that their respective Affiliates may participate in this Agreement subject to the terms and conditions set forth herein. An Affiliate shall be deemed to undertake the rights and obligations of IPMG or Client, as applicable, for the purposes of performance of this Agreement, and shall be deemed a "Party" to this Agreement solely with respect to the performance of such Services.

2.2 Addendums. In the event that IPMG and Client desire for IPMG to provide Additional Services to Client, the Parties shall enter into one or more Addendums to this Agreement. Each Addendum shall reference this Agreement and is hereby incorporated herein by reference.

2.3 Precedence. This Agreement and any Addendums or Change Orders shall be construed as a whole to effectuate the intent of each to the extent possible. In the event, however, of an irreconcilable ambiguity or discrepancy among or between the terms of this Agreement, an Addendum, or a Change Order, the following precedence shall apply to the extent of any such conflict: (i) Change Order; (ii) Addendum; then (iii) this Agreement.

3. Services. IPMG shall provide to Client those Services as set forth herein and in accordance with any Addendum. For purposes of this Agreement, Client agrees to the Services set forth in this Agreement, as well as the elected Addendum(s) set forth below (elect all that apply, if any):

- X ☐ Addendum One – COBRA Administration
- X ☐ Addendum Two – Section 125 Flexible Benefit Plan Administration
- ☐ Addendum Three – Short-Term Disability Plan Administration
- X ☒ Addendum Four – Case Management Services
- ☐ Addendum Five – Health Management Services
- ☐ Addendum Six – Leave Administration Services

3.1 Claim Administration Services. The claim administration procedure contemplated by the Plan and this Agreement will be composed of the following steps:

- a. The originating step in the medical, dental or vision claim administration procedure will be the submission to IPMG of a statement for professional fees, medical, dental or vision costs, or other health care expenses by either the provider or the employee. Depending on the member's medical, dental or vision network choice, if the services are rendered by a provider who is a member of such preferred provider organization network, IPMG will discount the provider's fee based upon the plan network's agreement with that provider as pre-arranged between the network and the provider. If the claims are to be forwarded by the health care provider directly to the plan network, the plan network will discount the provider's fee based on the network's agreement and forward the re-priced claim to IPMG.
- b. In circumstances in which IPMG is providing claim administrative services for a health reimbursement arrangement ("HRA"), the originating step in the HRA claim administration procedure will be the submission to IPMG of a copy of the Explanation of Benefit Summary (EOB) from the primary carrier showing the deductible amount applied to the claim. IPMG will then process the HRA claim up to the plan's HRA limits.
- c. IPMG will rely on the information provided by Client in determining employee eligibility for plan coverage. The Client is responsible for providing IPMG with current eligibility information for participants and dependents.

- d. IPMG will review the material filed in support of the claim involved. If such materials are incomplete, IPMG will request clarification from the service provider or participant or request the submission of additional information.
- e. IPMG will prepare and forward a copy of the Explanation of Benefit Summary (EOB) or letter explaining the results of its review to the participant. When benefits are assigned, the service provider will also receive an EOB. If a claim is denied in whole or in part, the EOB will list all the items required by the Employee Retirement Income Security Act of 1974 (ERISA)(as amended) and the current Claims Procedure Regulations published by the Department of Labor.
- f. IPMG will process any appeals of denied claims submitted by a participant or beneficiary. However, the Client is responsible for the final coverage decision of an appealed claim.
- g. Benefit payments will be drawn from the Client's Benefit Payment Account on a weekly basis. Drafts for such payments will be prepared by IPMG. A Draft Register summarizing the benefit payments will be forwarded to Client on a weekly basis. Client will provide sufficient funds for the release of such benefit payment drafts within seven calendar days following notification of the amount payable for the weekly Draft Register. Upon receipt of the authorization to release the Draft Register, IPMG will disburse the drafts directly to the payees. In no event shall IPMG be responsible to make any benefit payment in the event Client has not provided sufficient funds for the release any benefit payment draft, nor shall IPMG be responsible for any fees or penalties incurred due to Client nor providing sufficient funding.

3.2 Website Services. IPMG shall provide website administration in accordance with the following:

- a. IPMG will provide access to IPMG website for Client to be used as an employee and/or employer benefits portal. The website will include, at a minimum, employee eligibility data, benefit enrollment and election capabilities, benefit calculators, and an area for company health initiatives.
- b. To the extent information is provided by Client, IPMG will upload employee demographic, the applicable plan document, and applicable claims data to the website for access by Client or Client's broker / consultant.
- c. IPMG will host all electronic data on a secure, HIPAA-compliant network.
- d. IPMG will provide a secure interface to end-users with uniquely secure electronic sign-on and password protection.
- e. IPMG will provide online real-time reporting through the secure website for available plan data .

3.3 Ancillary Services. In addition to the services described in Sections 3.1 and 3.2 above, IPMG shall perform the following services:

- a. IPMG shall make members of its staff available to Client and Participants during normal posted business hours to discuss qualification requirements and claims.
- b. IPMG shall provide national toll-free telephone access with after-hours voicemail for use by Client and Participants. IPMG shall respond to any after-hours voice messages by the end of the following business day. IPMG shall also provide a secure email address for use by Client and Participants. IPMG shall respond to any emails sent to this address by the end of the next business day.
- c. IPMG may provide services or supplies not referenced herein either directly or through outside vendors upon written approval of Client. Fees for such additional services shall be based on the time and materials required or the actual charges incurred for services performed by outside vendors and shall be paid to IPMG. Prior to incurring any such fees, IPMG shall obtain written approval from Client by providing a written change order to client.
- d. After the end of each calendar month, IPMG will furnish to Client via its website a list of standard IPMG reports. Additional and/or ad hoc report requests may incur additional fees based on time and materials required.
- e. IPMG will furnish to Client a monthly Draft Register confirming payment of drafts issued.
- f. IPMG will furnish to the Plan Sponsor such information in its possession as may be needed by Client to make filings required under ERISA. IPMG will provide sufficient information in order for Client to complete Schedule A of Form 5500. Responsibility for such filings will be the sole responsibility of Client.
- g. When directed by Client, IPMG will submit claims for reimbursement to the insurance company providing excess loss coverage issued in connection with the Plan. IPMG acts solely on the behalf of Client and shall not be deemed a party to the excess loss contract. IPMG is not liable for amounts denied by the excess loss insurer for any reason.

- h. IPMG will provide any statistics needed for filing with the U.S. Department of Labor and/or Internal Revenue Service, and will prepare and file Form 1099 MISC for service providers.
- i. IPMG will forward payment from the Client's Benefit Payment Account to the firm retained by Client to administer the prescription drug program upon receipt of Client's funds necessary to release such payment. The eligibility of a Participant for prescription drug benefits will be determined by the prescription drug vendor based on information provided to the vendor by Client through IPMG. IPMG is not responsible for the accuracy of information provided by the Client.
- j. IPMG has existing agreements with preferred prescription drug programs (PBMs) which cover costs associated with day to day drug program support on behalf of the client and the PBM. IPMG provides data extract file creation, billing, eligibility / claim data connectivity services, compliance, account reconciliation, member accumulator balances, reporting and client service support. If Client chooses to utilize a non-preferred PBM, additional administrative fee will apply as to cover support services (see Fee Schedule).
- k. If applicable, IPMG will provide services to assist the Plan Sponsor in complying with the requirements of the New York Health Care Reform Act of 1996 (HCRA) on a monthly or annual basis and/or with the requirements of the Uncompensated Care Pool surcharge administered by the Division of Health Care Finance and Policy of the Commonwealth of Massachusetts.
- l. Based on an accident diagnosis or certain medical diagnoses, and/or upon Client's request or approval, IPMG will forward potential subrogation and reimbursement claims to an outside recovery firm to pursue recovery in cases where another party may be liable for the charges. Client agrees to be responsible for any resulting third-party service fees, most commonly reflected as a percentage of recoveries, in accordance with the fee schedule attached hereto.
- m. When appropriate under the terms of the Plan, IPMG may forward certain facility bills to an independent bill review firm. This firm will attempt to reduce the total charges for such bills. (Client agrees to be responsible for any related fees or expenses, most commonly reflected as a percentage of savings.)
- n. When appropriate under the terms of the Plan, IPMG may forward out-of-network claims to a negotiation/discounting firm in order to reduce the total charges for such bills. A percentage of negotiated savings will be retained by negotiation/discounting firm and a percentage of negotiated savings will be retained by IPMG.
- o. When appropriate under the terms of the Plan, and as approved by Client, IPMG will forward information to a medical reviewer for the purpose of determining the appropriateness of treatment. IPMG shall not be liable for determinations or treatment recommendations made by such medical reviewer.
- p. In the event that IPMG pays a Claim in good faith but in error, IPMG shall make good faith attempts to recover any overpayments. If IPMG is unable to recover the overpayment, the claim may be referred to a collection agency or other organization [at the request and expense of the Client. In no event may the Client hold IPMG liable for reimbursement of overpayments made in error but in good faith by IPMG, unless specified elsewhere in this Agreement.
- q. Client may, in the course of its benefits management, enter into agreements with outside vendors, whether recommended by IPMG or otherwise. Such agreements are third party agreements and IPMG is not a party thereto. Third party vendors may include, but are not limited to, utilization review firms, stop-loss carriers, wellness coordinators and prescription benefit managers. If the services provided by such third parties necessitate that any additional services be provided by or resources be expended by IPMG, IPMG may adjust existing fees or charge additional reasonable fees as necessary. In no instance will IPMG ever be responsible for the services of any third party, or any harm, injury claim, or damage or loss resulting therefrom.

3.4 Client Support. Client shall perform those services, tasks, responsibilities, reviews, and approvals ("Client Tasks"), and provide data, materials, information, cooperation, and access to Client resources ("Client Support") as specified herein or as IPMG may otherwise reasonably request in connection with the Services. Client's failure to timely perform any Client Tasks or provide any Client Support may result in or require a change to the Services, timelines, or Fees. IPMG shall not be responsible for any delay of any Services caused by a Client failure to timely or adequately perform any Client Tasks or provide any Client Support.

3.5 Client Contributions, Tasks and Responsibilities.

- a. Eligibility Determination. Client shall be responsible for all determinations of eligibility for benefits under the Plan including monitoring ongoing eligibility of Participants. IPMG shall rely on such determinations and shall not be responsible for any errors with respect to information provided to it by Client. Re-work and/or corrections resulting from such errors may incur fees based on the time and materials required to complete the work.
- b. Client Information. Client shall inform IPMG in writing of any changes to the Plan, forms, vendors or any other change that may impact IPMG's ability to provide the Services or to perform its obligations under this Agreement.

3.6 Compliance with Laws. IPMG shall perform the Services in accordance with all applicable federal, state and local laws, regulations, rules, and judicial and administrative decisions. Client shall collect and provide IPMG the Client Data and use the Services in accordance with all applicable federal, state and local laws, regulations, rules, and judicial and administrative decisions. If at any time during the Term the Services, or Client's provision or IPMG's use of the Client Data in accordance with this Agreement is impacted by a change in requirements imposed by any applicable federal, state or local laws, regulations, rules, or by judicial and administrative decision, the Parties shall work together in good faith to modify the affected Services and Fees to such changes. IPMG is not liable for and does not make any representations regarding the Plan's compliance with applicable laws.

4. Term and Termination

4.1 Term. This Agreement shall commence as of the Effective Date and shall continue in effect for twelve (12) months ("Term"), unless earlier terminated in accordance with this Agreement. THE TERM SHALL EXTEND AUTOMATICALLY FOR ADDITIONAL SUCCESSIVE ONE (1) YEAR PERIODS, UNLESS AND UNTIL A PARTY PROVIDES WRITTEN NOTICE OF TERMINATION TO THE OTHER PARTY NOT LESS THAN SIXTY (60) DAYS PRIOR TO THE EXPIRATION OF THE TERM OR APPLICABLE EXTENSION. IN ADDITION TO OTHER APPLICABLE TERMINATION FEES LISTED IN ANY FEE SCHEDULE OR ADDENDUM, A PENALTY OF ONE MONTH'S AVERAGE BILLING FEE MAY APPLY FOR FAILING TO PROVIDE 60 DAYS PRIOR NOTICE.

4.2 Termination for Cause. Either Party may terminate this Agreement or an Addendum upon thirty (30) days written notice in the event the other Party materially breaches any material term, condition, or obligation with respect thereto and fails to correct or cure such breach within thirty (30) days following the breaching Party's receipt of such notice.

4.3 Termination for Nonpayment. This Agreement may be terminated by IPMG upon the occurrence of the earliest of the following events:

- a) Upon Client's failure to pay fees and expenses owing under this Agreement in accordance with Section 5.2, and after failing to cure the default within ten (10) days.
- b) Upon Client's failure to transfer or fund necessary amounts subject to the following conditions:
 - i. Client's receipt of first written notice of a funding deficiency and/or a failure to transfer or fund necessary amounts within twenty (20) days of having received a Draft register;
 - ii. Client's receipt of second written notice of a funding deficiency and/or a failure to transfer or fund necessary amounts within ten (10) days of having received first written notice, or thirty (30) days after having received a Draft register;
 - iii. Client's receipt of written notice that the service cancellation process will be initiated within fifteen (15) days of having received second written notice, or forty-five (45) days after having received a Draft register;
 - iv. Client's receipt of written notice that the service agreement has been cancelled within fifteen (15) days of having received cancellation letter, or sixty (60) days after having received a Draft register.

When this Agreement is terminated under either of the above conditions, IPMG will issue written notice to all Participants of IPMG's termination of the Agreement as required by law, and shall immediately cease the performance of any further Services and will not perform any run-out services for the Plan or Plan Sponsor unless requested by Client and agreed to by IPMG. All Plan Sponsor records and applicable Plan information shall be returned to the Plan Sponsor as otherwise provided for herein. IPMG shall have no responsibility for the processing and/or payment of any claims for which Client has not adequately funded prior to or after receiving notice of funding deficiency and/or cancellation of services by IPMG in the manner set forth above and any unprocessed claim information shall also be returned the Plan Sponsor for further processing and handling.

5. Fees

5.1 Fees. Client will pay IPMG for the Services in the amounts and manner set forth in the applicable Fee Schedule within the Agreement, or applicable Addendum (collectively, the "Fees"). The Fees include late fees and third-party fees billed by IPMG and paid by Client through IPMG as agreed between the Parties, including but not limited to network access fees, broker / consultant fees, UR vendor fees, and any applicable state, local or other sales or use taxes.

5.2 Payment. IPMG shall invoice Client each month in advance for Fees. Each invoice shall describe in reasonable detail the Services performed and associated Fees. Client shall pay to IPMG all invoiced amounts not disputed in good faith by the tenth (10th) of the month. Client shall promptly identify any invoice or Fee dispute to IPMG. If Client fails to pay any invoice in accordance with the foregoing terms, Client shall also pay to IPMG interest on the unpaid amount equal to the lesser of one and one-half percent (1.5%) per month or the maximum amount allowed by law. A period of delay attributable to a reasonable and good faith dispute regarding Fees shall not accrue interest in regard to the portion of Fees in dispute.

5.3 Fee Changes. IPMG shall review its fee schedule annually and provide Client with a proposed fee schedule no later than 60 days prior to the automatic renewal date pursuant to Section 4.1. Client shall have 30 days to approve such modified fee schedule or elect to terminate the Agreement.

6. Data

6.1. Client Data. IPMG shall use Client Data solely to perform the Services pursuant to this Agreement and for no other purpose. IPMG shall not disclose Client Data to any third party, except as directed by Client or as necessary for IPMG to provide the Services. Subject to HIPAA data retention guidelines as otherwise set forth under the terms of the signed Business Associate Agreement ("BAA") between IPMG, Client and any other applicable parties thereof, IPMG shall destroy or return Client Data promptly following completion of the applicable Services. Client shall be responsible for its provision of any such Client Data to IPMG and IPMG use of such Client Data in accordance with this Agreement.

6.2. Security. IPMG shall maintain reasonable security procedures and practices appropriate to the nature of the information to protect the IPMG Data in Client's possession from unauthorized access, destruction, use, modification or disclosure. IPMG shall provide Client immediate written notice upon discovery or notification of any Security Breach and promptly and at its own expense investigate and take all steps to identify, prevent and mitigate the effects of any Security Breach, in accordance with the terms of the signed BAA between IPMG, Client and any other applicable parties thereof. As applicable, IPMG shall promptly provide to Client a detailed description of the incident, the IPMG Data accessed, the identity of affected individuals concerning the Security Breach and conduct any recovery necessary to remediate the impact and bear any cost or loss Client may incur as a result of the Security Breach, including any cost associated with notifying any affected individuals. In the case of a security breach under HIPAA, IPMG shall follow any and all mandated procedures established by the Department of Labor ("DOL"), Department of Health and Human Services ("HHS"), Office of Civil Rights ("OCR") and other applicable regulatory agencies.

7. Confidentiality

7.1. Restriction. The Parties shall from time to time disclose to each other Confidential Information in connection with the performance of this Agreement or the Services. A Party receiving Confidential Information pursuant to this Agreement ("Recipient") shall treat all Confidential Information provided by the disclosing Party ("Discloser") as proprietary and confidential and shall not disclose or permit disclosure of such Confidential Information to any third party, provided that the Recipient may disclose Confidential Information to its employees, officers, or directors, or legal or financial representatives on a need-to-know basis as necessary to fulfill the Recipient's obligations under the Agreement. The Recipient shall safeguard all Confidential Information of the Discloser with at least the same degree of care (and in no event less than reasonable care) as the Recipient uses to protect its own Confidential Information of like kind. The Recipient shall use the Discloser's Confidential Information solely for the purpose of fulfilling its obligations under this Agreement and shall not use or disclose such Confidential Information for its own benefit or for the benefit of others, except as otherwise authorized by this Agreement or the Discloser in writing.

7.2. Exclusions. The following shall not be deemed Confidential Information and the Recipient shall have no obligation with respect to any such information that is: (i) in or enters the public domain by no fault or wrongful act of the Recipient; (ii) known by the Recipient prior to disclosure by the Discloser; (iii) disclosed to the Recipient by a third party who was not under a similar restriction or obligation of confidentiality to the Discloser and without breach of this Agreement; (iv) independently developed by the Recipient without any breach of this Agreement, as shown by documentary evidence; (v) approved for release by written authorization of the Discloser; or (vi) disclosed pursuant to the lawful requirement or order of a court or governmental agency, provided that, upon the Recipient's receipt of a request for such a disclosure, the Recipient gives prompt notice thereof to the Discloser (unless such notice is not possible under the circumstances) so that the Discloser may have the opportunity to contest such disclosure and seek a protective order or other appropriate remedy.

7.3. Return or Destruction. All Confidential Information transmitted or disclosed hereunder will be and remain the property of the Discloser, and the Recipient shall (at the Discloser's election) promptly destroy and certify such destruction in writing or return to the Discloser any and all copies thereof upon termination of this Agreement, or upon the Discloser's written request.

7.4. Remedies. The Parties acknowledge and agree that, given the unique and proprietary nature of the Confidential Information, monetary damages may not be calculable or a sufficient remedy for a breach of this Section 7 by a Recipient, and that a Discloser may suffer irreparable injury as a consequence of such breach. Accordingly, in the event of an actual or threatened breach of this Section 7, a Discloser shall be entitled to seek equitable relief (including, but not limited to, injunction and specific performance) to remedy such breach or threatened breach. Such remedies shall not be deemed to be exclusive remedies for a breach by a Recipient but shall be in addition to any other remedies available to a Discloser at law or in equity.

8. Intellectual Property Rights

8.1. Client. Client shall own exclusively all right, title and interest in and to all Client Property.

8.2. IPMG. IPMG shall own exclusively all right, title and interest in and to the IPMG Property.

8.3. Assistance. Each Party shall execute (and make commercially reasonable efforts to cause all appropriate third parties to execute) any documents, provide all reasonably requested assistance, and take any other actions reasonably requested by the other Party to demonstrate and effectuate the ownership rights set forth in this Section 8.

9. Warranty

9.1 IPMG Warranties. IPMG warrants to Client that IPMG shall: (i) perform the Services in a good and workmanlike manner in accordance with the specifications set forth herein; and (ii) use commercially reasonable efforts to deliver the Services in a timely manner. Any Service specific turnaround time warranties shall be outlined herein or in an Addendum.

9.2 Client Warranties. Client warrants to IPMG that Client: (i) has collected the Client Data in accordance with all applicable federal, state and local laws, regulations, rules, and judicial and administrative decisions; (ii) has the right to provide the Client Data to IPMG for use by IPMG in accordance with this Agreement; and (iii) has and will continue to notify IPMG of any and all material changes to the Plans and other Client Data applicable to IPMG providing the Services.

9.3 Warranty Disclaimer. IPMG makes no representations in regard to, and shall never be responsible for, the accuracy or reliability of data received from other sources, whether or not contained in its various databases. THE WARRANTIES SET FORTH IN SECTION 9.1 ARE THE ONLY WARRANTIES IPMG HAS GIVEN CLIENT WITH RESPECT TO THE SERVICES. IPMG MAKES NO REPRESENTATION OR WARRANTIES, EXPRESS OR IMPLIED, WITH RESPECT TO THE SERVICES, ANY IPMG DATA, OR ANY OTHER MATERIALS (TANGIBLE OR INTANGIBLE) SUPPLIED BY IPMG HEREUNDER, AND IPMG HEREBY EXPRESSLY DISCLAIMS ANY EXPRESS OR IMPLIED WARRANTIES WITH RESPECT THERETO, INCLUDING WITHOUT LIMITATION, ANY WARRANTIES AS TO THE ACCURACY, COMPLETENESS OR CURRENTNESS OF ANY DATA OR ANY IMPLIED WARRANTIES OF MERCHANTABILITY, OR FITNESS FOR A PARTICULAR PURPOSE. IPMG DOES NOT WARRANT THAT THE SERVICES WILL BE UNINTERRUPTED OR ERROR FREE.

10. Indemnification

10.1. IPMG. IPMG shall indemnify, defend and hold harmless Client and its officers, directors, and employees from and against any and all claims, suits, actions, liabilities, losses, fines, penalties, damages, and expenses of any kind arising as a result of any dishonest, fraudulent, grossly negligent, or criminal act or omission of IPMG or its employees, or by a breach of confidentiality or right of privacy of any Participant to the extent caused by IPMG, except for such acts taken at the specific direction of Client. IPMG shall be entitled to rely, without investigation or inquiry, upon any written communication(s) of Client or its agents.

