

# City of Grand Island

Tuesday, May 9, 2017 Council Session

## Item G-13

#2017-144 - Approving Agreement with Mid America Administrative & Retirement Solutions, Inc. for Health Reimbursement Arrangement for Retirees (HRA)

**Staff Contact: Jerry Janulewicz** 

### **Council Agenda Memo**

From: Jerry Janulewicz, City Attorney

**Meeting:** May 2, 2017

**Subject:** VEBA Benefit Administrator

**Presenter(s):** Jerry Janulewicz, City Attorney

### **Background**

The City of Grand Island provides VEBA (voluntary employees beneficiary association) benefits for non-union, IAFF and IBEW union members employed by the City. A VEBA benefit is one recognized under the federal tax code as a tax-free, post-retirement medical expense account used by retirees and their eligible dependents to pay for eligible medical expenses. VEBA benefits provided by an employer are not subject to the employer share of social security and medicare tax. VEBA benefits are administered through a Health Reimbursement Arrangement (HRA) service provider whose fees are charged to the participating employee accounts and are not an expense to the employer.

#### **Discussion**

Due to issues experienced by the City with respect to inadequate administrative support and lack of timely response by Security Benefit, the City has chosen a new HRA provider, moving from Security Benefit to MidAmerica Administration & Retirement Solutions, Inc. MidAmerica Administration & Retirement Solutions, Inc. offers the City better "back office" service, lower fees for employees, and simplified investing options. The HRA agreement between the City and MidAmerica Administration & Retirement Solutions, Inc. was reviewed and approved by City's legal department and was approved by City's Human Resources Department effective February 1.

### **Alternatives**

It appears that the Council has the following alternatives concerning the issue at hand. The Council may:

- 1. Move to approve
- 2. Move to deny

## Recommendation

City Administration recommends that the Council ratify and approve the HRA service agreement with MidAmerica Administration & Retirement Solutions, Inc. to serve as the VEBA benefit account administrator for eligible City employee.

## **Sample Motion**

Move to approve ratify and approve the agreement with MidAmerica Administration & Retirement Solutions, Inc.

# Health Reimbursement Arrangement for Retirees ADOPTION AGREEMENT

#### for

# City of Grand Island

	City of Citize 1515111
Employer Address:	City Hall, 100 E. First St. Grand Island, NE 68801
Employer Telephone Number: Employer Identification Number:	308-385-5444 47-6006205
Arrangement for Retirees (hereinafte	ecuting this Adoption Agreement, hereby adopts and implements the Health Reimbursement referred to as the "Plan" or the "HRA") and agrees to abide by the terms of the Plan. With this rized signature below, the Employer hereby makes the following designations.
Effective Date. The Plan's Original Ef	fective Date is February 1, 2017  The Plan's Restated Effective Date is is available to Retirees of the Employer effective February 1, 2017.
Plan Year. The Plan Year ends on De	cember 31
Eligible Classes. The class or classes of	of Retirees covered by this Plan are: (See attached Class Specifications.)
Class RetA: IAFF - Fire Departme	nt Class RetB: IBEW - Service Clerical
Class RetC: Non-Collectively Bargained	Employee General Management Class RetD: IBEW Union - Utilities
Class RetE: IBEW Union WWTP (Waste	water Treatment Plant) Class RetF: IBEW Union - Finance
<u>Designation of Plan Administrator</u> . T Retirement Solutions, Inc.	The Employer hereby designates the following initial Plan Administrator: MidAmerica Administrative &
other persons shall be given access to Business Office Personnel HR De	visions of the Plan and has executed this Adoption Agreement on thisday of
Name of Employer:	City of Grand Island
Signature:	Janu Herald
Print Name:	Tanni Herald
Title:	Benefits & Risk Mingt. Coordinator
Employer CONTACT (pint).	Tami Herald
	Benefits & Risk Management Coordinator
E-Mail:	therald@grand-island.com
Telephone:	308-385-5444 (or 308-389-0192) Ext. 192
Fax:	308-385-5422
IRS Circular 230 Notice: We are re	quired to advise you no person or entity may use any tax advice in this communication or any

attachment to (i) avoid any penalty under federal tax law or (ii) promote, market or recommend any purchase, investment or other action.

