# MANAGEMENT AND BUDGET COMMITTEE THURSDAY, January 17, 20139:00AM

# Committee Members: Jonathan Rouis, Chair, Cindy Kurpil Gieger, Vice Chair, Kitty Vetter, Cora Edwards, Gene Benson

#### **AGENDA**

**PRESENTATIONS:** None

#### **DISCUSSIONS:**

1. Investment Policy and Debt Policy - Ira Cohen

#### **RESOLUTIONS**

**AUDIT - None** 

**COUNTY TREASURER -None** 

**GRANTS- None** 

#### MANAGEMENT AND BUDGET

1. To authorize award & execution of New York State Disability Benefits Coverage.

**MANAGEMENT INFORMATION SYSTEMS - None** 

#### **PUBLIC COMMENT**





# COUNTY OF SULLIVAN **LEGISLATIVE**

### MEMORANDUM

| MEMORANDUM   |                                 |  |   |                     |     |                           |                          |  |
|--|---------------------------------|--|---|---------------------|-----|---------------------------|--------------------------|--|
| TO:  | Office of Management and Budget |  |   |                     |     |                           |                          |  |
| FROM:  | Monica Farquhar Brennan         |  |   |                     |     |                           |                          |  |
| TITLE:   | Director of Risk Management     |  |   |                     |     |                           |                          |  |
| DEPARTMENT: Risk Management and Insurance                          |                                 |  |   |                     |     |                           |                          |  |
| COMMITTEE WITH JURISDICTION  |                                 |  |   |                     |     |                           |                          |  |
| Check all that apply   | Communit Developm               | ty<br>ent & Planning                           |   | Public Saf          | ety |                           | Health & Family Services |  |
|  | Financia Manager                |  |   | Executive Committee | 4   |                           | General Services         |  |
|  | Public W                        | Vorks  |   | Real prope          | rty |                           | Veterans                 |  |
|  | Personne                        | el   |   |                     |     |                           |                          |  |
| SUBJECT OF RESOLUTION: New York State Disability Benefits Coverage |                                 |  |   |                     |     |                           |                          |  |
| PURPOSE OF RESOLUTION:   |                                 | Replace carrier for statutory NYS DBL Benefits |   |                     |     |                           |                          |  |
| DATE OF FIRST SUBMISSION: January 10, 2013                         |                                 |  |   |                     |     |                           |                          |  |
| BRIEF DESCRIPTION:   |                                 | new carrier for required coverage              |   |                     |     |                           |                          |  |
| Costs to Other County Programs:                                    |                                 |  |   |                     |     |                           |                          |  |
| Mandated Mandated  |                                 | Budgeted                                       |   |                     | Ви  | Budget Revision Necessary |                          |  |
| FINAL IMPACT: Balance of   |                                 |  |   |                     |     |                           |                          |  |
| Projection:  |                                 | YR1  |   | YR2                 | Y   | TR3                       | YR4                      |  |
| County Cost  |                                 |  |   |                     |     |                           |                          |  |
| State Funds  |                                 |  |   |                     |     |                           |                          |  |
| Federal Funds  |                                 |  |   |                     |     |                           |                          |  |
| Other  |                                 |  | _ |                     |     |                           |                          |  |
| Total  |                                 |  |   |                     |     |                           |                          |  |
| If NONE, check here:   |                                 |  |   |                     |     |                           |                          |  |

#### RESOLUTION INTRODUCED BY MANAGEMENT AND BUDGET COMMITTEE

## TO AUTHORIZE AWARD & EXECUTION OF NEW YORK STATE DISABILITY BENEFITS COVERAGE

WHEREAS, a request for quotations was necessary for the replacement of the New York State Disability Benefits Coverage, ("Coverage") and

WHEREAS, Mike Preis, Inc. Insurance; P.O. Box 280, Callicoon, NY 12723 with National Benefit Life Insurance Company has the experience and expertise to provide the Coverage, and

WHEREAS, it is the recommendation of the Office of Risk Management that Mike Preis, Inc. be granted the award and provide the Coverage to the County. and

WHEREAS, the Management and Budget Committee recommends that said proposal be approved.

NOW, THEREFORE, BE IT RESOLVED, that the Director of Risk Management is hereby authorized to execute the necessary paperwork to establish New York State Disability Benefits coverage with Mike Preis, Inc, and the National Benefit Life Insurance Company at a price of \$9.40 per person/per month, beginning January 1, 2013 through December 31, 2014.

| Moved by              | ,       |
|-----------------------|---------|
| Seconded by           | ,       |
| and adopted on motion | . 2013. |