10.2. Client. Client shall indemnify, defend and hold harmless IPMG and its officers, directors, and employees from and against any and all claims, suits, actions, liabilities, losses, fines, penalties, damages, and expenses of any kind arising as a result of any dishonest, fraudulent, grossly negligent, or criminal act or omission of Client or its employees, agents, or any third party working on behalf of Client or the Plan.

10.3. Procedures. A Party seeking indemnification pursuant to this Agreement ("Indemnified Party") shall provide written notice detailing the circumstances to the Party responsible for indemnification ("Indemnifying Party") within ten (10) days following the discovery of such potential claim, suit, action, liability, loss, fine, penalty, damage or expense by the Indemnified Party. Failure to timely provide such notice shall not diminish the Indemnifying Party's indemnification obligation except to the extent the Indemnifying Party's ability to defend such claim is materially prejudiced by such failure or delay. The Indemnified Party shall provide the Indemnifying Party with such information and cooperation as the Indemnifying Party may reasonably request.

11. Limitation of Liability

If Client reasonably determines that the Services do not meet IPMG's obligations under this Agreement, Client shall so notify IPMG in writing within thirty (30) days after such determination. Client's failure to so notify IPMG shall mean that Client accepts the Services "AS IS." If Client so notifies IPMG within thirty (30) days after of its reasonable determination that the Services are insufficient, then, unless IPMG reasonably disputes Client's claim, IPMG shall, at its option, either reperform the Services in question or issue Client a credit for the amount Client paid to IPMG for the nonconforming Services. NOTWITHSTANDING THE ABOVE, IF LIABILITY IS IMPOSED UNDER THIS AGREEMENT ON IPMG, THEN CLIENT AGREES THAT IPMG IS ONLY LIABLE FOR LOSSES ARISING FROM IPMG'S GROSS NEGLIGENCE.

NOTWITHSTANDING ANY OTHER PROVISION OF THIS AGREEMENT, IN NO EVENT SHALL EITHER PARTY BE LIABLE TO THE OTHER PARTY FOR ANY INCIDENTAL, INDIRECT, CONSEQUENTIAL, PUNITIVE OR SPECIAL DAMAGES (INCLUDING BUT NOT LIMITED TO DAMAGES TO BUSINESS REPUTATION, LOST BUSINESS, OR LOST PROFITS), WHETHER FORESEEABLE OR NOT AND HOWEVER CAUSED, EVEN IF SUCH PARTY IS ADVISED OF THE POSSIBILITY THAT SUCH DAMAGES MIGHT ARISE.

12. General Provisions

12.1. Waiver. No waiver or non-enforcement by either party of compliance by the other party with any covenants or conditions contained in this Agreement shall be deemed a waiver, alteration, or modification of the Agreement, nor shall it impair that party's ability to enforce that or any other provision.

12.2. Audit. Client shall have the right once per annum upon reasonable prior notice to IPMG and at Client's sole expense to engage a third party auditor to audit IPMG's use of the Client Data and performance of the Services to assure accurate calculation of the Fees. IPMG shall provide Client with full cooperation in connection with such an audit and shall provide Client's representative access to such properties, records and personnel as Client may reasonably request for such purpose. A charge may be assessed based on an hourly rate for time incurred by IPMG personnel on the audit as indicated on the applicable Fee Schedule.

12.3. Successors and Assigns. This Agreement will be binding upon and will inure to the benefit of the Parties and their respective heirs, representatives, successors and permitted assignees. This Agreement may not be assigned, transferred, shared or divided in whole or in part by Client without IPMG's prior written consent.

12.4. Excusable Delays. Neither Party shall be liable for any delay or failure in its performance under this Agreement (except for the payment of money) if and to the extent such delay or failure is caused by events beyond the reasonable control of the Party including, without limitation, acts of God, public enemies, or terrorists, labor disputes, equipment malfunctions, material or component shortages, supplier failures, embargoes, rationing, acts of local, state or national governments or public agencies, utility or communication failures or delays, fire, earthquakes, flood, epidemics, riots and strikes. If a Party becomes aware that such an event is likely to delay or prevent punctual performance of its own obligations, the Party will promptly notify the other Party and use its best effort to avoid or remove such causes of nonperformance and to complete delayed job whenever such causes are removed.

12.5. Counterparts. This Agreement may be executed in multiple counterparts with each fully executed counterpart constituting an original instrument. Facsimile counterparts and signatures shall have the same force and effect as originally executed counterparts.

12.6. Choice of Law. This Agreement is governed by and construed in accordance with the internal substantive laws of the State of Illinois without regard to its conflict of laws principles.

12.7. Notices. All notices under this Agreement shall be made in writing by certified mail (return receipt requested) or using a nationally recognized private courier and shall be deemed delivered at the time of receipt. Notices to IPMG and Client shall be addressed to the addresses provided below each Party's signature, or to such other address as either Party shall designate in writing to the other from time to time. Notice given by Client to its broker or other third party agent shall not constitute notice to IPMG. Additionally, email notice, verbal notice or messages left on voicemail by Client to an employee or agent of IPMG shall not constitute notice to IPMG.

12.8. Complete Agreement. This Agreement, as supplemented by any Fee Schedule or applicable Addendum, sets forth the entire understanding of Client and IPMG with respect to the subject matter hereof and supersedes all prior letters of intent, agreements, covenants, arrangements, communications, representations, or warranties, whether oral or written, by any officer employee, or representative of either party relating thereto.

12.9. Amendments. This Agreement may only be amended in writing signed by authorized representatives of both parties.

12.10. Survival. The provisions of Sections 4.3, 5, 7, 8, 10, 11 and 12 shall survive expiration or termination of this Agreement for any reason.

12.11. Authority to Sign. Each Party represents that the person signing this Agreement has all right, power and authority to sign this Agreement on behalf of such Party.

12.12. Client Files. Any files maintained by IPMG in connection with its administration of claims arising under the Plan will be the sole property of Client and will be returned to Client for storage periodically. Upon termination of this Agreement, all files, including the claim database maintained in the computer software, will be made available to Client in consideration of Client's reimbursement of any reasonable expenses incurred by IPMG in providing such files to Client.

12.13. IPMG Agent of Client. IPMG shall perform all acts and duties assumed hereunder in a ministerial capacity as an agent of Client (the "Plan Sponsor"). IPMG shall have no responsibility for the design or implementation of the Plan, such responsibility being solely the Client's in its capacity as Plan Sponsor. IPMG shall have no power to interpret ambiguities or conflicts that may exist in any provision of the Plan nor any authority to exercise discretion or control over any Plan assets, but shall abide by the decisions of the Plan Sponsor on all questions of substance and procedure respecting the Plan. IPMG does not insure nor underwrite the liability of the Client under the Plan and serves only as the agent of the Client in connection with administration of the Plan. Nothing in this agreement shall be construed as establishing the relationship of employer-employee between the parties hereto, and no employee of either party shall be deemed to be an employee of the other. IPMG shall serve in an administrative capacity only. IPMG does not act or serve as a fiduciary, or in a fiduciary capacity, as defined in Section 3(21) of the Employee Retirement Income Security Act of 1974 ("ERISA") (as amended) and in any and all regulations promulgated by the Secretary of the Treasury and the Secretary of Labor pursuant thereto.

12.14. Forms. When, in accordance with this Agreement, IPMG is required to prepare or devise forms or materials specific to Client, the reasonable cost incurred in preparing such items shall be paid by Client, provided IPMG is authorized in writing by Client to provide such services.

12.15. Legal and Professional Fees. It is understood and agreed that Client shall provide or be responsible for obtaining and the expense and cost of legal counsel, actuaries, certified public accountants, investment counselors, investment analysts, consultants, or similar type services performed for Client; Client shall engage such service and incur any expense or cost therefore.

12.16. Misstatements. Any misstatement or other mistake of fact by IPMG shall be corrected when it becomes known and IPMG shall make such adjustments as the parties agree are equitable and practicable.

12.17. Taxes and Other Charges. In the event that a state or other jurisdiction, in accordance with existing or future law, determines that IPMG is liable for payment of any tax, benefit payment, surcharge or assessment with respect to any aspect of the Plan, Client agrees to reimburse IPMG for the amount of any such tax, payment, surcharge or assessment, and the interest expense assessed against or incurred by IPMG before or after payment of such amounts. In the event that a state or other jurisdiction, in accordance with existing or future law, imposes upon IPMG the duty to act as agent for collection of any tax, benefit payment, surcharge or assessment imposed upon the Plan or Client or with respect to any aspect of the Plan, Client will pay over any such amount to IPMG when requested to do so by IPMG.

IN WITNESS WHEREOF, Client and IPMG sign and deliver this Agreement as of the Effective Date set forth below.

IPMG EMPLOYEE BENEFITS SERVICES,

LLC By:

Name: Pat McLaughlin

Title: Vice President

Date Signed:

Address for Notice:

IPMG EMPLOYEE BENEFITS SERVICES, LLC

Address: 225 Smith Rd.

St. Charles, IL 60174

Attn: Gregg Peterson, President

TAZEWELL COUNTY

Print or Type Name of Client

By:

Name:

DAVID ZIMMERMAN

Print

Title:

CO. BOARD CHAIRMAN

Date Signed:

Address for Notice:

Name:

Address:

Attn:

FEE SCHEDULE

Fees for Services. Client agrees to pay IPMG the following fees in the amounts specified in the Fee Schedule attached hereto:

1. Claim Administration Fee. Client will pay to IPMG an amount equal to the number of Participants covered by the plan on the first day of each calendar month multiplied by the per employee fee noted in the Fee Schedule attached hereto.
2. Installation Fee. Client will pay to IPMG a one-time installation fee if one is outlined in the Fee Schedule attached hereto. Such fee will include the enrollment, initial plan set-up and initial plan document.
3. Subrogation Fees. Client will pay to the vendor and IPMG the percentage of any savings thereby achieved outlined in the Fee Schedule attached hereto.
4. Bill Review Fees. In addition to any fees charged by the bill review firm and approved by Client in advance, Client will pay to IPMG the percentage of any savings thereby achieved outlined in the Fee Schedule attached hereto.
5. Out-of-Network Discounting and Negotiation Fees. Client will pay to IPMG the percentage of any savings achieved for out-of-network discounts outlined in the Fee Schedule attached hereto.
6. ~~Non-Preferred Pharmacy Program Support Fee. Client or Pharmacy Benefit Program will pay to IPMG an additional amount equal to the number of Participants covered by the plan on the first day of each calendar month multiplied by the per employee fee noted in the Fee Schedule attached hereto. If Data File Services are required, PBM or Client will also pay to IPMG a onetime implementation fee equal to the actual cost to program, test and provide extract connectivity to the client's non-preferred pharmacy program.~~
7. Medical Review Services Fees. Client will reimburse IPMG for the fees charged by a medical reviewer for determining the appropriateness of treatment should Client approve the use of such third party reviewer. IPMG will not retain any fees for the review process.
8. Credit Balance Recoveries. With Client's prior written approval, a review firm shall conduct financial audits of provider data to uncover cases where such provider has been overpaid on claims which have not already been identified by IPMG. Client will pay to IPMG the percentage of credits recovered outlined in the Fee Schedule attached hereto.
9. Termination Fees. If this Agreement is terminated in accordance with the Agreement, fees for services performed by IPMG with the prior written approval of Client after the effective date of termination shall be paid by Client to IPMG at the rates set forth in the Fee Schedule hereto. Post-termination services that may be provided by IPMG on behalf of Client include:
 - (a) Preparation of all necessary reports to comply with the requirements of the New York Health Care Reform Act of 1996 (HCRA) through the last day of the calendar year in which claims are processed.
 - (b) Preparation of any required Form 1099 MISC returns for medical providers for the remainder of the calendar year in which the termination occurred, as well as any subsequent calendar years during which claims are processed on behalf of Client.
 - (c) Processing run-out claims (claims incurred prior to the date of termination) for a period of three months; provided, however, Client pays to IPMG a one-time fee equal to three times the last month's administration fee prior to the date of termination, provided IPMG has agreed to handle such run-out claims. If client wishes run-out claim processing after the three months, a per claim charge will be charged as outlined in the Fee Schedule attached, provided IPMG has agreed to handle such run-out claims.
 - (d) If Client does not request that IPMG process run-out claims or IPMG does not agree to process such run-out claims, Client will pay IPMG a per claim charge outlined in the Fee Schedule attached hereto for claims received by IPMG after the termination date that are forwarded to a new administrator.
 - (e) Submission of Aggregate Excess Loss insurance claims and any ensuing audits.
 - (f) IPMG will provide options for Client for storage or transferring Client files at the time of termination that will include the fees to accomplish each option provided by IPMG.
 - (g) In the event Client requests in writing that IPMG provide additional reports or services, Client may be responsible for the cost and expense thereof.

10. Fees for Other Services. IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees charged by physicians and vendors used by IPMG at the request of and with the written approval of Client in providing the Services.

IPMG reserves the right to adjust fees at any time with the written approval of Client.

Fee Schedule

Plan Year: December 1st 2019 – November 30th 2020

This Fee Schedule is incorporated and made a part of the Agreement, and shall otherwise be applicable for the Plan Year set forth above (and subject to renewal in accordance with the terms of the Agreement).

A. Administration Fees:

<u>Claim Administration</u>	<u>\$20.00 PEPM</u>
<u>* PPO Access</u>	<u>Included</u>
<u>* Utilization Review – Inpatient & Outpatient</u>	<u>\$1.76 PEPM</u>
<u>* Dental & Vision</u>	<u>\$3.25 PEPM</u>
<u>Behavioral Health – EAP</u>	<u>\$600/Month</u>
<u>12/12 SL Contract Fee</u>	<u>\$ N/A</u>
<u>Stop Loss interface fee</u>	<u>\$ N/A</u>
<u>MRA Plan Administration</u>	<u>\$5.00 PEPM</u>
<u>HRA Plan Administration</u>	<u>\$7.50 PEPM</u>
<u>Broker / Consultant</u>	<u>\$ Variable, if applicable</u>
<u>Banking fee for IPMG account</u>	<u>\$ Variable, includes positive pay</u>
<u>Teladoc Services</u>	<u>\$ N/A</u>

* PPO networks and/or other vendors utilized may have varying plan years that could affect the above fee(s) mid-year.)

B. Additional Service Fees:

<u>Installation Fee</u>	<u>\$ waived</u>
<u>Annual Renewal Fee</u>	<u>\$ waived</u>
<u>Mail & Postage</u>	<u>* Cost Reimbursement Only</u>
<u>Subrogation Fees (EBS Directed)</u>	<u>* 30% of any sum recovered (3% retained by IPMG)</u>
<u>Subrogation (Client Directed)</u>	<u>\$ 750.00 per case for preparation & coordination</u>
<u>Bill Review Fees</u>	<u>* 25% of Savings (5% retained by IPMG)</u>
<u>Out of Network Fees</u>	<u>* 25% of Savings (5% retained by IPMG)</u>
<u>Medical Review Fees</u>	<u>* Cost Reimbursement Only</u>
<u>Credit Balance Recovery Fees</u>	<u>* 30% of any sum recovered (3% retained by IPMG)</u>
<u>External Audit Services</u>	<u>\$ Actual expenses incurred, plus fifteen percent (15%)</u>
<u>Aggregate Claim Submission / Audit</u>	<u>\$ 500.00 per annual occurrence</u>
<u>Non-Preferred Pharmacy Program Support</u>	<u>\$ 125/month from date of implementation</u>
<u>**Preparation of Amendments to the Plan</u>	<u>\$ 200.00</u>
<u>**Plan Document Rewrites</u>	<u>\$ 750.00 per change rewrite</u>
<u>**Summary of Benefits and Coverage</u>	<u>\$ First draft is free annually. Requested edits or changes</u>
<u>above and beyond the regulatory requirements are \$150 per hour with a 2-hour minimum charge.</u>	
<u>**Plan Document review costs if you elect to have a third party vendor or the broker write your plan document:</u>	
<u>\$150.00 per hour with a 3.5 hour minimum charge</u>	
<u>**Plan Amendments and/or Plan Document Rewrites resulting from annual Plan review with IPMG will be</u>	
<u>(provided free of charge)</u>	

C. Enrollment Service Fees

<u>**Web Enrollment, Client Managed</u>	<u>Included</u>
<u>Web Enrollment, IPMG Managed</u>	<u>\$1.00 PEPM</u>
<u>Enrollment Interface File</u>	<u>\$150/month, plus implementation fee</u>

D. Termination Fees:

<u>New York Surcharge</u>	<u>Time & Materials Basis</u>
<u>1099's Post-termination</u>	<u>Time & Materials Basis</u>
<u>Claim forwarding</u>	<u>Time & Materials Basis</u>
<u>Specific Claim Filing</u>	<u>Time & Materials Basis</u>

Additional Options:

- 6 months of Run out (1 month for HRA)

- After 6 months:

- Storage/Transfer of files

- Other Reports/Services

services not listed or beyond the scope of those normally required. See Account Manager for pricing. Determined at the time of the service.

6 months of regular administrative fees at \$20.00 PEPM

TBD:

\$ Actual expenses incurred, plus fifteen percent (15%)

\$ Actual expenses incurred, plus fifteen percent (15%). *Other

ADDENDUM ONE

COBRA PLAN ADMINISTRATION

This Addendum is incorporated and made a part of the Agreement. Any capitalized term not expressly defined in this Addendum shall have the meaning ascribed thereto in the Agreement. To the extent that this Addendum is inconsistent with or conflicts with the Agreement, the Agreement shall be deemed controlling.

I. Scope:

Client maintains an employee health, dental and/or vision benefit plan (the "Plan") for certain eligible employees and dependents of the Client and of certain of its affiliated employers and if elected as part of the selection of Services provided under the Agreement, desires that IPMG provide Client applicable COBRA administration services in connection with the Plan as set forth and in accordance with the terms and conditions of this Addendum, and based on the Schedule of Fees set forth below.

II. Services Description:

- I. COBRA Services. IPMG shall provide the following services to assist Client in complying with the requirements of COBRA.
 - (i) IPMG shall provide an initial COBRA notice to newly enrolled employees and to newly acquired dependents of covered employees advising them of their rights and obligations under COBRA;
 - (ii) After Client has provided IPMG with notice of the occurrence of a Qualifying Event with respect to a Qualified Beneficiary, IPMG shall:
 - (a) forward, within 14 days, the COBRA election notice via First Class US Mail to the Qualified Beneficiary advising him or her of their continuation option and the contribution required; and,
 - (b) respond within the time frames established herein to inquiries from the Qualified Beneficiary regarding his or her continuation option during the election period;
 - (iii) If a Qualified Beneficiary does not elect coverage continuation for him/herself and, if applicable, his or her eligible dependent(s) within the COBRA election period, IPMG shall forward a letter to the Qualified Beneficiary advising of the expiration of his eligibility for coverage continuation;
 - (iv) If a Qualified Beneficiary elects coverage continuation for him/herself or his or her eligible dependent(s) within the COBRA election period, IPMG shall:
 - (a) confirm the enrollment and issue payment coupons by First Class US Mail
 - (b) IPMG shall collect 102% of the COBRA premiums from each Qualified Beneficiary, and will forward 100% of the COBRA premiums to the Client, retaining the additional 2%; and,
 - (c) issue payment to Client at the end of each month for premium payments collected by IPMG during that month;
 - (v) As of the end of each calendar month, IPMG shall forward to Client a Status Report describing the status of each Qualified Beneficiary eligible for or continuing coverage;
 - (vi) Upon timely notice from the Qualified Beneficiary to IPMG, IPMG shall forward notices to Qualified Beneficiaries who have a second qualifying event advising him or her of his or her option to extend coverage continuation;
 - (vii) No later than 180 days prior to the end of the maximum continuation period, IPMG shall forward a letter to the Qualified Beneficiary advising of the expiration of his or her eligibility for coverage continuation.

III. Schedule of Fees. Client agrees to pay IPMG the following fees in the amounts specified below:

1. COBRA Compliance Administration Fees.

COBRA Compliance	\$150.00 per pm
OR	
New Hire Notice	\$0.00
Election Notice	\$
\$_____ per enrolled COBRA member per month	

2. Installation Fees. Client shall pay to IPMG a one-time fee for installation of IPMG's COBRA administrative services for the Plan.

Installation Fee \$ _____ one-time charge

3. Termination Fees. If this Agreement is terminated in accordance with the Agreement, fees for services or reporting performed by IPMG with the prior written approval of Client after the effective date of termination shall be paid by Client to IPMG at the hourly rates set forth below.

Storage/Transfer of files \$ _____
Other Reports/Services \$ per hour

4. Fees for Other Services. IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees charged by physicians and vendors used by IPMG at the request of and with the written approval of Client in providing the Services.

ADDENDUM TWO

SECTION 125 FLEXIBLE BENEFIT PLAN ADMINISTRATION

This Addendum is incorporated and made a part of the Agreement. Any capitalized term not expressly defined in this Addendum shall have the meaning ascribed thereto in the Agreement. To the extent that this Addendum is inconsistent with or conflicts with the Agreement, the Agreement shall be deemed controlling.

I. Scope:

Client has established and maintains a Code Section 125, Flexible Spending Account Plan (the "125 Plan") for the benefit of employees and if elected as part of the selection of Services provided under the Agreement, desires that IPMG provide Client certain IRS Section 125 flexible spending account ("Account") claim administration and ancillary services in connection with the 125 Plan as set forth and in accordance with the terms and conditions of this Addendum, and based on the Schedule of Fees set forth below.

Services Description:

1. Claim Administration Services. IPMG shall provide the following services to assist Client in complying with the requirements of Code Section 125, and its applicable regulations thereunder, as amended from time to time:

- (i) IPMG shall establish an account for each employee who enrolls in the 125 Plan (each an "Employee") using enrollment and eligibility information provided by Client. IPMG will update the Account each time Client communicates a change to the Account of an Employee;
- (ii) The Employee then submits a completed claim form to IPMG, along with all other required documentation. IPMG reviews the material filed in support of the claim involved. If such materials are incomplete, IPMG requests clarification from the Employee and/or the submission of additional information by the Employee. IPMG then determines the amount of reimbursement, if any, payable based on the provisions of the 125 Plan. For a health care claim, the amount of reimbursement is equal to the lesser of the amount of the claim or the remaining projected total annual deposits in the Employee's Health Care Flexible Spending Account. The amount of reimbursement for a dependent care claim is equal to the lesser of the amount of the claim or the actual balance in the Employee's Dependent Care Flexible Spending Account. Each reimbursement check shall include a statement of the remaining balance in the Account.
- (iii) According to a schedule determined by Client and agreed upon by IPMG, IPMG will create benefit payment checks for such eligible expenses payable to the Employee and drawn from an account established by Client. A Draft Register summarizing the benefit payments will be forwarded by IPMG to Client based on the agreed upon schedule. Client will provide appropriate funds for the release of such benefit payment drafts. Upon receipt of funds and approval of the Draft Register, IPMG will disburse the drafts directly to the Employees.