Retirce HRA Adoption Agreement - Rev. 07.2015

Page 1 of 8

#### **Employer Representations**

- The Employer intends to reduce its Retirees' medical expenses by providing reimbursement of such expenses, in a limited capacity. The Employer anticipates that participation in the HRA will encourage prospective Retirees to retire earlier, as they will be better able to afford quality health care prior to the age at which they are Medicare eligible.
- The Employer may allow Retirees to participate in both the HRA and the Special Pay Plan (403(b)).
- Retirees are not permitted to make any election or choice between cash, the HRA, and/or the Special Pay Plan, or any other tax deferred program.
- The Employer will base HRA allocations on its estimates of the costs required to provide a certain amount of medical reimbursements to its Retiree population as that population approaches Medicare age.
- The Employer has discretion in determining classes of Employees eligible to participate in the Retiree HRA. Once determined, Retirees in the class shall be treated uniformly and be provided a uniform allocation to the HRA. Such class shall remain in effect for the Employer's entire fiscal year for all affected Retirees in such year and for all future contributions to such class. Each year, the Employer may reevaluate allocations and classes for new Retirees only.
- The Employer may gather information from the Retiree to determine the appropriate allocation to the HRA, but individual Participants are not allowed to elect or to determine their allocation.
- The Employer will monitor all rehires to ensure that less than two employees are in the Retiree HRA Plan.
- The Employer acknowledges that it has received the Plan document for the HRA and agrees with all the terms therein.
- The Employer understands that whether a contribution to the HRA is non-elective for tax purposes is a facts and circumstances determination, and the Employer is responsible for whether the contribution is truly non-elective or not. The Employer understands that MidAmerica Administrative & Retirement Solutions, Inc. and its agents and employees are not tax or legal advisors. They may provide general information regarding the tax treatment of health reimbursement arrangements, but the Employer should consult with its own tax or legal advisors as to how tax and other rules may apply to its own facts and circumstances.
- The Employer will not provide any information or forms or enter into any contracts inconsistent with the preceding.

Effective Date February 1, 2017

Employer Initials

Retiree HRA Adoption Agreement - Rev. 07,2015

Page 2 of 8

Health Reimbursement Arrangement for Retired
Eligible Class RetA: IAFF - Fire Department
Defined as: Per employment contract
Employment Status Upon the initial contribution to the Plan, Participant employment status shall be:
Retiree Active with no access to benefit until retirement or separation of service
Contribution Types All funds for the Plan shall come exclusively from the Employer and shall be determined in accordance with the following formula:    Dollar Amount   Percentage of Compensation or Retirement Pay
Contribution Frequency
☐ One Time ☐ Annually ☐ Quarterly ☐ Semi-Annually ☐ Monthly ☐ Other Per Pay Period ☐ Other Design ☐ Other De
Vesting Schedule Participants shall own their account balance in accordance with the following vesting schedule:
Forfeitures Employees who are not 100% vested under the Vesting Schedule at the time of termination shall forfeit their unvested funds. In the eve of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependents, any vested funds remaining in the accoushall be forfeited. In the event that the Participant opts out of participation in the Plan, all vested and unvested funds shall be forfeited. Forfeiture shall:
Reduce future Employer contributions  Be redistributed pro-rata at the end of each Plan Year to all Plan Participants who are actively employed as of the end of the Plan Year
Run-off Times Participants will be allowed <u>0 (zero)</u> days to continue incurring expenses after the date that their Participation in the Plan ends. The Run-off time for Participants to submit claims for reimbursement from funds that shall be forfeited will be <u>90 (ninety)</u> days. The Run-off time for funds that shall be forfeited due to death will be one year.
Reimbursements Reimbursements shall be for:
<ul> <li>✓ All eligible Medical Expenses specified in section 213(d) of the Internal Revenue Code</li> <li>☐ Limited Purpose</li> <li>☐ Post Deductible</li> </ul>
☐ Premium Only Medical Expenses
HRA/FSA Ordering
<ul> <li>☐ The Employer maintains a Flexible Spending Account (FSA) plan in which Participants may elect to participate.</li> <li>☑ The Plan permits reimbursements for expenses eligible to be reimbursed by the FSA plan and therefore the HRA shall not reimburse befor expenses exceeding the dollar amount of any FSA have been paid.</li> <li>☐ The Plan permits reimbursements for Limited Purpose, Deductible or Premium Only expenses which are not eligible to be reimbursed by the FSA plan and therefore the HRA shall reimburse before the Participant's FSA account is exhausted.</li> </ul>
Administration Fees: Administrative Fees are paid by the Participant.  \$2 per active employee per month
<u>Distribution Fees:</u> A reimbursement processing fee of \$5.00 for each claim processed manually or \$2.50 for each claim submitted online, up to an annual maximum of six claims shall be paid by the Participant.
Reimbursement Eligibility A Participant shall be eligible for reimbursement of medical expenses at the time selected below.
☐ Immediate ☐ Upon becoming 100% vested ☑ Upon Retirement or Separation of Service
Investment Selection Investment Provider: American United Life Insurance Company
Type of Investment:  Fixed annuity only  Variable annuities — Default 12 Forfeiture Default 12 Employer directed  Employer directed; restrictions are:  None 100% vested At Retirement Account balance in excess of \$ Other Funds limited (see attachment)
Effective Date February 1, 2017 Employer Initials
Retiree HRA Adoption Agreement - Rev. 07.2015

Health Reimbursement Arrangement for	r Retirees
Eligible Class RetB: IBEW - Service Clerical	
Defined as: Per employment contract	
Employment Status Upon the initial contribution to the Plan, Participant employment status shall be:  Retiree  Active with no access to benefit until retirement or separation of service	
Retiree Active with no access to benefit until retirement or separation of service  Contribution Types All funds for the Plan shall come exclusively from the Employer and shall be determined in accordance with the	e following
Contribution Types All lunds for the Plan snall come exclusively from the Employer and snall be determined in accordance with the formula:  □ Dollar Amount □ Percentage of Compensation or Retirement Pay	ic ronowing
Contribution Frequency           ☐ One Time         ☐ Annually         ☐ Quarterly           ☐ Semi-Annually         ☐ Monthly         ☒ Other Fer Pay Period	
Vesting Schedule Participants shall own their account balance in accordance with the following vesting schedule:   □ 100% Immediate □ 100% upon Retirement, meeting the Employer's eligible requirements for retirement □ 100% upon Separation of Service □ Other □ Other	
100% upon death (can be selected in addition to "other" above)	In the second
<u>Forfeitures</u> Employees who are not 100% vested under the Vesting Schedule at the time of termination shall forfeit their unvested funds. of the death of the Participant, the Participant's spouse, and all of the Participant's qualifying dependents, any vested funds remaining in shall be forfeited. In the event that the Participant opts out of participation in the Plan, all vested and unvested funds shall be forfeited. shall:	the account
Reduce future Employer contributions  Be redistributed pro-rata at the end of each Plan Year to all Plan Participants who are actively employed as of the end of the Plan Year	/ear
Run-off Times Participants will be allowed <u>0 (zero)</u> days to continue incurring expenses after the date that their Participation in the Pla Run-off time for Participants to submit claims for reimbursement from funds that shall be forfeited will be <u>90 (ninety)</u> days. The Run-off time that shall be forfeited due to death will be one year.	n ends. The ne for funds
Reimbursements Reimbursements shall be for:	
HRA/FSA Ordering	
<ul> <li>☐ The Employer maintains a Flexible Spending Account (FSA) plan in which Participants may elect to participate.</li> <li>☑ The Plan permits reimbursements for expenses eligible to be reimbursed by the FSA plan and therefore the HRA shall not reimburses exceeding the dollar amount of any FSA have been paid.</li> <li>☐ The Plan permits reimbursements for Limited Purpose, Deductible or Premium Only expenses which are not eligible to be reimbursed plan and therefore the HRA shall reimburse before the Participant's FSA account is exhausted.</li> </ul>	
Administration Fees: Administrative Fees are paid by the Participant.  32 per active employee per month	
Distribution Fees: A reimbursement processing fee of \$5.00 for each claim processed manually or \$2.50 for each claim submitted onling an annual maximum of six claims shall be paid by the Participant.	ne, up to
Reimbursement Eligibility A Participant shall be eligible for reimbursement of medical expenses at the time selected below.	
☐ Immediate ☐ Upon becoming 100% vested ☑ Upon Retirement or Separation of Service	
Investment Selection Investment Provider: American United Life Insurance Company	
Type of Investment:	
Effective Date February 1, 2017 Employer Initials	
Retiree HRA Adoption Agreement Rev. 07.2015	Page 4 of 8