2. Ancillary Services. In addition to the services described in Paragraph 1 above, IPMG shall perform the following services:

- (i) On a monthly basis, IPMG will furnish to Client a "Flexible Spending Account Audit Report" summarizing all year-to-date activity for each employee's account including annual election, year-to-date deposit(s), year-to-date withdrawal(s) and the current account balance(s).
- (ii) On a quarterly basis, IPMG will furnish to each Employee a "Flexible Spending Account Quarterly Statement" summarizing all activity in each Account elected by the Employee including annual election, year-to-date deposit(s), year-to-date withdrawal(s), the current Account balance(s), plan year dates, spending grace period dates and the claim submittal deadline date for the current plan year.
- (iii) IPMG will furnish to Client a Draft Register each time drafts are issued.
- (iv) IPMG shall provide national toll-free telephone access with after-hours voicemail for use by Client and Qualified Beneficiaries. IPMG shall respond to any after-hours voice messages by the end of the following business day. IPMG shall also provide a secure email address for use by Client and Qualified Beneficiaries. IPMG shall respond to any emails sent to this address by the end of the next business day.
- (v) IPMG will perform the applicable discrimination testing in accordance with Section 125 of the Internal Revenue Code as well as report the results at such times as Client may request.
- (vi) IPMG may provide services or supplies not referenced in this Addendum directly or through outside vendors upon written approval of Client. Fees for such additional services shall be based on the time and materials required or the actual charges incurred for services performed by outside vendors. Prior to

incurring any such fees, Client shall obtain written approval from Client. Additional fees not specifically cited in this Addendum may be paid to IPMG in relation to vendor services which require IPMG administrative support with Client's prior written approval.

III. Schedule of Fees. Client agrees to pay IPMG the following fees in the amounts specified below:

1. Flex Account Administration Fee. On the first day of each calendar month during which this Agreement is in effect, Client will pay to IPMG an amount equal to the number of active and former Employees participating in a Health Flexible Spending Account and/or a Dependent Care Flexible Spending Account on the first day of each calendar month multiplied by the fee(s) as follows:

<u>Employee Enrollment Meeting(s)</u>	<u>\$ 100 per meeting, plus travel expenses, if applicable</u>
Health Care Account Medical Administration (50 employee minimum)	<u>\$ 6.00 ppm with Medical Admin/ \$ 7.50 ppm without</u>
Dependent Care Account Medical Administration (50 employee minimum)	<u>\$ 6.00 ppm with Medical Admin/ \$ 7.50 ppm without</u>

Plan Document \$ 750.00 per restatement

Plan Document Amendment \$ 200.00 per amendment

2. Installation Fees. Client shall pay to IPMG a one-time installation fee noted in the Fee Schedule attached hereto. Such fee will include enrollment materials, plan document preparation, administration agreement preparation, and if applicable account and claim records installation received from a prior administrator.

Installation Fee: \$ 500.00 one-time charge

3. Debit Card Fees. Client will pay to IPMG an amount equal to the number of active Employees holding an active Debit Card, linked to their Health Flexible Spending Account on the first day of each calendar month multiplied by the fee(s) noted below.

Debit Card	<u>\$ 2.75 ppm (primary/employee card only) Only for Health FSA</u>
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4. Termination Fees. If this Agreement is terminated and Client requests that IPMG process run-out claims (claims incurred prior to the date of termination), IPMG will process such claims for a period of three months ("Run-out"). Client will pay IPMG the administration fees set forth above on the first day of the calendar month for each of the three months during the Run-out period. Fees will be calculated by the number of active and former Employees with a balance remaining in either (or both) a Health Care Flexible Spending Account or Dependent Care Flexible Spending Account, multiplied by the appropriate administration fee. Any fees for additional services performed by IPMG with the prior written approval of Client after the effective date of termination shall be paid by Client to IPMG at the hourly rates noted in the Fee Schedule hereto. In the event Client requests in writing that IPMG provide additional reports or services, Client shall be responsible for the cost and expense thereof.

<u>6 months of Run-out</u>	<u>TBD</u>
<u>After 6 months</u>	<u>TBD</u>

5. Retention of Claim / Benefit Files. IPMG will forward any claim or benefit files to Client for storage at the time of termination.

Storage/Transfer of files	<u>\$ TBD</u>
Other Reports/Services	<u>\$ per hour</u>

6. Fees for Other Services. IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees for services or supplies not referenced in this Agreement. Such fees will be based on the time and materials required or the charges incurred for services performed by outside vendors. Fees not specifically cited in this Agreement may be paid to IPMG in relation to vendor services that require IPMG administrative support. These fees must be presented to and approved by the Client prior to assessment of such fee amounts.

ADDENDUM THREE

SHORT TERM DISABILITY PLAN ADMINISTRATION

This Addendum is incorporated and made a part of the Agreement. Any capitalized term not expressly defined in this Addendum shall have the meaning ascribed thereto in the Agreement. To the extent that this Addendum is inconsistent with or conflicts with the Agreement, the Addendum shall be deemed controlling.

I. Scope:

Client maintains a Short Term Disability Plan (the "STD Plan") for the benefit of its eligible employees and if elected as part of the selection of Services provided under the Agreement, desires that IPMG provide Client services in connection with the STD Plan as set forth and in accordance with the terms and conditions of this Addendum, and based on the Schedule of Fees set forth below.

II. Services Description:

1. Administration Materials. IPMG will provide Client with Short-Term Disability Plan Claim Forms and Attending Physician's Statement of Disability Forms mutually agreed upon by Client and IPMG to be delivered to Client electronically to be printed and distributed as needed and posted online.
2. Claim Administration. The claim administration procedures are dependent on option selected by client. The claim administration procedure contemplated by the STD Plan and this Addendum shall be composed of the following steps dependent on option selected:
 - (A) Client and/or Employee shall submit to IPMG Short-Term Disability Claim Form completed by the employee and an Attending Physician's Statement of Disability by the employee's physician or complete application for benefits via secure short-term disability toll free phone number, facsimile, or internet for submission.
 - (B) Client shall certify in writing the employee's eligibility under the STD Plan, unless Client affirmatively elects to delegate such certification to IPMG on its behalf and agrees to any such fees that IPMG may charge for such additional services set forth below.
 - (C) IPMG will review the material filed in support of the claim. If such information is incomplete, IPMG will request clarification or the submission of additional information from the attending physician or Client. Based on its review, IPMG may also contact Client's designated representatives for any additional information needed to calculate any Benefit amounts, or if elected, to obtain assistance in determining if the condition causing disability is work-related, or as applicable, arrange for a consulting physician to review the information submitted or perform an examination of the employee to assist in confirming his or her eligibility for benefits with the prior written approval of Client. IPMG assumes no responsibility over the accuracy or level of completeness of information provided and, to the extent applicable, only assumes responsibility for any Disability determination based on the information presented.
 - (D) Calculation of Benefits:
 - 1) IPMG will calculate the amount of benefits, if any, that is payable based on the provisions of the STD Plan and advise Client of such amounts weekly in electronic format agreed upon by the parties; or
 - 2) IPMG will calculate the amount of benefits, if any, that is payable based on the provisions of the STD Plan and process payment.
 - (E) Payment of Benefits:
 - 1) Client will prepare and forward benefit payment drafts to the employee; or
 - 2) IPMG will administer Short Term Disability payments to eligible employees from agreed upon account funded by the client and maintained by IPMG.
 - (F) Claim Appeals. To the extent any request for Disability Benefit is denied or based on an Benefit amount that the employee disputes, IPMG shall abide by the terms of Client's STD Plan and applicable law related to any appeal of an adverse benefit determination, including the issuance of any required written notices and procedural requirements related to such claim to the Client and/or the employee, as applicable.
 - (G) IPMG will provide standard annual stewardship reporting to the client.

III. Terms of Payment and Schedule of Fees. Client agrees to pay IPMG the following fees in the amounts specified below:

Claim Administration Fees.

1. Claims Administration Fees. IPMG shall invoice Client and Client shall pay IPMG administrative fees each month in an amount equal to the actual number of qualified beneficiaries reported by Client to IPMG ("Qualified Beneficiaries") covered by the STD Plan on the first day of each calendar month multiplied by the applicable fee as set forth below.

IPMG shall invoice \$125 per hour on a specific per case basis monthly.

Invoicing:

Invoicing will occur at the end of each month. Payment is due no later than 30 days after receipt of each months' invoice.

(A) Administration Fee Structure Options:

- 1) Fee established *based on service option selected* per qualified beneficiary/month – Refer to Exhibit A
- 2) \$125 per hour per case basis

(B) Physician and Vendor Charges.

IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees charged by physicians and vendors used by IPMG at the request of and with the written approval of Client in providing the Services.

(C) Customized Reporting Requests.

Standard monthly claim reports; \$175 per hour for any customization

[Remainder of Page Intentionally Left Blank; Signatures Follow]

IN WITNESS WHEREOF, Client and IPMG sign and deliver this Agreement as of the Effective Date set forth below.

Insurance Program Management Group, Inc (IPMG)

Client

By: _____

By: _____

Title: _____

Title: _____

CO. BOARD CHAIRMAN

Date: _____

Date: _____

EXHIBIT A

SERVICE LEVEL & PROGRAM PRICING OPTIONS

☐ Clinical Driven/Analyst & Nurse Certification of Absence

- Centralized absence reporting with IPMG assuming responsibility for Disability determination.
- Registered Nurse (RN) and/or Analyst completes the initial intake per initial assessment tool dependent on specific set of criteria. Non-complex management by claim analyst. Complex management by RN.
- Analyst or RN confirms eligibility.
- Analyst or RN administers per STD Plan – direct written or self-insured.
- RN performs clinical assessment and/or recommends certification of absences.
- RN utilizes physician involvement, as appropriate.
- Follows case through the absence and facilitates timely RTW.
- Manages all restrictions to FD.
- Maintains accurate data and reporting.
- Serves as a resource to Employee Health and HR.
- Identify absence patterns and determine their root causes.
- Generate and distribute real-time data to support critical *decision making*.

Cost: \$ _____ Per Qualified Beneficiary/Month

☐ Clinical Driven & Clinical Certification of Absence

- Centralized absence reporting with IPMG assuming responsibility for Disability determination.
- RN Completes the initial intake per initial assessment tool specific to STD and the plan.
- RN Confirms Eligibility
- RN manages the absence from cradle to grave
- RN administers per STD Plan – direct written or self-insured
- RN reviews all medical for appropriateness
- RN Certifies absence; no physician involvement
- RN certifies STD hrs. paid per plan
- Follows case through the absence and facilitates timely RTW
- Manages all restrictions to FD
- Identify absence patterns and determine their root causes
- Maintains accurate data and reporting
- Serves as a resource to Employee Health and HR.

Cost: \$ _____ Per Qualified Beneficiary/Month

☐ Analyst Administration with Clinical Certification of Absence

- Centralize absence reporting intake managed by IPMG administration with triage assignment.
- RN is assigned a case based on diagnostic guidelines triage criteria.
- Top 20% medical cost drivers or other specified guidelines assigned to Disability Management Program.
- Conducts an initial assessment as per the case management assessment intake tool
- Resource facilitation to include ongoing case management needs and/or certification
- Identify absence patterns and determine their root causes
- Generate and distribute real-time data to support critical decision making.
- Disability Management is a program intended to drive down costs while simultaneously improving employee health and productivity.
- Serves as a resource to Employee Health and HR.

Cost: \$ _____ Per Qualified Beneficiary/Month

☐ Advice to Pay or Modified Advice to Pay

- Claims consulting services only with Client making Disability determination.
- Recommendations are made utilizing the disability guidelines for claims payment
- Recommendations given for ongoing claims and case management services, as identified
- May provide disability duration and coordinate return to work
- Onsite nurse case management to support claims management
- Identify absence patterns and determine their root causes Generate and distribute real-time data to support critical decision making.

Cost: \$ _____ Per Qualified Beneficiary/Month

ADDENDUM FOUR
CASE MANAGEMENT SERVICES
Fees for services as needed.

Service Description	Fees
Large Case Management (LCM) <ul style="list-style-type: none"> • Specialty Case Management is included in Large Case Management rate. • Additional Physician Review Rate may apply if review required. 	IPMG \$125.00 per hour <i>\$130.00 per hour may apply if external Medical Case Management required</i>
Large Case Management Triage	\$125.00 per hour
Medical Review	\$125.00 per hour
Medical Review (external)	\$226 per review + <i>any ancillary charges</i>
Nurse Consultation Rate	\$125.00 per hour
Bill Negotiations	\$125.00 per hour
Physician Review Rate (external)	\$226 per review + <i>any ancillary charges</i>
Medical Disclosures for Stop Loss determinations	\$125.00 per hour <i>\$130.00 per hour may apply if external Medical Review required</i>

Optional Service Description	Fees
Disease Management (Chronic Condition Management)	\$2.75 PEPM or \$125.00 per hour
Health Management Resource Program <ul style="list-style-type: none"> • Individual outreach • Group (Health Risk Management Consultant) 	Reference Attached Pricing Sheet

Reporting:

- Large Case Management Standard quarterly reports are included.
- Ad Hoc or changes to standard reports are ~~\$175.00~~ per hour.

ADDENDUM FIVE

HEALTH MANAGEMENT ADMINISTRATION

This Addendum is incorporated and made a part of the IPMG ADMINISTRATIVE SERVICES AGREEMENT ("Agreement") made and entered into effective _____ 20xx ("Effective Date") by and between IPMG EMPLOYEE BENEFITS SERVICES, LLC, its principal place of business at 225 Smith Rd., St. Charles, Illinois 60174 ("IPMG") and _____, a _____ corporation with its principal place of business at (STREET, CITY, STATE, ZIP) ("Client"). This Addendum shall include all terms and conditions, schedules and exhibits to the original Agreement unless otherwise specified. Each of IPMG and Client may be referred to herein as a "Party" or collectively as the "Parties."

Any capitalized term not expressly defined in this Addendum shall have the meaning ascribed thereto in the Agreement. To the extent that this Addendum is inconsistent with or conflicts with the Agreement, the Addendum shall be deemed controlling.

I. Scope:

Client maintains an employee health, dental and/or vision benefit plan (the "Plan") for certain eligible employees and dependents of the Client and of certain of its affiliated employers and if elected as part of the selection of Services provided under the Agreement, desires that IPMG provide Client applicable Health Management administration services in connection with the Plan as set forth and in accordance with the terms and conditions of this Addendum, and based on the Schedule of Fees set forth below.

Services Description:

- (a) The term "Eligible Participants" shall mean all the participants of the Client who also currently are covered under the Client's Employee Health Benefit Plan as of the established start date of the Client's Annual Health Screening. For purposes of the Fee provisions of this Addendum, the Client shall certify in writing the number of Eligible Participants (participating in the health management program(s)) on the Effective Date and thereafter on each anniversary of the Effective Date. Participants acquired by the Client as part of a merger or acquisition of another entity shall not be deemed Eligible Participants until the first anniversary of the Effective Date after they become Participants unless otherwise agreed to in writing by the parties.
- (b) The term "Program Goals" shall mean, for Eligible Participants who participate in the health management program(s) offered by IPMG, the assessment of their current health risk status, identifying areas of concern, establishment of goals for personal improvement, providing skills and motivation for health improvement, measuring individual progress, and establishing benchmarks for improvement in the areas of concern.
- (c) The term "Effective Date" shall mean the first of the month succeeding the date in which Client executes this Addendum _____ (Month/Day/Year).

1. Annual Health Screening

- (a) IPMG shall make available an annual health screening to the Client's Eligible Participants utilizing an agreed upon vendor on a mutually agreeable time and date. Standard services shall include the items listed in Exhibit A.
- (b) The Client may elect to permit the spouses of Eligible Participants or non-Eligible Participants and their spouses to participate in the screening and, if so, the Client will so notify IPMG in advance and identify each person who participates in the screening who is not an Eligible Employee.

2. Targeted Intervention Follow-Up Program

Following each annual health screening, IPMG staff will determine which Participants are eligible for follow-up. Once those Participants are identified, each will be confidentially notified. The identified Participants will be notified via phone or secure email or mail based on available contact information provided by the participant. The high risk or critical values are communicated with encouragement provided to follow up with their physician.

ADDENDUM 5

3. Corporate Health Awareness Education Programs

IPMG will provide health awareness educational programs based on organizational needs as identified by IPMG through review of Client's aggregate data and health management option chosen by client. Recommendation on focus of educational programs will be provided by IPMG.

4. Cooperation

The Client shall designate an employee to serve as coordinator with IPMG in connection with its duties under this Agreement. The Client shall promote and support the programs offered by IPMG and encourage its Eligible Participants to participate therein.

5. Confidentiality

IPMG shall handle confidential protected health information in accordance with the provisions of the attached Business Associate Addendum. IPMG will not disclose individually identifiable health information to the Client.

III. Schedule of Fees. Client agrees to pay IPMG the following fees in the amounts specified below:

Health Management Administration Fees. – Refer to IPMG Health Management Program Options Document – Exhibit A

(a) SCHEDULING PROCESS & PAYMENT – Onsite Screening Biometrics Event

1. eHealthScreenings (EHS) is the company performing the screening event. A Booked Screening is a scheduled onsite event. A minimum number of Participants must be established for each location by the client. It is that number that will be used to establish the number of staff required for a Booked Screening as well as how many supplies to order for each Booked Screening. The minimum number is what is planned for, plus an additional 10%. So if a minimum of 200 Participants is agreed upon, there will be enough supplies and staff available to screen up to 220 Participants. CLIENT will be financially responsible for the minimum number established – and the standard per person charges for actual usage for anything over the established minimum. Client will have ten (10) days prior to each event to adjust event minimums. Client will be financially responsible for payment of all fees for committed minimums inside the stated ten (10) day window.
2. Once availability of staff is confirmed – EHS will confirm with a CLIENT that the event is to be put into the system as a Booked Screening. Once a Screening has been verified to book (i.e., a Booked Screening), all cancellation policies will apply.
3. Support will be provided to site coordinator and CLIENT as indicated.

(b) SCREENING PROCESS

1. Once a Screening is verified (i.e., a Booked Screening), Staff will be reserved and the Booked Screening will be placed into its system to allow for screening.
2. The scheduler will be released 4 weeks prior to the beginning of each Booked Screening
3. The "How it Works" document will be provided which gives a general overview of what to expect and how to prepare for a Booked Screening.
4. The lead technician will call the site contact 1-2 days before the Booked Screening is scheduled to begin. He or she will confirm the address, screening times, and go over room specifications and set up.
5. The technicians will arrive 30-60 minutes prior to each screening time, and will need about 30 minutes following the completion of all screenings to pack up.
6. Reports are typically available within 1-2 days for individuals, 7-10 days for aggregate.

(c) OFF-SITE SCREENING PROCESS

1. Individuals must register online through the scheduling system or through the EHS mobile application or toll-free number. Upon receipt of the online order, EHS will email a lab requisition to the Participant which they must take with them to the lab or clinic.
2. Included with the requisition will be a list of the closest lab/clinic locations and instructions for

3. Once processed, Participants will be sent a results ready email. At that time, they can access the online scheduling system and view their results.

(d) Payment

1. The payment is due within 20 days following the receipt of invoice for each project.
2. Client understands and acknowledges that IPMG incurs significant financial commitments in association with the rendering of these services which require prompt payment IPMG reserves all legal rights to remedy and collection for failure to pay.
3. Accounts Payable Contact Information:

Contact name

Contact Phone

Contact email

Email for invoice submission if different than #3 above:

(e) Termination Fees

If this Agreement is terminated in accordance with the Agreement, fees for services or reporting performed by IPMG with the prior written approval of Client after the effective date of termination shall be paid by Client to IPMG at the hourly rates set forth below.

Custom Reports or Services

\$175.00 per hour

- (f) Fees for Other Services** IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees charged by any laboratories and vendors used by IPMG at the request of and with the written approval of Client in providing the Services. Such fees will be pass through fees to Client.

IN WITNESS WHEREOF, Client and IPMG sign and deliver this Agreement as of the Effective Date set forth below.

Insurance Program Management Group, Inc (IPMG)

Client

By: _____

By: _____

Title: _____

Title: CO. BOARD CHAIRMAN

Date: _____

Date: _____

[Remainder of Page Intentionally Left Blank; Signatures Follow]

EXHIBIT A

SERVICE LEVEL & PROGRAM PRICING OPTIONS

☐ **Basic Health Management**

- ✓ Assistance with developing a health management team
- ✓ Implementation of Biometric Screening: Lipid Profile, Complete Metabolic Profile, Complete Blood Count, PSA for men over 50 and TSH for women over 40
- ✓ High Risk and critical value outreach with Condition Specific Education Material -- One time
- ✓ Group Aggregate Reporting (must have a minimum of 25 participants)

- \$40.00 per eligible employee per year
- \$250 One Time Reporting Fee
- \$57.00 Biometric Screening fee per participant (option to do an onsite screening with a minimum of 25 participants or employees can go to the nearest Lab Corp)

☐ **Advanced Health Management**

- ✓ Assistance with developing a health management team
- ✓ Assistance with developing incentives for participation
- ✓ Assistance with ideas on corporate sponsored wellness challenges
- ✓ Biometric Screening: Lipid Profile, Complete Metabolic Profile, Complete Blood Count, PSA for men over 50 and TSH for women over 40
- ✓ High Risk and critical value outreach with Condition Specific Education Material -- One time
- ✓ Individual report of lab results
- ✓ Group Aggregate Reporting (must have a minimum of 25 participants)
- ✓ 4 Onsite Visits that include developing a team and engaging senior level support, Kick Off Introduction Meeting with Employees, and 2 educational Onsite Programs

- \$65.00 per eligible employee per year
 - \$250 One Time Reporting Fee
 - \$57.00 Biometric Screening Fee (option to do an onsite screening with a minimum of 25 participants or employees can go to the nearest Lab Corp)
-

☐ **Advanced Health Management with Engagement Portal**

- ✓ Assistance with developing a health management team
- ✓ Assistance with developing incentives for participation
- ✓ Coordinate the purchase of fitness tracking devices
- ✓ Access to our online/app based health management tracking and engagement platform
- ✓ Assistance with developing employer sponsored wellness challenges
- ✓ Biometric Screening: Lipid Profile, Complete Metabolic Profile, Complete Blood Count, PSA for men over 50 and TSH for women over 40
- ✓ High Risk and critical value outreach with Condition Specific Education Material -- One time
- ✓ Group Aggregate Reporting (must have a minimum of 25 participants)
- ✓ 4 Onsite Visits that include developing a team and engaging senior level support, Kick Off Introduction Meeting with Employees, and 2 educational Onsite Programs

- \$102.00 per eligible employee per year
 - \$57.00 Biometric Screening fee per participant (option to do an onsite screening with a minimum of 25 participants or employees can go to the nearest Lab Corp)
 - employees can go to the nearest Lab Corp)
 - \$40.00 for fitness tracking devices (optional)
 - Incentives per client specification (premium discount incentives, prizes, etc.)
-

ADDENDUM SIX

LEAVE ADMINISTRATION

This Addendum is incorporated and made a part of the Agreement. Any capitalized term not expressly defined in this Addendum shall have the meaning ascribed thereto in the Agreement. To the extent that this Addendum is inconsistent with or conflicts with the Agreement, the Addendum shall be deemed controlling.

I Scope:

Client maintains Leave Policies for the benefit of its eligible employees and if elected as part of the selection of Services provided under the Agreement, desires that IPMG provide Client services in connection with the Leave Administration as set forth and in accordance with the terms and conditions of this Addendum, and based on the Schedule of Fees set forth below.

II Services Description:

3. Administration Materials. IPMG will provide Client with required Leave Forms mutually agreed upon by Client and IPMG. Family and Medical Leave Act (FMLA) Forms are provided electronically to be printed and distributed as needed and posted online.
4. Leave Administration. The leave administration procedures are dependent on option selected by client. The claim administration procedure contemplated by the Leave Policies and this Addendum shall be composed of the following steps dependent on option (Exhibit A) selected:

- (A) Client and/or IPMG shall provide required FMLA Forms to be completed by the employee and Client and/or IPMG to complete application for leave via secure toll-free phone number, facsimile, or online internet for submission.
- (B) Client shall certify in writing the employee's eligibility under the FMLA policies, unless Client affirmatively elects to delegate such certification to IPMG on its behalf and agrees to any such fees that IPMG may charge for such additional services set forth below.

(C) Certification:

- 1) The FMLA provides that an employer may require an employee seeking FMLA protections because of a need for leave due to a serious health condition to submit a medical certification issued by the employee's health care provider.
- 2) The FMLA provides that an employer may require an employee seeking FMLA protections because of a need for a leave to care for a covered family member with a serious health condition to submit a medical certification issued by the health care provider of the covered family member.
- 3) The FMLA provides that an employer may require an employee seeking FMLA leave due to a qualifying exigency to submit a certification.
- 4) The FMLA provides that an employer may require an employee seeking FMLA leave due to a serious injury or illness of current servicemember to submit a certification providing sufficient facts to support the request for leave.

IPMG will review the forms and material filed in support of the leave request. If such information is incomplete, IPMG will request clarification or the submission of additional information from the health care provider or Client. Based on its review, IPMG may also contact Client's designated representatives for any additional information needed to calculate any Benefit amounts, or if elected, to obtain assistance in determining if the condition causing leave is work-related or, as applicable, arrange for a consulting physician to review the information submitted or perform an examination of the employee to assist in confirming his or her eligibility for benefits with the prior written approval of Client. IPMG assumes no responsibility over the accuracy or level of completeness of information provided and, to the extent applicable, only assumes responsibility for any qualifying leave determination based on the information presented.

(D) Calculation of Benefits (12- Month Leave Year):

- 3) IPMG will calculate the amount of benefits, if any, according to the client selection of the 12-month period during which eligible employees may take up to 12 workweeks of leave:
 - a) The calendar year (January 1st through December 31st),
 - b) Any fixed 12 months, such as fiscal year or a leave year beginning on the first day of an employee's employment,
 - c) A 12-month period measured forward from the first date an employee takes FMLA leave (the next 12-month period would begin the first time the employee takes FMLA leave after the completion of the prior 12-month period), or
 - d) A rolling -month period measured backward from the date an employee uses FMLA leave (each time an employee takes FMLA leave, the remaining leave is the balance of the 12 weeks not used during the immediately preceding 12 months).

(E) Appeals. To the extent any request for FMLA leave is denied or based on an Benefit amount that the employee disputes, IPMG shall abide by the terms of Client's Leave Policies and applicable law related to any appeal of an adverse benefit determination, including the issuance of any required written notices and procedural requirements related to such claim to the Client and/or the employee, as applicable.

(F) IPMG will provide standard annual stewardship reporting to the client.

III. Terms of Payment and Schedule of Fees. Client agrees to pay IPMG the following fees in the amounts specified below:

Leave Administration Fees.

2. Claims Administration Fees. IPMG shall invoice Client and Client shall pay IPMG administrative fees each month in an amount equal to the actual number of qualified beneficiaries reported by Client to IPMG ("Qualified Beneficiaries") covered on the first day of each calendar month multiplied by the applicable fee as set forth below.

IPMG shall invoice \$125 per hour on a specific per case basis monthly.

Invoicing:

Invoicing will occur at the end of each month. Payment is due no later than 30 days after receipt of each months' invoice.

(D) Administration Fee Structure Options:

- 1) Fee established *based on service option selected* per qualified beneficiary/month – Refer to Exhibit A
- 2) \$125 per hour per case basis

(E) Physician and Vendor Charges.

IPMG shall invoice Client and Client shall reimburse IPMG for any and all charges and fees charged by physicians and vendors used by IPMG at the request of and with the written approval of Client in providing the Services.

(F) Customized Reporting Requests.

Standard monthly claim reports; \$175 per hour for any customization

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IN WITNESS WHEREOF, Client and IPMG sign and deliver this Agreement as of the Effective Date set forth below.

Insurance Program Management Group, Inc (IPMG)

Client

By: _____

By: _____

Title: _____

Title: CO. BOARD CHAIRMAN

Date: _____

Date: _____

EXHIBIT A

LEAVE ADMINISTRATION SERVICE LEVEL DELIVERY MODELS & PROGRAM PRICING OPTIONS

☐ Employer/Administrator and Clinical Model

- Centralized absence/tracking leave reporting
- Employer/Administrator provides Eligibility Notice within 5 business days of when and employee requests leave or when employer acquires sufficient knowledge that an employee's absence may be for a FMLA -qualifying absence.
- Employer/Administrator provides Rights and Responsibilities Notice in conjunction with Eligibility Notice.
- Employer/Administrator provides Designation Notice within 5 business days of obtaining information necessary to determine whether leave is taken for a qualifying reason.
- Employer/Administrator may require certification in support of the leave from healthcare provider
- Analyst administers per Leave Management Policies
- RN performs clinical assessment and/or recommends certification of leave absences for more complex diagnoses.
- RN is assigned a case based on diagnostic guidelines triage criteria.
- RN utilizes physician involvement, as appropriate
- Employer/Administrator approves or denies and/or making recommendations for FMLA requests.
- Maintains accurate data and reporting
- Identify absence patterns and determine their root causes
- Generate and distribute real-time data to support critical
- Serves as a resource to Human Resources

Cost: \$ _____ Per Qualified Beneficiary/Month

☐ IPMG Administrator/Clinical Model

- Centralize absence reporting intake managed by administrator
- Administrator provides Eligibility Notice within 5 business days of when and employee requests leave or when employer acquires sufficient knowledge that an employee's absence may be for a FMLA -qualifying absence.
- Administrator provides Rights and Responsibilities Notice in conjunction with Eligibility Notice.
- Administrator provides Designation Notice within 5 business days of obtaining information necessary to determine whether leave is taken for a qualifying reason.
- Administrator may require certification in support of the leave from healthcare provider
- Analyst administers per Leave Management Policies
- RN performs clinical assessment and/or recommends certification of leave absences for more complex diagnoses.
- RN utilizes physician involvement, as appropriate
- Administrator approves or denies and/or making recommendations for FMLA requests.
- Identify absence patterns and determine their root causes
- Generate and distribute real-time data to support critical decision making.
- Serves as a resource to Human Resources

Cost: \$ _____ Per Qualified Beneficiary/Month

☐ Administration Utilizing Tracking Solution

- Employer manages paperwork and communicates with employees.
- Employer provides Eligibility Notice within 5 business days of when and employee requests leave or when employer acquires sufficient knowledge that an employee's absence may be for a FMLA -qualifying absence.
- Employer provides Rights and Responsibilities Notice in conjunction with Eligibility Notice.
- Employer provides Designation Notice within 5 business days of obtaining information necessary to determine whether leave is taken for a qualifying reason.
- Employer may require certification in support of the leave from healthcare provider.
- Employer approves or denies FMLA requests.
- IPMG and/or Employer tracks leaves in InSight Leave Management system
- IPMG and system serves as a resource to Human Resources

Cost: \$ _____ Per Qualified Beneficiary/Month

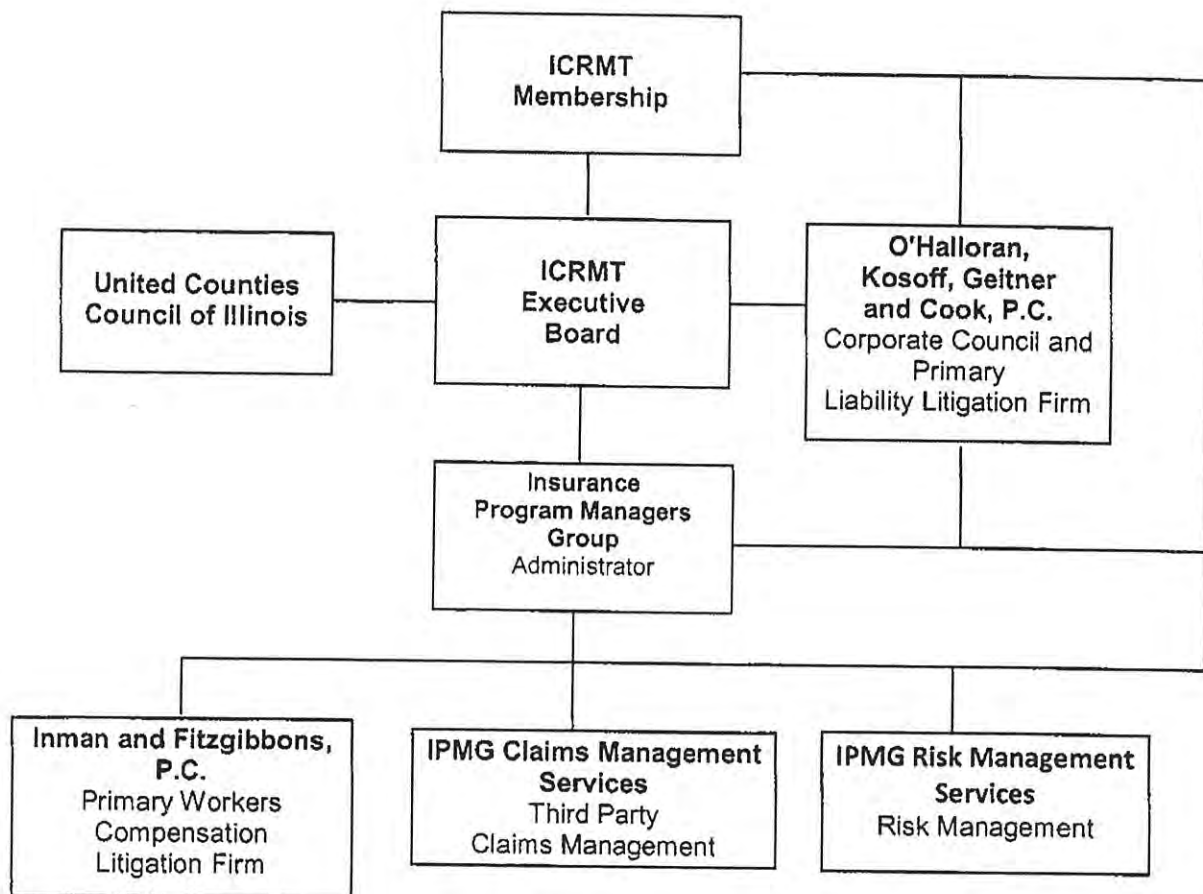
☐ Total Absence Management (Integrated Model)

- Integrated centralized /tracking leave reporting for select and/or all identified absence types.
- Leave Administration (Reference Leave Service Delivery Models)
- Short Term Disability (STD) (Reference STD Service Delivery Models).
- Workers' Compensation

Cost: \$ _____ Per Qualified Beneficiary/Mont

EXHIBIT “16”

ILLINOIS COUNTIES RISK MANAGEMENT TRUST
ORGANIZATIONAL CHART
November 30, 2019



ILLINOIS COUNTIES RISK MANAGEMENT TRUST
PRINCIPAL OFFICIALS
November 30, 2019

EXECUTIVE BOARD MEMBERS

Chairman	Mr. Dave McCabe Moultrie County
Vice Chairman	Mr. Mike McCreery United Counties Council of Illinois
Treasurer	Mr. Dave Zimmerman Tazewell County
Secretary	Dr. Marc Kiehna Randolph County
Member	Mr. Sam Newton Stephenson County
Member	Mr. Scott Gryder Kendall County

EXHIBIT “17”



Kuhl InsuranceSM
Protect | Advocate | Serve

632 W. Jefferson Street
Marion, IL 61550

T 309.266.7300

F 309.266.5454

www.kuhlinsurance.com

November 16, 2020

Tazewell County
Wendy Ferrill
11 S. 4th Street
Pekin IL 61554

Dear Wendy:

This letter is to notify you that in compliance with SB 1996 of the State of Illinois and under the authority of Section 507.1 of the Illinois Insurance Code, that a service fee in the amount of \$30,000.00 has been added to your policy for a **Service Fee**.

Understand that if the coverage described above is cancelled or non-renewed for any reason, this fee is fully earned and no portion of the service fee will be refunded or returned.

Sincerely

In further compliance with that law, your signature and date signed acknowledging your receipt of this letter is required. Please sign below and return to our office.

Signature of Policyholder/Title

Date Signed

3 Edit Vendor

General | Rent/Address/Account Favorites | Notes | Standard Invoices | Outstanding Invoices | Paid Invoices
 Encumbrances | Archived Encumbrances | Purchase Orders | Check History | Postings | ACH

Vendor: 88273 KUHL INSURANCE AGENCY INC

Date	Direct/ACH/FE/PI	Crediting Account	Amount	Cleared Date	Status
12/09/2020	208452		30,000.00	12/31/2020	Cleared
05/22/2020	205138		8,048.00	05/29/2020	Cleared
12/18/2019	201521		30,000.00	12/31/2019	Cleared
05/01/2019	195720		9,456.00	05/31/2019	Cleared
12/05/2018	192017		30,000.00	12/31/2018	Cleared
06/16/2018	187013		9,456.00	06/31/2018	Cleared
12/08/2017	183755		30,000.00	12/31/2017	Cleared
05/19/2017	179027		9,262.00	05/31/2017	Cleared
12/30/2016	172967		30,000.00	01/31/2017	Cleared
06/17/2016	168229		9,200.00	06/30/2016	Cleared
02/12/2016	165546		30,000.00	02/29/2016	Cleared
01/16/2015	156010		30,000.00	01/31/2015	Cleared
03/14/2014	147629		22,680.00	03/31/2014	Cleared

Vendor Change History | Create Letter | Next | Previous | OK | Cancel

[General](#)
[Remit Addresses/Account Favorites](#)
[Notes](#)
[Standard Invoices](#)
[Outstanding Invoices](#)
[Paid Invoices](#)

Vendor: 89273 KUHL INSURANCE AGENCY INC

Invoice	Check/ACH/E	Description	Amount	Date Paid	F.O. Number
00089	200432	219 COMMERCIAL AGENCY FEE	30,000.00	12/23/2010	
7660	206138	219 CYLER LIABILITY RNL	8,048.00	05/22/2020	
7411	201521	219 KUHL INS AGENCY FEES	30,000.00	12/18/2019	
164510	1196720	219 CYBER LIABILITY COVERAGE	9,495.00	05/01/2019	
6660	1192017	219 AGENCY FEE	30,000.00	12/05/2018	
6115	1187013	CYBER LIB COVERAGE 219	9,495.00	05/16/2018	
5627	1183795	COMM AGENCY FEE 219-914	30,000.00	12/08/2017	
4893	1179027	CYBER LIABILITY RNL 219-914	9,262.00	05/19/2017	
4484	1172967	COM AGENCY FEE 219-914	30,000.00	12/30/2016	
3825	1168229	CYBER LIABILITY FLYC 219-914	9,200.00	05/17/2016	
0P-2016	1165546	2016 COM AGENCY FEE 219-914	30,000.00	02/12/2016	
2525	1156010	2015 COM AGENCY FEE 219-914	30,000.00	01/16/2015	
1517	1147529	2014 COMM AGENCY FEE 219-914	22,680.00	03/14/2014	
40988	159375	CORRECTED INS DOWNPAYMENT 244-911	44,000.00	09/25/2009	
40710	159713	AUDU INS 244-911	990.00	06/05/2009	
001590	11590	AUTO INS DOWN PAYMENT 244-911	345.00	03/31/2009	

Invoice Range

Starting:

Ending:

Date Paid Range

Starting:

Ending:

Amount Range

Starting:

Ending:

Refresh Invoices

Print Paid Invoices

Vendor Balances for Tazewell County

Vendor: 1KUHLINSURANCEAGEN - KUHL
INSURANCE AGENCY INC

Vendor Balance: 0.00

Lookup From: Checks/Vouchers

Number	Date	Description	Amount	Status	EFT Status
215847	12/29/21	System Generated Check/Voucher	(30,600.00)		OS



Kuhl InsuranceSM
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632 W. Jefferson Street
Morton, IL 61550

T 309 266-7300

F 309 266-5453

www.kuhlinsurance.com

Wendy Ferrill
342 Court Street
Pekin, IL 61554

Invoice #	4893	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	5/4/2017		
	BALANCE DUE ON		
	5/14/2017		
CSR	AMOUNT DUE		
ANDLA1	\$9,262.00		

Cyber Liability

PolicyNumber: No Participation Policy Number

Effective: 4/16/2017 to 4/16/2018

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
108251	4/16/2017	5/14/2017	RENB	Cyber Liability Renewal	\$9,262.00

Total Invoice Balance:

\$9,262.00



Kuhl InsuranceSM
Protect | Advocate | Serve

632 W Jefferson Street
Morton, IL 61550

T 309 266-7300

F 309 266-5453

www.kuhlinsurance.com

Please
update
billing information -

TAZEWELL COUNTY

~~Michael Freilinger~~
~~342 Court Street~~
Pekin, IL 61554

Wendy Ferrill
11 S. 4th, Suite 432

Invoice # 5627	Page 1 of 1
ACCOUNT NUMBER	DATE
TAZEC00-01	12/6/2017
	BALANCE DUE ON
	12/26/2017
CSR	AMOUNT DUE
ANDLA1	\$30,000.00

Commercial Package

PolicyNumber: P4-1000024-1718-02

Effective: 12/1/2017 to 12/1/2018

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
125277	12/1/2017	12/26/2017	SERV	2017-18 Agency Fee - All Lines	\$30,000.00

Total Invoice Balance:

\$30,000.00

RECEIVED

DEC 06 2017

TAZEWELL COUNTY
BOARD OFFICE

C



Kuhl InsuranceSM
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632 W. Jefferson Street
Morton, IL 61550
T 309 266-7300
F 309 266-5453
www.kuhlinsurance.com

Wendy Ferrill
342 Court Street
Pekin, IL 61554

Invoice #	6115	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	5/2/2018		
	BALANCE DUE ON		
	5/12/2018		
CSR	AMOUNT DUE		
ANDLA1	\$9,456.00		

Cyber Liability	PolicyNumber: 106505406	Effective: 4/16/2018 to 4/16/2019
-----------------	-------------------------	-----------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
137295	4/16/2018	5/12/2018	RENB	Renewal of Cyber Liability Effective 4/16/2018	\$9,456.00

Total Invoice Balance: **\$9,456.00**



Kuhl Insurance SM
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632 W. Jefferson Street
Morton, IL 61550

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F 309 266-5453

www.kuhlinsurance.com

TAZEWELL COUNTY
Michael Freilinger
342 Court Street
Pekin, IL 61554

Invoice #	6660	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	11/13/2018		
BALANCE DUE ON			
12/3/2018			
CSR	AMOUNT DUE		
ANDLA1	\$30,000.00		

Commercial Package

PolicyNumber: P4-1000024-1718-02

Effective: 12/1/2018 to 12/1/2019

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
152723	12/1/2018	12/3/2018	SERV	2018-19 Agency Fee	\$30,000.00

Total Invoice Balance: \$30,000.00



Kuhl Insurance SM
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632 W. Jefferson Street
Morton, IL 61550

T 309 266-7300

F 309 266-5453

www.kuhlinsurance.com

Tazewell County
11 S. 4th Street
Pekin, IL 61554

Invoice #	6928	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	4/11/2019		
	BALANCE DUE ON		
	4/26/2019		
CSR	AMOUNT DUE		
ANDLA1	\$9,456.00		

Cyber Liability

PolicyNumber: 106505406

Effective: 4/16/2019 to 4/16/2020

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
164510	4/16/2019	4/26/2019	RENB	Renewal of Cyber Liability Effective 4/16/2019	\$9,456.00

Total Invoice Balance: \$9,456.00



Kuhl InsuranceSM
Protect | Advocate | Serve

632 W. Jefferson Street
Morton, IL 61550

T 309 266-7300

F 309 266-5453

www.kuhlinsurance.com

TAZEWELL COUNTY
Michael Freilinger
342 Court Street
Pekin, IL 61554

Invoice #	7411	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	11/26/2019		
	BALANCE DUE ON		
	12/16/2019		
CSR	AMOUNT DUE		
ANDLA1	\$30,000.00		

Commercial Package

PolicyNumber: P4-1000024-1920-01

Effective: 12/1/2019 to 12/1/2020

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
180920	12/1/2019	12/16/2019	SERV	2019-2020 Agency Fee	\$30,000.00

Total Invoice Balance:

\$30,000.00



Kuhl InsuranceSM
Protect | Advocate | Serve

632 W. Jefferson Street
Morton, IL 61550
T 309 266-7300
F 309 266-5453
www.kuhlinsurance.com

Received

APR 20 2020

Tazewell County
Board Office

Tazewell County
Wendy Ferrill
11 S. 4th Street
Pekin, IL 61554

Invoice # 7660	Page 1 of 1
ACCOUNT NUMBER	DATE
TAZEC00-01	4/17/2020
	BALANCE DUE ON
	4/30/2020
CSR	AMOUNT DUE
ANDLA1	\$8,198.00

Cyber Liability	PolicyNumber: P-001-000317197-01	Effective: 4/16/2020 to 4/16/2021
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Item #	Trans Eff Date	Due Date	Trans	Description	Amount
190680	4/16/2020	4/30/2020	RENB	Renewal of Cyber Liability Effective 4/16/2020	\$8,048.00
190681	4/16/2020	4/30/2020	CFEE	Company Fee for Cyber Liability	\$150.00

Total Invoice Balance:

~~\$8,198.00~~

8,048

Per email from
Dave Zern (Kuhl),
only pay \$ 8,048.00

Credit Card or ACH payments can be made online: <https://kuhlinsurance.epaypolicy.com>
Please note, a fee will apply when paying online.*

4/17/2020

Tazewell County

Page 1 of 1

A-126



Kuhl InsuranceSM
Protect | Advocate | Serve

632 W. Jefferson Street
Morton, IL 61550
T 309 266-7300
F 309 266-5453
www.kuhlinsurance.com

INVOICE #	00099	Page 1
Account No	OP	Date
TAZEC00-01	LM	11/18/20
Effective	Expiration	Balance Due On
12/01/20	12/01/21	12/01/20

Tazewell County
Wendy Ferrill
11 S. 4th Street
Pekin, IL 61554

Itm #	Type	Description	Amount
1011	CFE	2020-21 Agency Service Fees	\$30,000

Invoice Balance \$30,000

*** PLEASE RETURN COPY WITH YOUR REMITTANCE ***



Kuhl Insurance SM
Protect | Advocate | Serve

632 W. Jefferson Street
Morton, IL 61550

T 309 266-7300
F 309 266-5453

www.kuhlinsurance.com

Tazewell County
11 S. 4th Street
Pekin, IL 61554

Invoice #	8591	Page	1 of 1
ACCOUNT NUMBER	DATE		
TAZEC00-01	10/4/2021		
	BALANCE DUE ON		
	12/1/2021		
CSR	AMOUNT DUE		
ANDLA1	\$30,600.00		

Commercial Package	PolicyNumber: P4-1000024-1921-02	Effective: 12/1/2021 to 12/1/2022
--------------------	----------------------------------	-----------------------------------

Item #	Trans Eff Date	Due Date	Trans	Description	Amount
228529	12/1/2021	12/1/2021	SERV	Service Fee for Commercial Package	\$30,600.00

Total Invoice Balance: \$30,600.00

Please include invoice numbers with your payment.