Eligible Class RetE: IBEW Union WWT	P (Wastewater Treatment	Plant)			
Defined as: Per employment contract					
Employment Status Upon the initial contribut	tion to the Plan, Participant emp	loyment status shall be:			
•	Retiree Active with no access to benefit until retirement or separation of service  **Types* All funds for the Plan shall come exclusively from the Employer and shall be determined in accordance with the following				
formula:			accordance with the following		
☑ Dollar Amount L	Percentage of Compensation o	r Retirement ray			
Contribution Frequency  One Time Semi-Annually	Annually Monthly	Quarterly Other Per pay period			
Vesting Schedule Participants shall own their a  100% Immediate 100% upon Retirement, meeting the En 100% upon Separation of Service Other 100% upon death (can be selected in ac	account balance in accordance v				
Forfeitures Employees who are not 100% veste of the death of the Participant, the Participant's shall be forfeited. In the event that the Participantli:	ed under the Vesting Schedule at s spouse, and all of the Participa pant opts out of participation in	mf's qualifying dependents, any vested	funds remaining in the account		
Reduce future Employer contributions  Be redistributed pro-rata at the end of each Plan Year to all Plan Participants who are actively employed as of the end of the Plan Year					
Run-off Times Participants will be allowed 0 a Run-off time for Participants to submit claims for that shall be forfeited due to death will be one ye	or reimbursement from funds that	g expenses after the date that their Part t shall be forfeited will be 90 (nincty) da	icipation in the Plan ends. The tys. The Run-off time for funds		
Reimbursements Reimbursements shall be for:  All eligible Medical Expenses specified Limited Purpose Post Deductible Premium Only Medical Expenses	ed in section 213(d) of the Interna	Il Revenue Code			
HRA/FSA Ordering					
The Plan permits reimbursements for expenses exceeding the dollar amount	expenses eligible to be reimburs nt of any FSA have been paid. Limited Purpose, Deductible or	which Participants may elect to participa and by the FSA plan and therefore the F Premium Only expenses which are not t's FSA account is exhausted.	IRA shall not reimburse before		
Administration Fees: Administrative Fees are \$2 per active employee per month	paid by the Participant.				
Distribution Fees: A reimbursement processir an annual maximum of six claims shall be paid	ng fee of \$5.00 for each claim pr d by the Participant.	rocessed manually or \$2.50 for each cl	aim submitted online, up to		
Reimbursement Eligibility A Participant shal	Il be eligible for reimbursement	of medical expenses at the time selecte	ed below.		
☐ Immediate ☐ Upon becoming 100% vested ☑ Upon Retirement or Separation of Serv	vice				
Investment Selection Investment Prov	vider: American United Life				
Type of Investment:  Fixed annuity only	☐ Employer dir ☐ Participant di ☐ None ☐ 100% v ☐ At Reti ☐ Accoun	rected irected; restrictions are: vested	ault <u>12</u>		
Effective Date February 1, 2017 Employer Ini	itials				
Retiree HRA Adoption Agreement – Rev. 07.2015			Page 7 of 8		

Grand Island

#### RESOLUTION 2017-144

WHEREAS, the City of Grand Island provides VEBA (voluntary employees beneficiary association) benefits for non-union, IAFF and IBEW union members employed by the City; and

WHEREAS, a VEBA benefit is one recognized under the federal tax code as a tax-free, post-retirement medical expense account used by retirees and their eligible dependents to pay for eligible medical expenses; and

WHEREAS, VEBA benefits provided by an employer are not subject to the employer share of social security and medicare tax; and

WHEREAS, VEBA benefits are administered through a Health Reimbursement Arrangement (HRA) service provider whose fees are charged to the participating employee accounts and are not an expense to the employer; and

WHEREAS, the City has chosen a new HRA provider, moving from Security Benefit to MidAmerica Administration & Retirement Solutions, Inc.; and

WHEREAS, MidAmerica Administration & Retirement Solutions, Inc. offers the City better "back office" service, lower fees for employees, and simplified investing options; and

WHEREAS, the HRA agreement between the City and MidAmerica Administration & Retirement Solutions, Inc. was reviewed and approved by City's legal department.

NOW, THEREFORE, BE IT RESOLVED BY THE MAYOR AND COUNCIL OF THE CITY OF GRAND ISLAND, NEBRASKA, that the Health Reimbursement Arrangement agreement between the City of Grand Island and MidAmerica Administration & Retirement Solutions, Inc. is hereby ratified and approved.

- - -

Adopted by the City Council of the City of Grand Island, Nebraska, May 9, 2017.

	Jeremy L. Jensen, Mayor
Attest:	
RaNae Edwards, City Clerk	Approved as to Form 7