Credit Card or ACH payments can be made online: <https://kuhlinsurance.epaypolicy.com>

****Please note, a fee will apply when paying online.*****

EXHIBIT “18”

129

TO: Insurance Review Committee

FROM: Wendy Ferrill, County Administrator

DATE: October 5, 2020

RE: Fiscal Year 2021 Health Insurance Premiums

The County Board approved the health insurance premiums at last Wednesday's county board meeting. Typically, health insurance premiums are approved in October but we were informed on September 25th that if the quote was not signed that day the cost would increase substantially. It was anticipated that premiums would increase and additional lasers ranging between \$100,000 and \$650,000 would be added for the upcoming year.

Chairman Zimmerman was quick to issue an emergency declaration to ensure that the proposal was signed and to lock in the quoted amounts without subjecting the County and our employees to additional increases.

As has been discussed before, Tazewell County pays the first \$125,000 in claims for each person on our plan. There are times, upon medical review by the stop loss carrier, that certain individuals on our plan will be lasered due to a high likelihood that the individual's claims will exceed the \$125,000 deductible. This requires the County pay an additional amount before the carrier covers any part of the employee's claims. Unfortunately, we received lasers in the amount of \$525,000 for FY21. The additional lasers were not passed on to our employees this year, only the increase in premiums were shared which equates to a 6.5% increase. The total increase including the lasers is 9%.

The FY2021 health insurance premiums for all full-time non-union employees, and all full-time employees covered by the terms of the P.B.P.A., F.O.P and Teamsters Unit B Collective Bargaining Agreements, in accordance with the below schedules and will be effective December 1, 2020.

Please note, employees qualifying for and purchasing the employee health benefit (full single coverage) who are non-tobacco users will receive a four dollar (\$4) reduction in their monthly premiums. Employees qualifying for and purchasing the employee health benefit (full single coverage) who participated in the county sponsored 2020 Health Risk Assessment Program which includes compliance with the Health Coaching Program and, when necessary, the Clinical Care Coordination will receive an incentive in November 2021 of two hundred dollars (\$200.00) before taxes if they remain in compliance with the program for the full year.

-/

Tazewell County Board



David Zimmerman, Chairman of the Board
Wendy K. Ferrill, County Administrator

September 25, 2020

John C. Ackerman
Tazewell County Clerk
Via hand delivery

Dear John:

I wish to declare an emergency under 1 TCC 4-13 in order to authorize Health Insurance premiums.

Per the requirement of 1 TCC 4-13 the Board will consider a resolution approving this action at the September 25, 2020 meeting.

Please contact me if you have any questions.

Sincerely,

David Zimmerman
County Board Chairman

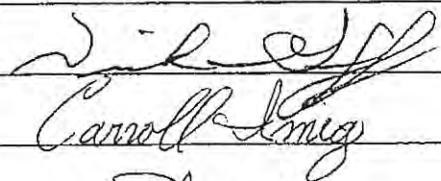
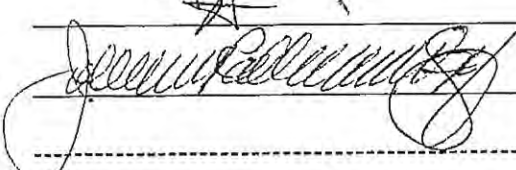
copy to: County Board Members
Tina Rudd, Human Resources Director
Wendy Ferrill, County Administrator

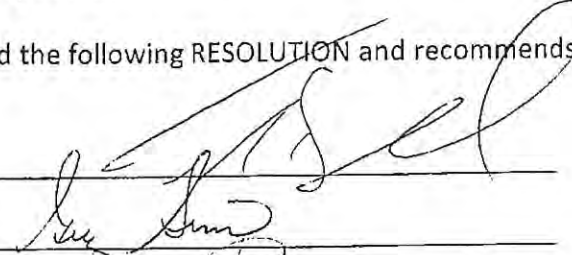


EXHIBIT “19”

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:


Carroll King




Henry Proctor

Monica Connett

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Kuhl and Company contract renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve the renewal agreement with Kuhl and Company Insurance as the Agent of Record at a cost of \$30,000; and

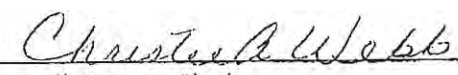
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract and all applicable documents.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:

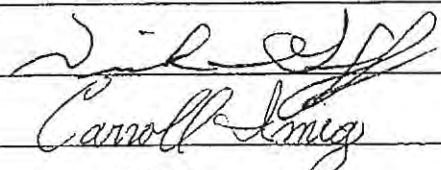
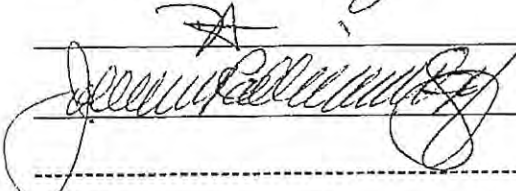

Christine A. Webb
Tazewell County Clerk

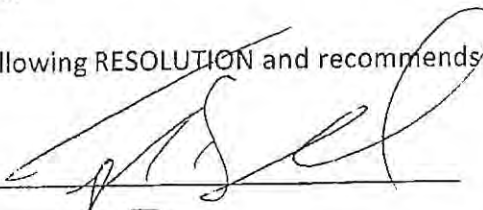
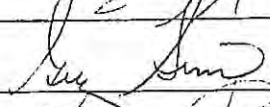



Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:


 Carroll Smig
 ★






 Monica Connett

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Kuhl and Company contract renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve the renewal agreement with Kuhl and Company Insurance as the Agent of Record at a cost of \$30,000; and

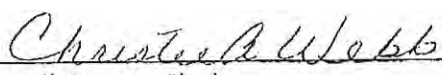
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract and all applicable documents.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:


 Tazewell County Clerk


 Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
	
_____	_____
	
_____	_____

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2018; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$464,216; and

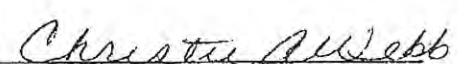
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF AUGUST, 2018.

ATTEST:


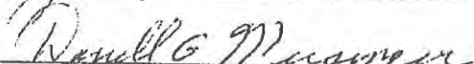
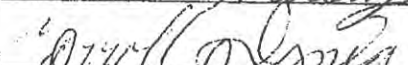
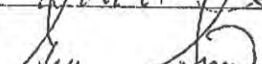
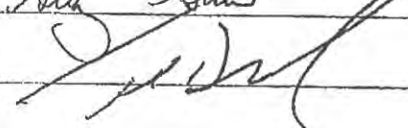

Tazewell County Clerk


Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement effective February 28, 2014; and

WHEREAS, it is recommended that the County Board approve a contract with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$341,623.00.; and

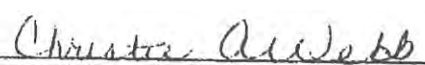
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.


THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 29th DAY OF JANUARY, 2014

ATTEST:


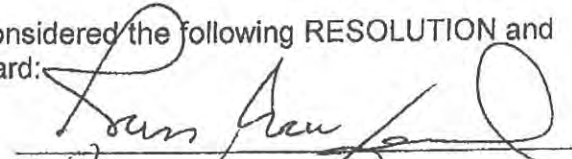

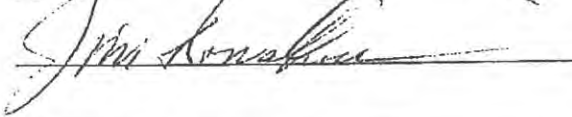
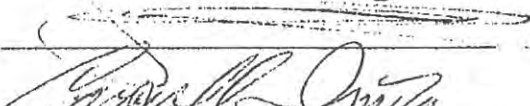
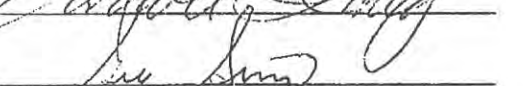
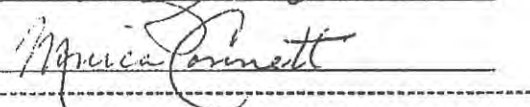
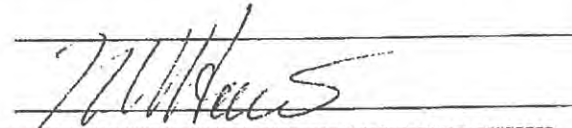

Tazewell County Clerk


Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2015; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$409,430.00; and

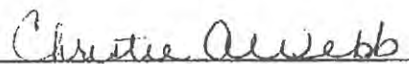
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 18th DAY OF NOVEMBER, 2015.

ATTEST:


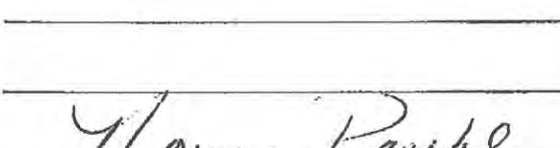
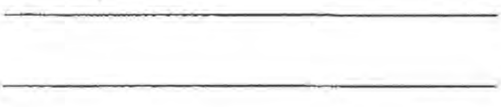

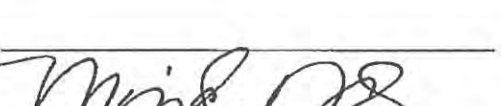
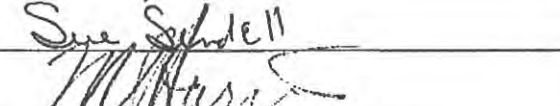
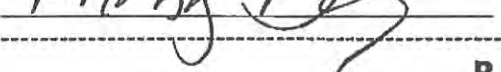
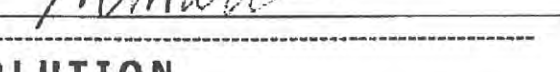

Tazewell County Clerk


Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
	
_____	_____
	
_____	_____
	
_____	_____
	

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2020; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$552,039; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 28th DAY OF OCTOBER, 2020.

ATTEST:


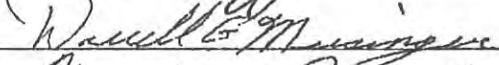
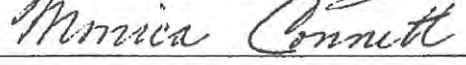

Tazewell County Clerk

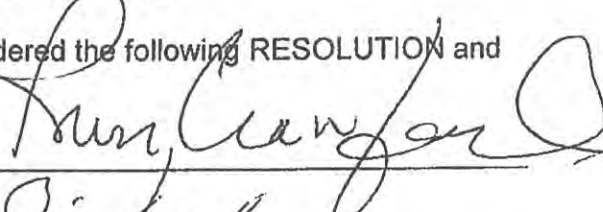
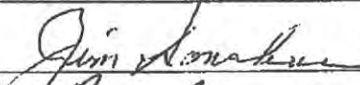
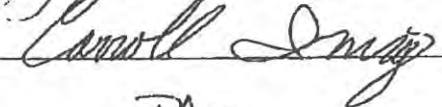


Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2016; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$439,651.00; and

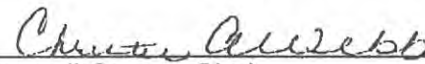
WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 16th DAY OF OCTOBER, 2016.

ATTEST:

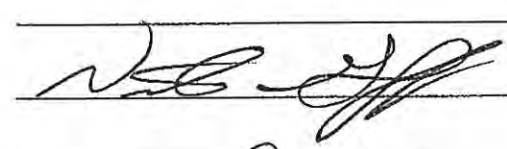
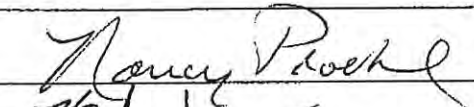
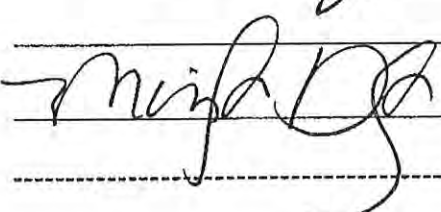
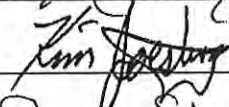

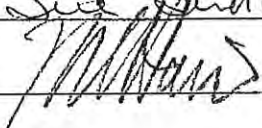

Tazewell County Clerk


Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Kuhl and Company contract renewal effective December 01, 2020; and

WHEREAS, it is recommended that the County Board approve the renewal agreement with Kuhl and Company Insurance as the Agent of Record at a cost of \$30,000; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract and all applicable documents.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 28th DAY OF OCTOBER, 2020.

ATTEST:

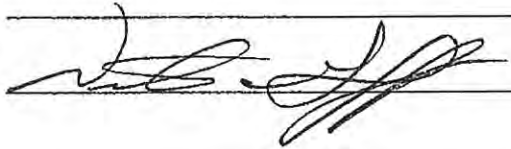
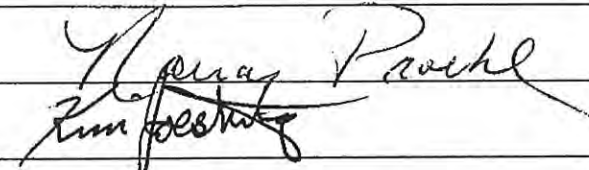
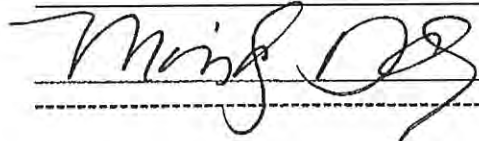
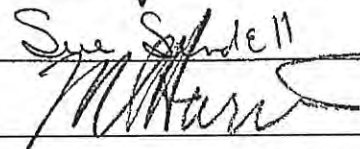
Tazewell County Clerk

Tazewell County Board Chairman

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
	
_____	_____
	

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize a Workers' Compensation Third Party Administrator Agreement renewal effective December 01, 2020; and

WHEREAS, it is recommended that the County Board approve a contract renewal with Illinois Counties Risk Management Trust (ICRMT) as the County's Workers' Compensation and the County's Property, Automobile, Liability, et al for a cost of \$552,039; and

WHEREAS, the County's Risk Management Committee recommends to the County Board to authorize the Board Chairman to sign and execute the contract.

THEREFORE BE IT RESOLVED that the County Board approve this recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office and the Auditor of this action.

PASSED THIS 28th DAY OF OCTOBER, 2020.

ATTEST:

Tazewell County Clerk

Tazewell County Board Chairman

EXHIBIT “20”

FILED

FEB 24 2021

CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE

IN THE UNITED STATES DISTRICT COURT
FOR THE SOUTHERN DISTRICT OF ILLINOIS

UNITED STATES OF AMERICA,

Plaintiff,

VS.

KEVIN HUTCHINSON,

Defendant.

)
)
)
)
)
)
)
)

CRIMINAL NUMBER:

Title 18,
United States Code,
Section 1001(2)

INDICTMENT

THE GRAND JURY CHARGES:

INTRODUCTION

At all times relevant to the Indictment:

1. **KEVIN HUTCHINSON** was the elected Mayor of the City of Columbia, Monroe County, within the Southern District of Illinois.
2. **HUTCHINSON** was also a licensed insurance agent who owned a closely held Illinois corporation called B.M.C. Associates, Inc.
3. The City of Columbia provides health insurance coverage for its employees and separately maintains property/casualty loss insurance. Unbeknownst to the city council or the city manager, **HUTCHINSON**, and his corporation B.M.C. Associates, Inc., received referral commissions from the insurance contracts that the City of Columbia placed with MRCT and ICRMT.
4. As an elected municipal official and a public officer **KEVIN HUTCHINSON** was prohibited, under the Illinois Public Officer Prohibited Activities Act [65ILCS 5/3.1-55-10(a)], from being financially interested, directly or indirectly, in any contract, work or business of the municipality.

5. The Illinois Governmental Ethics Act required **HUTCHINSON** to truthfully complete an annual Statement of Economic Interests and file it with the County Clerk. On June 28, 2018, **KEVIN HUTCHINSON** filed a false Statement of Economic Interests with the Monroe County Clerk stating that he did not have a personal financial interest, directly or indirectly, in any contract, work or business of the municipality.

6. The Southern Illinois Public Corruption Task Force consisted of agents with the Federal Bureau of Investigation, Internal Revenue Service/Criminal Investigations, and a Task Force Officer from the Illinois State Police. The Task Force opened a federal criminal investigation to determine whether Columbia Mayor **KEVIN HUTCHINSON** had violated federal law after learning that **HUTCHINSON** received insurance policy referral commissions for a health insurance policy for the City of Columbia employees.

COUNT 1

FALSE STATEMENT TO THE FEDERAL METRO-EAST PUBLIC CORRUPTION TASK FORCE

1. The paragraphs of the Introduction are incorporated herein.
2. On or about March 20, 2019, affecting Monroe County within the Southern District of Illinois, and elsewhere,


KEVIN HUTCHINSON,

defendant, did willfully and knowingly make, and cause to be made, materially false statements and representations in a matter within the jurisdiction of a department or agency of the United States by falsely telling a Federal Bureau of Investigation Special Agent and a federal Task Force Officer that his only interest in MRCT's contract with the City of Columbia was in his official capacity as the Mayor of the City of Columbia. The statement was materially false in that

KEVIN HUTCHINSON had received referral commissions for City insurance policies placed with MRCT as well as from ICRMT.

All in violation of Title 18, United States Code, Section 1001(2).




STEVEN D. WEINHOEFT
United States Attorney
Southern District of Illinois


NORMAN R. SMITH
Assistant United States Attorney

Recommended bond: \$20,000 unsecured.

JUL 22 2021

S CLERK, U.S. DISTRICT COURT
SOUTHERN DISTRICT OF ILLINOIS
EAST ST. LOUIS OFFICE

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)

) CRIMINAL NUMBER: 21-30113-SPM

Title 18,
United States Code,
Section 1001(2)

THE GRAND JURY CHARGES:

At all times relevant to the Indictment:

4. As an elected municipal official and a public officer **TIM LOWRY** was aware that elected public officials are prohibited, under the Illinois Public Officer Prohibited Activities Act

[65ILCS 5/3.1-55-10(a)], from being financially interested, directly or indirectly, in any contract, work or business of the municipality.

5. The Southern Illinois Public Corruption Task Force consisted of agents with the Federal Bureau of Investigation, Internal Revenue Service/Criminal Investigations, and a Task Force Officer from the Illinois State Police. The Task Force opened a federal criminal investigation to determine whether the Columbia Mayor had violated federal law after learning that the Mayor received insurance policy referral commissions for insurance policies for the City of Columbia employees.

COUNT 1

FALSE STATEMENT TO THE FEDERAL SOUTHERN ILLINOIS PUBLIC CORRUPTION TASK FORCE

1. The paragraphs of the Introduction are incorporated herein.
2. On or about April 3, 2019, in Randolph County within the Southern District of Illinois, and elsewhere,

TIM LOWRY,

defendant, did willfully and knowingly make, and cause to be made, materially false statements and representations in a matter within the jurisdiction of a department or agency of the United States by falsely telling a Federal Bureau of Investigation Special Agent and a federal Task Force Officer that he did not pay the Mayor of the City of Columbia in reference of the City of Columbia's ICRMT insurance contract and that the Mayor of the City of Columbia did not receive additional payments as a result of the Columbia ICRMT insurance contract. The statement was materially false in that **TIM LOWRY** directed payments of approximately \$15,854 from the Ackermann Agency to CJ Thomas for the benefit of the Mayor of the City of

Columbia from 2016 through 2018 which was 40% of the commissions for the ICRMT insurance policy with the City of Columbia.

All in violation of Title 18, United States Code, Section 1001(2).

A TRUE BILL



Stult

STEVEN D. WEINHOFER
United States Attorney
Southern District of Illinois

Norman R. Smith
NORMAN R. SMITH
Assistant United States Attorney

Recommended bond: \$20,000 unsecured.

EXHIBIT "21"

MY STAY PREFERENCES

Airline: Flight Number:

Flight Arrival Time:

Flight Departure Time:

Requested Arrival Time: 27-Mar-2017 03:00 PM

Requested Departure Time: 29-Mar-2017 12:00 PM

Other Requests: This room is being booked for J David Zimmerman under my credit card.

Make a Green Choice:

No

(Terms & Conditions)

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [<mailto:dzimmerman@tazewell.com>]
Sent: Tuesday, February 07, 2017 5:26 PM
To: Mike Miller <mike.miller@ipmg.com>
Subject: Re: eTicket Itinerary and Receipt for Confirmation JGZLX8

Thanks Mike

Sent from my iPhone

On Feb 7, 2017, at 5:25 PM, Mike Miller <mike.miller@ipmg.com> wrote:

Hi David,
Below is the United ticket.

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: United Airlines, Inc. [<mailto:unitedairlines@united.com>]
Sent: Tuesday, February 07, 2017 5:20 PM

From: Mike Miller <mike.miller@ipmg.com>
Sent time: 03/31/2017 05:13:10 PM
To: David Zimmerman <dzimmerman@tazewell.com>
Subject: RE: Your Westin St. Francis Hotel guest folio

Please shoot me your home address.
Thanks

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [mailto:dzimmerman@tazewell.com]
Sent: Friday, March 31, 2017 5:12 PM
To: Mike Miller <mike.miller@ipmg.com>
Subject: Re: Your Westin St. Francis Hotel guest folio

Yes, that would be great. Enjoy your weekend! DZ

Sent from my iPhone

On Mar 31, 2017, at 4:54 PM, Mike Miller <mike.miller@ipmg.com> wrote:

David,
Should the \$650.02 reimbursement be made directly to you and sent to your home address?

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [mailto:DZimmerman@tazewell.com]
Sent: Friday, March 31, 2017 8:26 AM
To: Mike Miller <mike.miller@ipmg.com>
Subject: Fwd: Your Westin St. Francis Hotel guest folio

Mike-

Once again, thank you so much for the opportunity to speak at the IBI Forum regarding Tazewell's experience with IPMG. It was also a pleasure to get to know you and other members of your team. Please feel free to reach out to me at any time if you need anything else. Lastly, I have attached a copy of the hotel bill from the Westin. Enjoy your weekend.

Receipt for confirmation JGZLX8



A STAR ALLIANCE MEMBER

[United logo link to home page](#)

Confirmation: JGZLX8

[Check-In >](#)

Issue Date: February 07, 2017

Traveler information

	eTicket Number	Frequent FlyerNumber	Seats
Traveler			
ZIMMERMAN/JDAVID	0162335169002		18D/10F/10F/18A

FLIGHT INFORMATION

Day, Date	Flight	Class	Departure City and Time	Arrival City and Time	Aircraft	Meal
Mon, 27MAR17	UA4607	L	PEORIA, IL (PIA) 5:00 AM	CHICAGO, IL (ORD - O'HARE) 6:00 AM	ERJ-145	
Flight operated by TRANS STATES AIRLINES doing business as UNITED EXPRESS.						
Mon, 27MAR17	UA1988	L	CHICAGO, IL (ORD - O'HARE) 7:30 AM	SAN FRANCISCO, CA (SFO) 10:11 AM	737-900	Purchase
Wed, 29MAR17	UA698	L	SAN FRANCISCO, CA (SFO) 1:55 PM	CHICAGO, IL (ORD - O'HARE) 8:20 PM	737-900	Purchase
Wed, 29MAR17	UA4707	L	CHICAGO, IL (ORD - O'HARE) 9:00 PM	PEORIA, IL (PIA) 9:58 PM	ERJ-145	
Flight operated by TRANS STATES AIRLINES doing business as UNITED EXPRESS. If this is an originating flight on your itinerary, please check in at the UNITED TERM 1 ticket counter.						

FARE INFORMATION

Fare Breakdown

• Airfare:	301.40	Form of Payment: MASTERCARD Last Four Digits 2588
USD		
• U.S. Transportation Tax:	22.60	
• U.S. Flight Segment Tax:	16.40	
• September 11th Security Fee:	11.20	
• U.S. Passenger Facility Charge:	18.00	
• Per Person Total:		

369.60

USD

- eTicket Total:

369.60

USD

The airfare you paid on this itinerary totals: 301.40 USD

The taxes, fees, and surcharges paid total: 68.20 USD

Fare Rules: Additional charges may apply for changes in addition to any fare rules listed.

NONREF/0VALUAFTDPT/CHGFEE

Cancel reservations before the scheduled departure time or TICKET HAS NO VALUE.

Additional Charges: Tue., Feb. 7, 2017/MasterCard 2588 was charged 166 USD for the Economy Plus Essentials Package / EDD 01629280842626

20.00 USD for: Economy Plus Essentials: One extra checked bag

125.00 USD for: Economy Plus Essentials: Economy Plus seating

21.00 USD for: Economy Plus Essentials: Economy Plus seating

Tue., Feb. 7, 2017/MasterCard 2588 was charged 184 USD for the Economy Plus Essentials Package / EDD 01629280842604

20.00 USD for: Economy Plus Essentials: One extra checked bag

20.00 USD for: Economy Plus Essentials: Economy Plus seating

144.00 USD for: Economy Plus Essentials: Economy Plus seating

Baggage allowance and charges for this itinerary.

Baggage fees are per traveler

Origin and destination for checked baggage	1 st bag	2 nd bag	Maximum weight and dimensions per piece of baggage Max wt / dim per piece
3/27/2017 Peoria, IL (PIA) to San Francisco, CA (SFO)	0 USD	35.00 USD	50.0lbs (23.0kg) - 62.0in (157.0cm)
3/29/2017 San Francisco, CA (SFO) to Peoria, IL (PIA)	0 USD	35.00 USD	50.0lbs (23.0kg) - 62.0in (157.0cm)

Your United Travel Options package purchase provides each traveler on the reservation with a waiver of the service charge for an extra checked bag (within specified size and weight limits). Applies only on flights for which the United Travel Options package was purchased.

Important Information about MileagePlus Earning

• •
Accruals vary based on the terms and conditions of the traveler's frequent flyer program, the traveler's frequent flyer status and the itinerary selected. United MileagePlus® mileage accrual is subject to the rules of the MileagePlus program

From: Mike Miller <mike.miller@ipmg.com>
Sent time: 02/07/2017 05:33:29 PM
To: David Zimmerman <dzimmerman@tazewell.com>
Subject: Hotel

Here is the hotel information. I had to book it under my name because their system won't allow the guest name to be different than the name on the credit card.

Scroll down and you'll see the message I included in the booking.

Thanks again.

HOTEL & ROOM INFORMATION



	CHECK-IN	CHECK-OUT
THE WESTIN ST. FRANCIS	Mar 27, 2017	Mar 29, 2017
SAN FRANCISCO ON UNION SQUARE	1 room(s), 1 adult(s)	
335 Powell Street	LANDMARK TRADITIONAL : 2 DOUBLE BEDS	
San Francisco CA 94102	• TRADITIONAL NON-SMOKING	
United States	• LANDMARK BUILDING	
Phone:(1)(415) 397-7000	• LIMITED VIEW	
Fax:(1)(415) 774-0124	• 250 SQ FT ROOM	
	• HEAVENLY BED AND BATH	

RATE INFORMATION

[Currency Conversion >>](#)

Rate Description: IBI 2017

Average est. room total per night*** **Estimated total for your stay****

Room rate 1 room(s), 1 adult(s) **USD 650.01**
_ **USD 279.00**

Taxes
** : **USD 46.01**

Estimated total : USD 325.01**

**The displayed totals are estimates only and do not include any additional charges that may be incurred at the hotel. The actual total will be calculated by the hotel in its local currency, based on the local taxes and currency exchange rate (if applicable) in effect at the time charging occurs.
[Get complete details about this rate, taxes and other charges](#)

PERSONAL & CREDIT CARD INFORMATION

Name:
Michael Miller
Address:
225 Smith Road
St. Charles IL US 60174
*Primary Telephone :
6304855850 (Business)

Your Email :
mike.miller@ipmg.com
Card Number :
xxxxxxxxxx2588

From: Mike Miller <mike.miller@ipmg.com>
Sent time: 02/07/2017 05:10:08 PM
To: David Zimmerman <dzimmerman@tazewell.com>
Subject: RE: Travel Arrangements

Whoa, 1961? Should I order a chair? ☺

I'm trying to enter J. in the first name section and the system won't accept. Any ideas?

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [mailto:dzimmerman@tazewell.com]
Sent: Tuesday, February 07, 2017 5:07 PM
To: Mike Miller <mike.miller@ipmg.com>
Subject: Re: Travel Arrangements

Mike-

5:00am is fine. It's one of the perks of living in Peoria. My full legal name is J. David Zimmerman (my first name is just an initial). I was born May 11th, 1961 (I know I look much younger). Thanks for taking care of the details. Please feel free to call me tomorrow. I have an appointment from 10:30 to 11:30 but can talk any other time.

Thanks--David Zimmerman
(309) 370-0773

>>> Mike Miller <mike.miller@ipmg.com> 02/07/17 5:03 PM >>>

Hi Dave,

Some questions.

The flight leaves Peoria at 5 a.m. to Chicago on the 27th, is that ok?

What is your date of birth?

Do you have a middle name or initial on your ID?

If so, what is it?

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [mailto:DZimmerman@tazewell.com]
Sent: Tuesday, February 07, 2017 7:10 AM
To: Mike Miller <mike.miller@ipmg.com>

Subject: RE: Health Management Meeting

Mike-

Wednesday works great. I do have a lunch from 11:00 to 1:00 but I should be available any other time. I will let you take care of the details. I can come in Monday morning (from Peoria) and fly out Wednesday also. I look forward to talking with you.

Thanks--David Zimmerman

(309) 370-0773

>>> Mike Miller <mike.miller@ipmg.com> 2/6/2017 8:40 AM >>>

Hi David,

Does Wednesday work for you to have a call?

As for the flights, we will arrange, unless you have a mileage card or airline you'd like to use, in that case we will gladly reimburse you.

For the hotel, again we will arrange. Let me know if you were thinking of going for the weekend. I am flying in Monday morning and staying Monday and Tuesday evening, and then flying out Wednesday at 2:00 p.m.

We are staying at the Westin St. Francis in San Francisco on Union Square.

The forum begins Monday, March 27 at 1:00 p.m.

Thanks

Mike Miller
Director-Healthcare Division, ACI



225 Smith Road, St. Charles, IL 60174
Direct: 630-485-5850 | Fax: 630-587-7750 | Mobile: 847-431-4152
mike.miller@ipmg.com | www.IPMG.com



From: David Zimmerman [<mailto:DZimmerman@tazewell.com>]

Sent: Monday, February 06, 2017 7:58 AM

To: Mike Miller <mike.miller@ipmg.com>

Subject: RE: Health Management Meeting

Good Morning Mike-

Would there be a better time for you this week to touch base regarding the Virgin Pulse program? I am very willing to look into the program but the issue is money and being three months into our fiscal year. Also, are there some logistics I need to take care of on my end (hotel, flights, dates, etc.)? I hope you enjoyed your weekend and I look forward to speaking with you this week.

Thanks--David Zimmerman

(309) 370-0773

>>> Mike Miller <mike.miller@ipmg.com> 2/1/2017 2:56 PM >>>

Hi David,

A couple quick points.

1. We submitted the PowerPoint presentation to the IBI yesterday. My assumption is that they review it (perhaps to be sure there isn't too much self-promotion) and will let us know if changes need to be made. I will forward it to you shortly, including indicating the slides we hope you'll present.
2. On the subject of slides we hope you'll present, I need to be completely transparent here. One of my primary goals is for Tazewell County to seriously consider adopting the Virgin Pulse program asap, which will integrate with the U-Med program. If you have two minutes, please take a look at the attached case study for Montgomery County of Maryland. Some of the material in your portion of the slides refers to employee wellbeing.

I'll send the PP soon, but please feel free to contact me with questions about Virgin Pulse.

A-156

EXHIBIT “22”

COMMITTEE REPORT

Mr. Chairman and Members of the Tazewell County Board:

Your Risk Management Committee has considered the following RESOLUTION and recommends that it be adopted by the Board:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

RESOLUTION

WHEREAS, the County's Risk Management Committee recommends to the County Board to approve a contract renewal agreement with IPMG (Insurance Program Managers Group) for Third Party Administrator Services; and

WHEREAS, the Third Party Administrator provides services for the County's health, dental and vision benefits plan; and

THEREFORE BE IT RESOLVED that the County Board approve the recommendation.

BE IT FURTHER RESOLVED that the County Clerk notifies the County Board Office, IPMG, Payroll and the Auditor of this action.

PASSED THIS 29th DAY OF JANUARY, 2020.

ATTEST:

Tazewell County Clerk

Tazewell County Board Chairman

EXHIBIT “23”

UCCI EXECUTIVE COMMITTEE/OFFICERS

DAVID MEYER, President
Washington County

DAVID ZIMMERMAN, Vice President ✓
Tazewell County

JOSEPH PAYETTE, Secretary
Carroll County

P.E. CROSS, Treasurer
Hamilton County

MATTHEW PROCHASKA, Member
Kendall County

MARK KERN, Member
St. Clair County

SAMUEL NEWTON, Member
Stephenson County

UCCI EXECUTIVE DIRECTOR

W. MICHAEL McCREERY



United Counties Council of Illinois

217 East Monroe ~ Suite 101

Springfield, Illinois 62701

217.544-5585

W. Michael McCreery, Executive Director

Officers/Executive Committee Members

- David Meyer, President (Washington County)
- David Zimmerman, Vice President (Tazewell County)
- Joseph Payette, Secretary (Carroll County)
- P.E. Cross, Treasurer (Hamilton County)
- Matthew Prochaska (Kendall County)
- Mark Kern (St. Clair County)
- Samuel Newton (Stephenson County)

United Counties Council of Illinois (UCCI) is a statewide association of county boards that provides numerous services to counties and county officials. UCCI tracks proposed legislation, provides legislative input, and affords units of county government a presence in the legislative process through its efforts on proposed legislation involving all aspects of county government. In addition to its legislative efforts, UCCI offers its members a broad range of services that are beneficial to counties and county officials.

A major focus of UCCI is providing educational opportunities to county officials through its Leadership Academy Program with the University of Illinois, as well as various training programs and statewide seminars on topics of interest to its members.

The publication of an annual 'Statewide Salary and Fringe Benefits Survey' by UCCI started in the mid '80s and continues to be a valuable resource document for counties across the State of Illinois during their budgeting process and collective bargaining negotiations.

The Illinois Counties Risk Management Trust (ICRMT) was developed by UCCI in 1983 as an insurance pool offering numerous types of coverage to address the various risks faced by public entities. Currently, more than 400 units of local government, including school districts, participate in the ICRMT, with just over 55% of all counties located in Illinois being insured through the ICRMT.

Illinois Counties Risk Management Trust Employee Benefit Program, a similarly structured insurance program, is a public entity group health insurance program developed by UCCI and administered by Insurance Program Managers Group (IPMG), offering public entities an affordable alternative to private health insurance carriers.

UCCI also holds the copyright to the reference guide 'Practice Guide to County Government Law', published in 2015, which provides an overview of issues county governments and officials may face in the carrying out of their duties and responsibilities. This guide has proven to be a valuable source of information to both new and experienced county officials as they undertake their responsibilities in the governance of a county, as well as those who are concerned with the operation of county government.

As a statewide association of county boards, it is the goal of UCCI to serve its members, and their constituents, by providing the resources needed to meet the challenges of today's ever-changing times and to best serve the citizens of their communities.

UCCI EXECUTIVE COMMITTEE/OFFICERS

DAVID MEYER, President
Washington County

DAVID ZIMMERMAN, Vice President
Tazewell County

JOSEPH PAYETTE, Secretary
Carroll County

P.E. CROSS, Treasurer
Hamilton County

MATTHEW PROCHASKA, Member
Kendall County

MARK KERN, Member
St. Clair County

SAMUEL NEWTON, Member
Stephenson County

UCCI EXECUTIVE DIRECTOR

W. MICHAEL McCREERY



UNITED COUNTIES COUNCIL OF ILLINOIS

MEMBERSHIP INFORMATION

UCCI 2021 DUES STRUCTURE

Membership is available to all counties in the state. Members are entitled to receive all UCCI services and benefits and serve as voting members of the association.

FULL MEMBERSHIP DUES SCHEDULE

<u>POPULATION</u>	<u>DUES</u>
<u>Under 20,000</u>	<u>\$ 750</u>
<u>20,000 - 40,000</u>	<u>\$1,500</u>
<u>40,000 - 60,000</u>	<u>\$2,200</u>
<u>60,000 - 80,000</u>	<u>\$3,000</u>
<u>80,000 - 100,000</u>	<u>\$3,500</u>
<u>100,000 - 120,000</u>	<u>\$3,800</u>
<u>120,000 - 140,000</u>	<u>\$4,000</u>
<u>140,000 - 160,000</u>	<u>\$4,200</u>
<u>160,000 - 180,000</u>	<u>\$4,400</u>
<u>180,000 - 200,000</u>	<u>\$4,700</u>
<u>Over 200,000</u>	<u>\$5,000</u>

- In keeping with past practices (since 2005), it is anticipated that all UCCI member dues for the year 2021 will be refunded in full. The UCCI Executive Committee, at their November meeting, will review and vote on recommending whether that refund is the actual amount paid after various discounts are calculated, or whether that refund is based upon the dues schedule - not the actual amount paid after various discounts are calculated. ✓
- Those counties participating in the ICRMT insurance program receive an 80% discount in dues.
- Counties joining UCCI as a new member receive a 50% discount on their first year's dues.
- Member counties are paid an attendance stipend of \$400.00 for each regularly scheduled UCCI Membership meeting at which they have a representative in attendance. In addition to the \$400.00 meeting attendance stipend, member counties also receive a mileage stipend to help offset travel costs of county representative's attendance at scheduled membership meetings. Details of mileage stipend ... (1) one vehicle round-trip mileage paid at allowable federal mileage rate; (2) mileage calculation from county seat to UCCI Springfield office; (3) meeting/mileage reimbursement paid directly to member county on a quarterly basis. ✓
- There is no attendance or registration fee for participation in functions or seminars sponsored by UCCI.

**If your county is not a member of UCCI and would like to join
or receive more information about UCCI,
please contact our Springfield office at 217-544-5585
or visit our website
www.unitedcounties.com**

Last Revised November 2019

EXHIBIT “24”

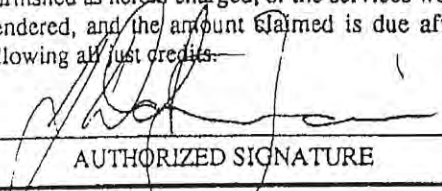
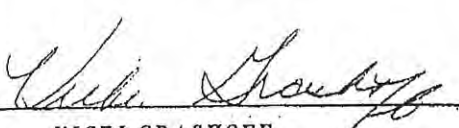
CLAIM VOUCHER

COUNTY OF TAZEWELL

STATE OF ILLINOIS

CLAIMANT: J. David Zimmerman
LE DATE: October 2014TO: VICKI GRASHOFF
TAZEWELL COUNTY AUDITOR

MONTH:	DAY:	EXPENSE PURPOSE:	MILEAGE:	AMOUNT:	TOTAL EXPENSE:	
					DOLLARS	CENTS
Oct	1	Admin	32			
Oct	2	U.C.C.I. - Springfield	144			
Oct	5	Admin	32			
Oct	10	Admin	32			
Oct	7	Search Committee	32			
Oct	8	Admin	32			
Oct	9	Admin	32			
Oct	13	Admin	32			
Oct	14	Admin - Meeting w/ Dawn Cook	32			
Oct	14	Finalist vs Budget	32			
Oct	16	Admin	32			
Oct	17	Admin	32			
Oct	17	UCCI - Springfield	72			
Oct	18	UCCI Return	72			
Oct	20	Interviews	32			
Oct	21	Interviews	32			
Oct	21	UCCI Ins. Meeting - Naperville	290			
TOTALS:						

VEHICLE	FOYD	DEPT	DATE CLAIM
	100	111	533-152
Claimant's Name & Address: J David Zimmerman			
Amount of Claim..... \$ _____			
Invoice Number _____			
Invoice Date _____			
Description of Claim: October 2014 Mileage			
STATE OF ILLINOIS } ss. Tazewell County			
<p>I do solemnly swear that the items mentioned on the above voucher, from the aforementioned account are just and true; that the items were furnished as herein charged, or the services were rendered, and the amount claimed is due after allowing all just credits.</p>			
 AUTHORIZED SIGNATURE			
Subscribed and Sworn to: 11/6/14			
 VICKI GRASHOFF TAZEWELL COUNTY AUDITOR			

COUNTY OF TAZEWELL

CLAIMANT: J. David Zimmerman
FILE DATE: October 2014

[illegible]

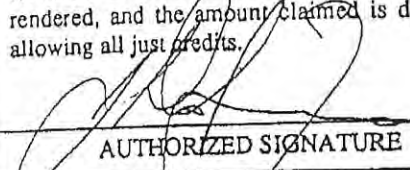
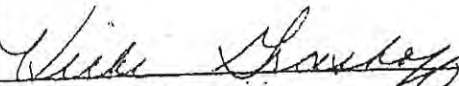
VENDOR	FUND:	DEPT:	LINE ITEM:
42	100	111	533-152
Claimant's Name & Address: J. David Zimmerman			
Amount of Claim \$ 675.36			
Invoice Number <u>42-1114</u>			
Invoice Date <u>10/31/14</u>			
Description of Claim: October 2014 Mileage			
STATE OF ILLINOIS } ss. Tazewell County			
I do solemnly swear that the items mentioned on the above voucher, from the aforementioned account are just and true; that the items were furnished as herein charged, or the services were rendered, and the amount claimed is due after allowing all just credits.			
 AUTHORIZED SIGNATURE			
Subscribed and Sworn to: 11/6/14			
 VICKI GRASHOFF TAZEWELL COUNTY AUDITOR			

EXHIBIT "25"

TASKEWELL COUNTY
Claims Docket
Expenditure Accounts

Page 4
A20300 SRH
11/12/2014 12:49:54

County: COUNTY BOARD 100-111
Vend-No Vend-Name

Invoice-Numb Expense-Amount

100-111-533-152	BOARD CHAIRMAN TRAVEL		
42 ZIMMERMAN*J DAVID	MILEAGE 100-111	42-1114	675.36
86506 VISA*	PARKING 100-111	3103-1114	7.00
100-111-533-154	RECRUITMENT/RELOCATION EXP		
103452 GOVHR USA LLC*	2ND ISTLMNT SHORTAGE 100-111	2-10-014-0112A	2,289.33
103846 KRISCHKE*JAMES	TRAVEL REINH CO ADM 100-111	103846-1114	219.68
100-111-533-300	MILEAGE		
26 CRAWFORD*K RUSSELL	MILEAGE 100-111	26-1114	159.60
31 IMIG*CARROLL	MILEAGE 100-111	31-1114	161.28
39 SINN*GREG	MILEAGE 100-111	39-1114	26.88
155 PALMER*ROSEMARY	MILEAGE 100-111	155-1114	75.04
296 CONNETT*MONICA	MILEAGE 100-111	296-1114	76.81
4125 GRAFF*NICK	MILEAGE 100-111	4125-1114	48.72
5716 HARRIS*MICHAEL	MILEAGE 100-111	5716-1114	190.40
64636 ACKERMAN*JOHN C	MILEAGE 100-111	64636-1114	58.24
67546 PROEHL*NANCY M	MILEAGE 100-111	67546-1114	51.36
74339 SUNDELL*SUE	MILEAGE 100-111	74339-1114	86.24
77953 WEISINGER*DARRELL G	MILEAGE 100-111	77953-1114	148.96
78594 NEUHAUSER*TIMOTHY D	MILEAGE 100-111	78594-1114	68.32
94450 DONAHUE*JAMES	MILEAGE 100-111	94450-1114	31.36
102446 WOLFE*JOE	MILEAGE 100-111	102446-1114	20.72
103025 MINGUS*SETH	MILEAGE 100-111	103025-1114	48.16
TOTAL:			4,423.51

TAZEWELL COUNTY AUDITOR'S OFFICE

EXPENSE REPORT

ACCOUNTING DIVISION



SUBMITTED BY:
VICKI E. GRASHOFF
TAZEWELL COUNTY AUDITOR

SUBMITTED TO:
TAZEWELL COUNTY BOARD

November 19, 2014

PAGE	REPORT:	FUND:	DEPT:	EXPENDITURES:
1	County Board (Spec Per Diem)	100	111	\$5,160.00
2	County Board (Mo. Salary)	100	111	\$4,200.00
3	County Board Liquor Comm.	100	111	\$566.00
4	County Board	100	111	\$4,423.51
5	Circuit Clerk	100	121	\$240.08
6	Public Defender	100	123	\$8,107.00
7	States Attorney	100	124	\$18,474.46
8	Jury Commission	100	125	\$126.70
9	County Auditor	100	151	\$800.00
10,11	County Clerk/Recorder	100	152	\$116,669.83
12	County Treasurer	100	155	\$1,417.28
13	Assessment	100	157	\$134.91
14	Community Development	100	161	\$6,605.22
15,18	Building Administration	100	181	\$190,623.13
19,20	Justice Center	100	182	\$28,102.03
21	Sheriff Merit Commission	100	211	\$225.00
22,24	Sheriff	100	211	\$57,704.46
25,26	E.M.A.	100	213	\$3,571.63
27	Court Security	100	214	\$3,131.25
28,29	Crt Serv Probation Upgrade	100	230	\$17,912.81
30	Court Services	100	231	\$32,980.00
31	Coroner	100	252	\$12,171.28
32	R.O.E.	100	711	\$515.64
33	Courts	100	800	\$2,324.61
34,36	County General	100	913	\$1,142,544.13
*****County General Expenditures*****				\$1,658,730.96
37,38	County Highway Fund	202	311	\$155,831.25
39	Bridge Fund	205	311	\$16,528.84
40	Matching Tax	206	311	\$4,800.00
41,42	Veterans Assistance	208	422	\$15,117.53
43,44	Animal Control	211	411	\$7,882.64
45	Health Internal Service	249	914	\$30,525.87
46	Treasurer Automation	252	155	\$5,228.00
47	Solid Waste	254	112	\$162,837.08
48	Court Services Grant Fund	262	231	\$13,339.57
				\$412,090.78
*****TOTAL EXPENDITURES*****				\$2,070,821.74

FY 2008	\$ 177.76
FY 2009	\$ 862.40
FY 2010	\$ 1,792.00
FY 2011	\$ 2,611.20
FY 2012	\$ 3,090.24
FY 2013	\$ 3,308.64
FY 2014	\$ 3,709.44
FY 2015	\$ 3,330.40
FY 2016	\$ 3,261.44
Total	<u>\$ 22,143.52</u>

FY 2008

Month	Mileage	Milage Rate	Total
January		0.505	\$ -
February		0.505	\$ -
March		0.505	\$ -
April		0.505	\$ -
May		0.505	\$ -
June		0.505	\$ -
July		0.505	\$ -
August		0.505	\$ -
September		0.505	\$ -
October		0.505	\$ -
November		0.505	\$ -
December	352	0.505	\$ 177.76
Total			\$ 177.76

FY 2009

Month	Mileage	Milage Rate	Total
January	192	0.55	\$ 105.60
February	0	0.55	\$ -
March	0	0.55	\$ -
April	0	0.55	\$ -
May	0	0.55	\$ -
June	0	0.55	\$ -
July	0	0.55	\$ -
August	384	0.55	\$ 211.20
September	352	0.55	\$ 193.60
October	352	0.55	\$ 193.60
November	0	0.55	\$ -
December	288	0.55	\$ 158.40
Total			\$ 862.40

FY 2010

Month	Mileage	Milage Rate	Total
January	0	0.5	\$ -
February	288	0.5	\$ 144.00
March	320	0.5	\$ 160.00
April	416	0.5	\$ 208.00
May	384	0.5	\$ 192.00
June	352	0.5	\$ 176.00
July	352	0.5	\$ 176.00
August	288	0.5	\$ 144.00
September		0.5	\$ -
October	384	0.5	\$ 192.00
November	416	0.5	\$ 208.00
December	384	0.5	\$ 192.00
Total			\$ 1,792.00

FY 2011

Month	Mileage	Milage Rate	Total
January	448	0.51	\$ 228.48
February	352	0.51	\$ 179.52
March	384	0.51	\$ 195.84
April	416	0.51	\$ 212.16
May	416	0.51	\$ 212.16
June	416	0.51	\$ 212.16
July	320	0.51	\$ 163.20
August	480	0.51	\$ 244.80
September	288	0.51	\$ 146.88
October	544	0.51	\$ 277.44
November	480	0.51	\$ 244.80
December	576	0.51	\$ 293.76
Total			\$ 2,611.20

FY 2012

Month	Mileage	Milage Rate	Total
January	480	0.555	\$ 266.40
February	480	0.555	\$ 266.40
March	512	0.555	\$ 284.16
April	512	0.555	\$ 284.16
May	384	0.555	\$ 213.12
June	480	0.555	\$ 266.40
July	448	0.555	\$ 248.64
August	416	0.555	\$ 230.88
September	448	0.555	\$ 248.64
October	448	0.555	\$ 248.64
November	512	0.555	\$ 284.16
December	448	0.555	\$ 248.64
Total			\$ 3,090.24

FY 2013

Month	Mileage	Milage Rate	Total
January	480	0.565	\$ 271.20
February	384	0.565	\$ 216.96
March	384	0.565	\$ 216.96
April	416	0.565	\$ 235.04
May	512	0.565	\$ 289.28
June	448	0.565	\$ 253.12
July	480	0.565	\$ 271.20
August	640	0.565	\$ 361.60
September	480	0.565	\$ 271.20
October	640	0.565	\$ 361.60
November	544	0.565	\$ 307.36
December	448	0.565	\$ 253.12
Total			\$ 3,308.64

FY 2014

Month	Mileage	Milage Rate	Total
January	544	0.56	\$ 304.64
February	448	0.56	\$ 250.88
March	512	0.56	\$ 286.72
April	608	0.56	\$ 340.48
May	512	0.56	\$ 286.72
June	640	0.56	\$ 358.40
July	576	0.56	\$ 322.56
August	704	0.56	\$ 394.24
September	480	0.56	\$ 268.80
October	608	0.56	\$ 340.48
November	480	0.56	\$ 268.80
December	512	0.56	\$ 286.72
Total			\$ 3,709.44

FY 2015

Month	Mileage	Milage Rate	Total
January	512	0.575	\$ 294.40
February	352	0.575	\$ 202.40
March	512	0.575	\$ 294.40
April	576	0.575	\$ 331.20
May	384	0.575	\$ 220.80
June	448	0.575	\$ 257.60
July	512	0.575	\$ 294.40
August	448	0.575	\$ 257.60
September	544	0.575	\$ 312.80
October	512	0.575	\$ 294.40
November	512	0.575	\$ 294.40
December	480	0.575	\$ 276.00
Total			\$ 3,330.40

FY 2016

Month	Mileage	Milage Rate	Total
January	480	0.56	\$ 268.80
February	320	0.56	\$ 179.20
March	640	0.56	\$ 358.40
April	512	0.56	\$ 286.72
May	512	0.56	\$ 286.72
June	544	0.56	\$ 304.64
July	352	0.56	\$ 197.12
August	608	0.56	\$ 340.48
September	608	0.56	\$ 340.48
October	640	0.56	\$ 358.40
November		0.56	\$ -
December	608	0.56	\$ 340.48
Total			\$ 3,261.44

EXHIBIT “26”

TAZEWELL COUNTY AUDITOR'S OFFICE

EXPENSE REPORT

ACCOUNTING DIVISION



SUBMITTED BY:

VICKI E. GRASHOFF

TAZEWELL COUNTY AUDITOR

SUBMITTED TO:

TAZEWELL COUNTY BOARD

November 19, 2014

PAGE	REPORT:	FUND:	DEPT:	EXPENDITURES:
1	County Board (Spec Per Diem)	100	111	\$5,160.00
2	County Board (Mo. Salary)	100	111	\$4,200.00
3	County Board Liquor Comm.	100	111	\$566.00
4	County Board	100	111	\$4,423.51
5	Circuit Clerk	100	121	\$240.08
6	Public Defender	100	123	\$8,107.00
7	States Attorney	100	124	\$18,474.46
8	Jury Commission	100	125	\$126.70
9	County Auditor	100	151	\$800.00
10,11	County Clerk/Recorder	100	152	\$116,669.83
12	County Treasurer	100	155	\$1,417.28
13	Assessment	100	157	\$134.91
14	Community Development	100	161	\$6,605.22
15,18	Building Administration	100	181	\$190,623.13
19,20	Justice Center	100	182	\$28,102.03
21	Sheriff Merit Commission	100	211	\$225.00
22,24	Sheriff	100	211	\$57,704.46
25,26	E.M.A.	100	213	\$3,571.63
27	Court Security	100	214	\$3,131.25
28,29	Crt Serv Probation Upgrade	100	230	\$17,912.81
30	Court Services	100	231	\$32,980.00
31	Coroner	100	252	\$12,171.28
32	R.O.E.	100	711	\$515.64
33	Courts	100	800	\$2,324.61
34,36	County General	100	913	\$1,142,544.13
*****County General Expenditures*****				\$1,658,730.96
37,38	County Highway Fund	202	311	\$155,831.25
39	Bridge Fund	205	311	\$16,528.84
40	Matching Tax	206	311	\$4,800.00
41,42	Veterans Assistance	208	422	\$15,117.53
43,44	Animal Control	211	411	\$7,882.64
45	Health Internal Service	249	914	\$30,525.87
46	Treasurer Automation	252	155	\$5,228.00
47	Solid Waste	254	112	\$162,837.08
48	Court Services Grant Fund	262	231	\$13,339.57
				\$412,090.78
*****TOTAL EXPENDITURES*****				\$2,070,821.74

EXHIBIT “27”

FY 2008	\$	177.76
FY 2009	\$	862.40
FY 2010	\$	1,792.00
FY 2011	\$	2,611.20
FY 2012	\$	3,090.24
FY 2013	\$	3,308.64
FY 2014	\$	3,709.44
FY 2015	\$	3,330.40
FY 2016	\$	3,261.44
Total		<u>\$ 22,143.52</u>

FY 2008

Month	Mileage	Milage Rate	Total
January		0.505	\$ -
February		0.505	\$ -
March		0.505	\$ -
April		0.505	\$ -
May		0.505	\$ -
June		0.505	\$ -
July		0.505	\$ -
August		0.505	\$ -
September		0.505	\$ -
October		0.505	\$ -
November		0.505	\$ -
December	352	0.505	\$ 177.76
Total			\$ 177.76

FY 2009

Month	Mileage	Milage Rate	Total
January	192	0.55	\$ 105.60
February	0	0.55	\$ -
March	0	0.55	\$ -
April	0	0.55	\$ -
May	0	0.55	\$ -
June	0	0.55	\$ -
July	0	0.55	\$ -
August	384	0.55	\$ 211.20
September	352	0.55	\$ 193.60
October	352	0.55	\$ 193.60
November	0	0.55	\$ -
December	288	0.55	\$ 158.40
Total			\$ 862.40

FY 2010

Month	Mileage	Milage Rate	Total
January	0	0.5	\$ -
February	288	0.5	\$ 144.00
March	320	0.5	\$ 160.00
April	416	0.5	\$ 208.00
May	384	0.5	\$ 192.00
June	352	0.5	\$ 176.00
July	352	0.5	\$ 176.00
August	288	0.5	\$ 144.00
September		0.5	\$ -
October	384	0.5	\$ 192.00
November	416	0.5	\$ 208.00
December	384	0.5	\$ 192.00
Total			\$ 1,792.00

FY 2011

Month	Mileage	Milage Rate	Total
January	448	0.51	\$ 228.48
February	352	0.51	\$ 179.52
March	384	0.51	\$ 195.84
April	416	0.51	\$ 212.16
May	416	0.51	\$ 212.16
June	416	0.51	\$ 212.16
July	320	0.51	\$ 163.20
August	480	0.51	\$ 244.80
September	288	0.51	\$ 146.88
October	544	0.51	\$ 277.44
November	480	0.51	\$ 244.80
December	576	0.51	\$ 293.76
Total			\$ 2,611.20

FY 2012

Month	Mileage	Milage Rate	Total
January	480	0.555	\$ 266.40
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July	448	0.555	\$ 248.64
August	416	0.555	\$ 230.88
September	448	0.555	\$ 248.64
October	448	0.555	\$ 248.64
November	512	0.555	\$ 284.16
December	448	0.555	\$ 248.64
Total			\$ 3,090.24

FY 2013

Month	Mileage	Milage Rate	Total
January	480	0.565	\$ 271.20
February	384	0.565	\$ 216.96
March	384	0.565	\$ 216.96
April	416	0.565	\$ 235.04
May	512	0.565	\$ 289.28
June	448	0.565	\$ 253.12
July	480	0.565	\$ 271.20
August	640	0.565	\$ 361.60
September	480	0.565	\$ 271.20
October	640	0.565	\$ 361.60
November	544	0.565	\$ 307.36
December	448	0.565	\$ 253.12
Total			\$ 3,308.64

FY 2014

Month	Mileage	Milage Rate	Total
January	544	0.56	\$ 304.64
February	448	0.56	\$ 250.88
March	512	0.56	\$ 286.72
April	608	0.56	\$ 340.48
May	512	0.56	\$ 286.72
June	640	0.56	\$ 358.40
July	576	0.56	\$ 322.56
August	704	0.56	\$ 394.24
September	480	0.56	\$ 268.80
October	608	0.56	\$ 340.48
November	480	0.56	\$ 268.80
December	512	0.56	\$ 286.72
Total			\$ 3,709.44

FY 2015

Month	Mileage	Milage Rate	Total
January	512	0.575	\$ 294.40
February	352	0.575	\$ 202.40
March	512	0.575	\$ 294.40
April	576	0.575	\$ 331.20
May	384	0.575	\$ 220.80
June	448	0.575	\$ 257.60
July	512	0.575	\$ 294.40
August	448	0.575	\$ 257.60
September	544	0.575	\$ 312.80
October	512	0.575	\$ 294.40
November	512	0.575	\$ 294.40
December	480	0.575	\$ 276.00
Total			\$ 3,330.40

FY 2016

Month	Mileage	Milage Rate	Total
January	480	0.56	\$ 268.80
February	320	0.56	\$ 179.20
March	640	0.56	\$ 358.40
April	512	0.56	\$ 286.72
May	512	0.56	\$ 286.72
June	544	0.56	\$ 304.64
July	352	0.56	\$ 197.12
August	608	0.56	\$ 340.48
September	608	0.56	\$ 340.48
October	640	0.56	\$ 358.40
November		0.56	\$ -
December	608	0.56	\$ 340.48
Total			\$ 3,261.44



COUNTY OF TAZEWELL

OFFICE OF THE COUNTY AUDITOR

McKenzie Building
11 South Fourth St., Suite 122
County Auditor
Pekin, Illinois 61554

Shelly I. Hranka
Phone (309) 478-5903
Fax (309) 477-3095
shranka@tazewell.com

October 2, 2019

David Zimmerman
County Board Office
Suite 404
11 S 4th St
Pekin, IL 61554

Dear Mr. Zimmerman,

Perhaps you may recall that I sent you several emails regarding your compensation for commuting mileage from your residence to your county office and back, which is not compensable under the applicable ordinance. It appears that this mileage was lumped together with your other mileage when presented to the board. It does appear you are no longer asking for or receiving such compensation.

In an attempt to resolve this matter please provide me with *any rules, regulations, resolutions, ordinances, laws, documents, custom or practice that support your previous commuter mileage claims over several years.*

If you have no support for your commuter mileage, I must demand repayment to the County of the compensation received for such mileage commencing taken for approximately eight years. The amount owed is \$22,143.00. See attached compilation taken from vouchers signed by yourself.

Also inform me of the name and title of any person or persons who authorized your mileage reimbursement.

Please respond by October 14, 2019.

Very truly yours,


Shelly I Hranka
Tazewell County Auditor



COUNTY OF TAEWELL

OFFICE OF THE COUNTY AUDITOR

McKenzie Building
11 South Fourth St., Suite 122
County Auditor
Pekin, Illinois 61554

Shelly I. Hranka
Phone (309) 478-5903
Fax (309) 477-3095
shranka@tazewell.com

October 2, 2019

Ms. Grashoff
1419 N 9th St
Pekin, IL 61554

Dear Ms. Grashoff

It has come to my attention that as the former Auditor of the County you approved compensating chairman David Zimmerman for daily commuting mileage from his residence in Morton to his Pekin office and back, over a significant period of time

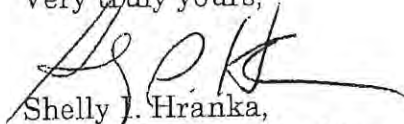
I am attempting to understand and resolve this matter so please provide me with *any rules, regulations, resolutions, ordinances, laws, documents, custom or practice that support your approval of Mr. Zimmerman's commuter mileage compensation claims..*

Also provide me of the names, if any, of any other *full time* persons or officers, that were also compensated for commuting mileage during your time as Auditor.

If you have any questions or concerns please do not hesitate to contact me. No further notice will be given. If you have no support for this deduction I must demand repayment of the amount of \$22,143,00 by yourself and/or Mr. Zimmerman.

Please respond by October 14, 2019.

Very truly yours,


Shelly I. Hranka,
Tazewell County Auditor



COUNTY OF TAZEWELL

OFFICE OF THE COUNTY AUDITOR

McKenzie Building
11 South Fourth St., Suite 122
County Auditor
Pekin, Illinois 61554

Shelly I. Hranka
Phone (309) 478-5903
Fax (309) 477-3095
shranka@tazewell.com

October 22, 2019

Dear Dave,

I notice that my recent letter requesting from you any basis for the compensation you received for commuter mileage such as any rules, regulations, resolutions, ordinances, laws, documents, custom or practice that support your previous commuter mileage claims but I have received no reply whatsoever.

In effort to be reasonable please advise me, if you are willing to make installment payments to retire this debt owed the County.

If I don't hear back from you promptly I will simply presume you have declined to do so.

Regards,

A handwritten signature in black ink, appearing to read "S. Hranka", followed by a horizontal line.

Shelly I Hranka
Auditor

Sent by email to DZimmerman@Tazewell.com and regular mail on the date set forth above

cc; Vickie Grashoff

EXHIBIT “28”

IN THE CIRCUIT COURT OF THE TENTH JUDICIAL CIRCUIT OF ILLINOIS
TAZEVELL COUNTY

Division

HAWK
Plaintiff

vs

Tazewell County
Defendant

Case No.

18 MR 147

ORDER

This matter comes before the Court for Review on this day. Pursuant to 55 ILCS 5/3-9008, the Court hereby appoints counsel to represent the parties in this matter after having found the State's Attorney to have a conflict in this matter. Donald Birner is appointed special counsel for the Plaintiff and the firm of Heyl Royster is appointed to serve as special counsel for Defendants. Both Birner and Heyl Royster are hereby ordered to provide a letter of engagement including a fee schedule and including terms that representation is limited to issues in the pending complaint and that there shall be no expansion of representation without obtaining leave of court with proper notification to the Tazewell County Board. Attorney Birner may move the Court regarding fees for work completed prior to appointment, if he chooses. This matter is set for Court Review on November 16, 2018 at 9:00 a.m. Any motions to be heard that day must be filed by November 7, 2018. State's Attorney is hereby allowed to withdraw from this matter and Heyl Royster law firm shall be substituted as representative for Defendants. On oral motion of the Plaintiff, the State's Attorney is hereby DISMISSED from this matter as a named party in the Complaint and all claims and relief requested against the State's Attorney are DISMISSED as now being moot.

Present: State's Attorney Umbeltz
ASA Holtz
X DXR TT

10/5/18
JUDGE OF THE TENTH JUDICIAL CIRCUIT

EXHIBIT "29"

October 18, 2018

2018-MR-000147

Mr. David Zimmerman
Chairman of the Board of Tazewell County
342 Court Street
Pekin, IL 61554

In Re: Shelley I. Hranka v. County of Tazewell, et. al.

Dear Mr. Zimmerman:

We are pleased that our law firm has been engaged to serve as legal counsel in the case identified below. Our representation is limited to the matter as described below. To the extent the court, or you wish to engage our firm regarding other matters, you (collectively herein, "you") will be required to sign a separate engagement agreement describing the scope of that representation prior to our initiation of services. It is our policy to confirm in writing the nature of the engagement and the terms of our legal representation. If you do not understand all of the terms or language in this engagement agreement, please contact Timothy L. Bertschy prior to signing this engagement agreement.

1. **Scope of Representation:** We have been engaged to represent the County of Tazewell and David Zimmerman in respect to defense of the case styled "Shelley I. Hranka, in her official capacity as Auditor of the County of Tazewell vs. County of Tazewell, a body politic and corporate, David Zimmerman, in his official capacity as chairman of the board of the County of Tazewell."

You represent that you do not know of any related legal matters that would require our legal services under this agreement. If such matters arise later, you agree that this agreement does not apply to any related legal matter. Therefore, a separate engagement agreement for provision of services and payment for those services will be required if you wish to engage our law firm to perform legal services pertaining to such matters.

2. **Limited Scope of Representation:** The scope of our representation does not include advice or services regarding accounting, tax, personal financial matters or business management, and related



non-legal matters and advice. If you wish for us to consult with other professionals retained by you regarding this matter, we will communicate with you in writing to confirm the scope of such consultations prior to initiating same.

3. **Assignment Within Firm.** This matter will be handled by Timothy Bertschy, Seth Uphoff and Kayla Spencer of our firm. Other individuals may assist with the case from time to time, including lawyers, paralegals, law clerks, and secretaries. We retain the right to reassign the work on the file to any attorney in our firm. If you have any questions or concerns regarding delegation of responsibilities and work between attorneys or others, please contact us to discuss these issues.

4. **Fees and Billing Statements: [HOURLY FEE:]** Fees for our services will be based on the reasonable value for those services as determined in accordance with the American Bar Association and Illinois Rules of Professional Conduct. Such fees will be based primarily on our hourly billing rates; billing rates differ, depending generally on the attorney's experience and years of practice, and the firm adjusts these rates from time to time.

On the basis of our time, our charges are as follows:

\$263 per hour for the services of Tim Bertschy, Senior Partner;

\$234 per hour for the services of Seth Uphoff, Of Counsel; and

\$198 per hour for the services of Kayla Spencer, Associate.

From time to time, it is necessary to adjust our hourly rates to compensate for increased experience factors or for inflationary cost increases in our economy. We will notify you of such adjustments.

We will submit a bill to you every thirty (30) days. Our billing statements are due and payable upon presentation and are overdue if not paid within thirty (30) days.

You are responsible for payment of all legal fees, expenses, and disbursements, regardless of whether or not any money is recovered



on your behalf through a settlement or judgment. Please see the "Expenses" and "Late Payment and Failure to Pay" provisions of this agreement for further information. To the extent we are successful in recovering a settlement or judgment on your behalf, all legal fees, costs and expenses not previously paid by you will be deducted from the gross amount recovered in the settlement or judgment.

It is our policy to describe services performed in a detailed manner in our billing that you may be able to understand fully the services and the charges. If there are any questions relating to the services or the charges, we will be pleased to discuss them with you at the earliest possible time after receipt of the billing statement, since the matters will be freshest in our memory at that time. Accordingly, you agree to notify us in writing or email within thirty (30) days of receiving our billing statement if you dispute any entry for legal services or charges on any billing statement. In the absence of any written objections thereto within thirty (30) days of your receipt of a billing statement, you will be deemed to have accepted and acknowledged the billing statement as correct through the period covered by the billing statement.



5. **Additional Related Proceedings:** If as a result of our engagement, we are required to produce documents or appear as a witness in connection with any governmental or regulatory examination, audit, investigation or other proceeding or any litigation, arbitration, mediation, or dispute involving you or any related persons, you agree to pay our fees and the costs and expenses reasonably incurred by us (including professional and staff time at then-scheduled hourly rates).
6. **Expenses:** In the course of rendering services to you, it may be necessary for us to incur expenses for items such as filing and recording fees, deposition transcripts, expert fees, computerized legal research, notary service, overnight or special delivery service, postage, photocopying, facsimile transmissions, telephone calls, travel, lodging, meals, and overtime for firm secretarial and other staff services. The actual expenses incurred will vary depending on the services that we provide to you. Certain expenses may include an adjustment, above cost, to cover our expenses in providing the billed service. However, expenses paid entirely to third parties, such as

travel and lodging expenses, will be billed to you as our out-of-pocket costs.

Expense items incurred on your behalf will be itemized separately and listed on our billing statements. Third-party expenses may also be forwarded directly to you for payment. As is customary, expense disbursements may not be current at the time of final billing. Remaining disbursements, if any, will be billed at a later date.

7. **Late Payment and Failure to Pay:** If you fail to pay our statements in full on or before thirty (30) days from issuance, we reserve the right to assess you with a monthly service charge equal to 1% of all fees, expenses and disbursements that are past due. This monthly service charge will be billed to you at the end of each month in which a late payment occurs. In no event will the service charge be greater than that permitted by any applicable law.

In the event that we are required to file an action or proceeding to collect any late payment or assessed monthly service charge, you will be required to pay for all costs of collection, including without limitation all filing fees, third-party expenses and attorney fees incurred for our efforts in collecting such amounts. If we use our own attorneys or legal assistants to pursue such an action or proceeding, the fees charged shall be calculated on an hourly basis using the applicable hourly rates for the attorneys and legal assistants who perform such work.

We will maintain a lien on all files in our possession and their content until we have received payment in full on all amounts due. In litigation matters in which a money judgment or settlement is rendered in your favor, we will maintain a lien on all proceeds thereof to the extent of any unpaid fees, expenses or disbursements.

8. **Responsibilities of Law Firm and Client:** We will provide only legal services, as previously described in the "Scope of Representation" and "Limited Scope of Representation" sections of this engagement agreement. We will keep you apprised of developments and will consult with you as necessary to ensure the timely, effective, and efficient completion of our work. You acknowledge that we cannot



guarantee either the outcome or the timing to complete legal services on your behalf.

You agree to be truthful and cooperative with us, to respond to our inquiries and communications promptly and to provide promptly all information known or available that may be relevant to our engagement. You will provide us with factual information and materials as we require in order to perform the foregoing services. You acknowledge and agree that you remain responsible for making all business or technical decisions and that you are not relying on us for accounting, tax, personal financial matters or business management, and related non-legal matters and advice. You also acknowledge that we are not responsible for investigating the character or credit of persons with whom you may be dealing.

As a matter of our professional responsibility and as long as in our judgment it will not substantively injure your position in this matter, we retain control over decisions affecting our reputation and professionalism. This discretion includes, among other decisions, whether to extend deadlines for opposing counsel; whether to cooperate with opposing counsel in scheduling or similar matters; and whether and how matters should be argued in correspondence, pleadings, or to a court or administrative body.

It is your duty to keep us informed of your mailing address and other contact information. If, at any time during the course of this representation, your address becomes unknown or we are otherwise unable to contact you, we shall be permitted to withdraw from this representation by sending you a certified letter to your last known address and by depositing with the Clerk of the Court for the county of your last known residence any property owned by you in our possession, including but not limited to items of personal property, funds, and any portions of the actual client file that belong to you.

9. **Termination:** You may terminate this representation at any time with or without cause by notifying us in writing of your desire to do so. Upon receipt of the notice to terminate representation, we will cease all legal work on your behalf immediately unless in our sole discretion it impairs your position (in which case we will continue work as long as is appropriate). You will be responsible for paying all



legal fees, expenses and disbursements incurred on your behalf in this matter until we cease work.

If there is a contingency fee owed and you terminate the representation before the conclusion of the matter, we will be entitled to receive from the proceeds of any recovery a reasonable fee for the work we have performed based upon the amount of time required, the complexity of the matter, the time frame within which the work was performed, the responsibility involved, as well as our experience, ability, reputation, and the results obtained. This fee is in addition to any expenses and disbursements incurred on your behalf that have not previously been paid by you.

To the extent permitted by rules of professional responsibility and the court, we may terminate our representation at any time if you breach any material term of this agreement, fail to cooperate or follow our advice on a material matter, if a conflict of interest develops or is discovered, if there exists at any time any fact or circumstance that would, in our opinion, render our continuing representation unlawful, unethical, or otherwise inappropriate, or if our attorney/client relationship should break down, or if you have not paid our bill within thirty (30) days of issuance.

If we elect to terminate our representation, you will timely take all steps reasonably necessary and will cooperate as reasonably required to relieve us of any further obligation to perform legal services, including the execution of any documents necessary to complete our withdrawal from representation. In such case, you agree to pay for all legal services performed and any legal fees, expenses or disbursements incurred on your behalf before the termination of our representation in accordance with the provisions of this agreement.

10. **Electronic Communication and Data Storage:** In the interest of facilitating our services to you, we may communicate with you or others by email, facsimile transmission, send data over the Internet, store electronic data via computer software applications hosted remotely on the Internet, or allow access to data through third-party vendors' secured portals or clouds. Electronic data that is confidential to your case may be transmitted or stored using these methods. In using these data communication and storage methods, our firm



makes reasonable efforts to keep such communications and data access secure in accordance with our obligations under applicable laws and professional standards. You recognize and accept that we have no control over the unauthorized interception or breach of any communications or data once it has been sent or has been subject to unauthorized access, notwithstanding all security measures employed by us or our third-party vendors. You consent to our use of these electronic devices and applications and submission of confidential client information to third-party service providers during this engagement.

We advise you to refrain from communicating with us on any device provided by your employer or any computer, smart phone, tablet computer or other device shared with someone else. In addition, when communicating with us, please do not use your work email address or a shared email account. You should utilize only a private email account that is password protected and accessed solely by you to preserve confidentiality. We will understand that any e-mail address you give us is private to the client alone.



11. **File Retention and Destruction:** At the conclusion of this matter, we will retain your legal file pursuant to our document retention policy. Under that policy, we will at some date at our sole discretion destroy your file. If you wish to take possession of any portion of your file prior to destruction, you must advise us in writing. We reserve the right to charge administrative fees and costs associated with researching, retrieving, copying and delivering such files and materials.
12. **No Guarantee of Success:** It is expressly acknowledged by you that this law firm has not made any warranties or representations to you, nor have we given you any assurances as to the favorable or successful resolution of your claim or defense of the action referred to above; nor as to the favorable outcome of any legal action that may be filed; nor as to the nature or amount of any awards or distributions of property, attorney fees, costs, or any other aspects of this matter. All of this law firm's expressions relative to your case are limited only to estimates based upon our experience and judgment and are only our opinion. Such expressions should not be considered as representations, promises, or guarantees of results, which might

be obtainable, either by way of a negotiated settlement or in a contested trial.

14. **Joint Representation:** This is a matter of joint representation. Representing all of you in the same matter (the "joint representation") provides a savings over the costs that would otherwise be incurred were each of you to retain separate counsel, but it also presents special ethical considerations. We will undertake your joint representation if you agree in writing after consultation with us about the risks of joint representation. You may also consult with legal counsel other than us regarding this joint representation.



It is important that you understand that, because we will be representing all of you, you are considered our client, collectively. Ethical considerations prohibit us from agreeing with any of you to withhold information from the others. Accordingly, in agreeing to the joint representation, each of you are authorizing us to disclose to the other joint clients any matters related to the representation that one of you might discuss with us or that we might acquire from any other source. In this joint representation, we will not give legal advice to any of you or make any changes in any of your legal pleadings or documents without your mutual knowledge and consent unless you collectively direct otherwise. Anything pertaining to the representation that any of you discusses with our firm is privileged from disclosure to third parties, except (a) with your consent, (b) for communication with other advisors, or (c) as otherwise required or permitted by law or the rules governing professional conduct. However, should one of the joint client groups obtain separate counsel, prior communications between you and us may not be privileged from disclosure to new counsel. Further, anyone in the joint client group can potentially waive the privilege for the entire group.

Conflicts of interest may arise between you with respect to the subject matter of our representation. Based on the information now available to us, we are not aware of any actual conflicts associated with this joint representation. If you become aware of anything you believe might suggest an actual conflict of interest, please bring it to our attention immediately. In addition, if you become aware of any strategic or other considerations that in your opinion potentially

could develop into a conflict of interest involving any of you, we ask that you promptly call such matters to our attention.

If circumstances arise during the course of this matter that require or make it desirable that any of the joint clients obtain separate legal representation in this matter, our firm will be free in its sole discretion (unless prohibited by rules of professional conduct) to continue to represent the remaining members of the joint client group in this matter. By signing this engagement agreement and accepting our joint representation, you agree that, if it becomes necessary or desirable for any of you to retain other counsel, you will not seek to disqualify our firm from continuing to represent the remaining members that comprise the joint client, or any of them individually.



15. **Client Review of this Agreement:** You have a right to have this engagement agreement reviewed by another law firm prior to signing it. Likewise, you have the right to review this engagement agreement outside the presence of this law firm and away from the law firm's office prior to signing it. You understand that this law firm is not retained until the signed original engagement agreement is returned to the law firm and any required retainer is paid.

If you have any questions or concerns about the terms of this engagement agreement, please contact us immediately. On behalf of the law firm, we appreciate the opportunity to represent you in this matter.


By signing this agreement, you confirm that you have read this engagement agreement, understand its provisions, and agree to abide by it. If you are signing this on behalf of an entity, you warrant that you have authority to sign for and bind the entity to this engagement agreement.

ACKNOWLEDGED AND AGREED TO:

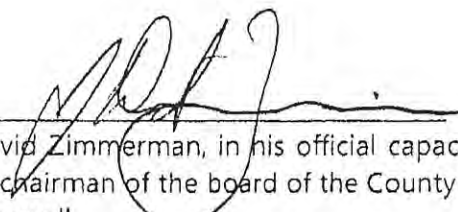
County of Tazewell

By:

Its:

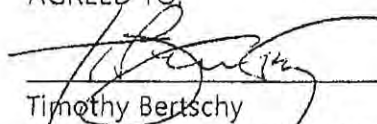

County Board Chairman

10.22.15
Date


David Zimmerman, in his official capacity
as chairman of the board of the County of
Tazewell

10.22.18
Date

AGREED TO:


Timothy Bertschy
Heyl, Royster, Voelker & Allen, P.C.

10/18/2018
Date



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EXHIBIT "30"

Tazewell County Legal Fees paid to Lawyers

<u>2016</u>	<u>2017</u>
William M. Anderson IV Anderson Law Office 625 S. Main St. Creve Coeur, IL 61610 \$2,670.00	William M. Anderson IV Anderson Law Office 625 S. Main St. Creve Coeur, IL 61610 \$5685.00
Husch Blackwell LLP PO Box 790379 St. Louis, MO 63179 \$21,719.86	Husch Blackwell LLP PO Box 790379 St. Louis, MO 63179
Vonachen Lawless Trager & Slevin 456 Fulton St, Ste 425 Peoria, IL 61602 \$1,831.34	Miller, Hall and Triggs 416 Main St., Ste. 1125 Peoria, IL 61602 \$5,285.77
Butler Giraudo & Meister PC 100 S. Main St. Morton, IL 61550 \$1,671.00	Quinn Johnston Henderson Pretorius Cerulo 227 NE Jefferson St. Peoria, IL 61602 \$64,191.03
Quinn Johnston Henderson Pretorius Cerulo 227 NE Jefferson St. Peoria, IL 61602 \$78,231.88	Jason Netzley Brave Law Center PC 330 NE Perry Ave. Peoria, IL 61603 \$4,137.48
Law Office of Chris Halsor 77 Arapahoe St. Golden, CO 80401 \$2,000.00	J. Brian Heller P.C. 200 Walnut St. PO Box 213 Washington, IL 61571 \$10,303.28
J. Brian Heller P.C. 200 Walnut St. PO Box 213 Washington, IL 61571 \$7,394.38	Brian Lutz Attorney at Law 11547 Fuelberth Dr. Pekin, IL 61554 \$885.00
Joseph E Meyer & Associates Inc. 141 S. Andrews Ave. PO Box 96 Edwardsville, IL 62025 \$4,970.00	Larry G. Paluska 217 Springfield Rd. East Peoria, IL 61611 \$3,950.00
Larry G. Paluska 217 Springfield Rd. East Peoria, IL 61611 <u>\$3,950.00</u>	Total: \$94,436.00
Total: \$124,436.00	

2019**2018**

William M. Anderson IV
Anderson Law Office
625 S. Main St.
Creve Coeur, IL 61610 \$6,120.00

Brian Lutz
Attorney at Law
11547 Fuelberth Dr.
Pekin, IL 61554 \$2,640.00

Miller, Hall and Triggs
416 Main St., Ste. 1125
Peoria, IL 61602 \$3,404.40

Quinn Johnston Henderson
Pretorius Cerulo
227 NE Jefferson St.
Peoria, IL 61602 \$44,303.50

Brian Addy
342 St. Mary St.
Pekin, IL 61554 \$1,050.00

J. Brian Heller P.C.
200 Walnut St.
PO Box 213
Washington, IL 61571 \$5,812.70

Larry G. Paluska
217 Springfield Rd.
East Peoria, IL 61611 \$2,962.50

Total: \$66,291.00

William M. Anderson IV
Anderson Law Office
625 S. Main St.
Creve Coeur, IL 61610 \$4,275.00

Brewer Law Office
PO Box 44
Tremont, IL 61554 \$5,536.00

John Lonergan
416 Main St, Ste 409
Peoria, IL 61602 \$1,897.50

Anthony L. Matens
101 N. Main St.
Bloomington, IL 61701 \$900.00

Miller, Hall and Triggs
416 Main St., Ste. 1125
Peoria, IL 61602 \$1,471.06

Quinn Johnston Henderson
Pretorius Cerulo
227 NE Jefferson St.
Peoria, IL 61602 \$87,948.00

Westervelt Johnson Nicoll & Keller
411 Hamilton Blvd, Ste 1400
Peoria, IL 61602 \$618.00

Total: \$102,645.00

2020

Brewer Law Office PO Box 44 Tremont, IL 61554	\$11,794.54
Jeremy H. Heiple Heiple Law Offices 7620 W. University St, Ste 302 Peoria, IL 61614	\$1,500.00
Kimberley A. McClure 446 S. Edwards St. Macomb, IL 61455	\$3,150.00
Quinn Johnston Henderson Pretorius Cerulo 227 NE Jefferson St. Peoria, IL 61602	\$58,352.99
Jason Netzley Brave Law Center PC 330 NE Perry Ave. Peoria, IL 61603	\$5,691.00
J. Brian Heller P.C. 200 Walnut St. PO Box 213 Washington, IL 61571	<u>\$5,812.75</u>
Total: \$ 92,112.00	

2021

J. Brian Heller P.C. 200 Walnut St. PO Box 213 Washington, IL 61571	\$6,277.03
Joseph E. Meyer & Assoc. Inc. 141 St. Andrews Ave. PO Box 96 Edwardsville, IL 62025	\$6,010.00
Brewer Law Office PO Box 44 Tremont, IL 61554	\$1,258.94
Katherine Thornton 408 Court Street Pekin, IL 61554	\$4,565.00
Kavanagh Scully Law Firm 301 SW Adam St. Ste 700 Peoria, Il. 61554	\$3,182.14
Lonergan Law Group 416 Main St., Ste 927 Peoria, IL 61602	\$3,320.00
Miller, Hall and Triggs 416 Main St., Ste. 1125 Peoria, IL 61602	\$26,504.33
Quinn Johnston Henderson Pretorius Cerulo 227 NE Jefferson St. Peoria, IL 61602	<u>\$59,207.63</u>

Total; \$110,323.00

Year	Legal Fees
2021-----	\$92,112.00
2020-----	\$110,323.00
2019-----	\$102,645.00
2018-----	\$66,291.00
2017-----	\$94,436.00
2016-----	<u>\$124,436.00</u>

Total; \$590,249.00

EXHIBIT "31"

Minutes approved 02-19-14



RISK MANAGEMENT COMMITTEE

Jury Commission Room – McKenzie Building
Wednesday, January 22, 2014– 4:00 p.m.

Committee Members Present: Vice Chairman Tim Neuhauser, Jim Donahue, Brett Grimm, Mike Harris, Carroll Imig, Darrell Meisinger, Greg Sinn, ASA Mike Holly

Committee Members Absent: Chairman Zimmerman, Russ Crawford, Dean Grimm, Terry Hillegonds, Auditor Grashoff, Treasurer Burress

Others: County Administrator, Michael J. Freilinger

MOTION

MOTION BY MEISINGER, SECOND BY GRIMM to approve the minutes of the November 13, 2013 meeting.

On voice vote, **MOTION CARRIED.**

MOTION

RM-14-05

MOTION BY IMIG, SECOND BY HARRIS to recommend to County Board to approve the selection committee's recommendation to accept the proposals for Property, Automobile, Liability and Worker's Compensation insurance and Third Party Administrator's.

Freilinger stated he had provided a memo and supporting information for Items B through E on the agenda. He stated there had been incidents over the last few years showing the Board's dissatisfaction regarding claim handling. The County has had the same broker for over 25 years and has not gone out for bids. There have been a number of changes with the broker in the last few years and this is the optimum time to look for alternatives.

A small committee was formed and the process started in November to explore options. Due to the details and complexities of insurance three brokers were invited and assigned carriers to get bids. The selection of brokers was an attempt to remain local. The brokers were Wells Fargo, Kuhl and Company and Unland Insurance. Two proposals were received and they were from Wells Fargo and Kuhl and Company. Unland sent their regrets. The low bid was Wells Fargo with the same arrangement but different premiums.

Kuhl and Company brought ICRMT who is self insured and deals solely with municipalities and counties. Their proposal is appealing but more costly. Their major highlights: they would be the only insurance provider, their coverage includes volunteers, they are owned by its members and more