

Resolution 2024-191

**A Resolution Approving The Standard Accident Insurance Plan for
Benefited Franklin Township Employees**

The Board of Trustees of Franklin Township, Franklin County, Ohio, met in person at a Special Meeting at 12:00 p.m. on Wednesday, December 11, 2024. The trustee marked below made a motion for the adoption of the following Resolution:

Leezer

Fleshman

Blevins

BE IT RESOLVED that effective January 1, 2025, the Board of Trustees of Franklin Township, Franklin County, Ohio approves and authorizes the addition of The Standard Accident Insurance Plan as an optional benefit being afforded to the benefited employees of Franklin Township as an employee paid benefit.

BE IT FURTHER RESOLVED that all formal actions of this Board concerning and relating to this Resolution were passed in an open meeting of the Board, and that all deliberations of this Board and any of its committees that resulted in such formal action were in a meeting open to the public, in compliance with all legal requirements including Section 121.22 of the Ohio Revised Code.

BE IT FURTHER RESOLVED that this Resolution shall be declared an emergency and be in full force and effective immediately upon its adoption.

The following trustee marked below seconded the motion:

Leezer

Fleshman

Blevins

Roll was called for the adoption of the Resolution, and the vote was as follows:

Leezer: YES/ NO

Fleshman: YES/ NO

Blevins: YES/ NO



Trustee James Leezer



Trustee John Fleshman



Trustee Mike Blevins

Adopted: December 11, 2024



New Business Submission Checklist

This checklist is designed to ensure your policies and premium statements are accurate, and our systems are setup correctly to pay claims. Please keep this in mind as you complete it. If you need enrollment materials, please complete pages 1-3 and return them to your Standard onboarding contact.

Policyholder Information

Group Name **Franklin Township** Employer Federal Tax ID # _____
(10 digits including -)

Physical Address **2193 Frank Road, Columbus, OH 43223**

Form of Organization Public Private *(Select sector plus type of organization.)*

- C-Corporation
- Limited Liability Company
- S-Corporation
- PC - Professional Corporation
(taxed as a C-Corporation)
- Labor Union Health Benefit Trust
- Sole Proprietorship
- Partnership
- PC - Professional Corporation
(taxed as an S-Corporation)
- School District
- Government / Public Unit
- Association
- Trust

Note: If you are a non-profit, please specify how you are taxed. This is often as a C-Corp.

Enrollment Materials & Information

Are enrollment forms needed? YES NO

Note: Enrollment forms will be provided for Hospital Indemnity, Accident, or Critical Illness Coverages.

Are electronic summaries needed? YES NO If yes, date needed by _____

Are separate summaries by class needed? YES NO

Are Spanish summaries needed? YES NO

Are printed summaries needed? YES NO If yes, date needed by _____

If printed summaries

Contact Name _____

Address _____

Quantity of printed summaries _____

Note: If separate summaries are needed by class, or if Spanish versions are requested, please provide quantity needed for each class and/or language.

Deduction Frequency for premium amounts in benefit summaries (number of employee payroll deductions)

- Monthly (12)
- Semi-monthly (24)
- Bi-weekly (26)
- Weekly (52)

Initial Enrollment Start Date **12/1/2024** Initial Enrollment End Date **12/15/2024**

Date(s) of enrollment meeting(s) **TBD**

Voluntary Life and/or Disability Coverages

For age graded rates, update age

- On policy anniversary date (Recommended)
- On January 1st annually
- On the First of _____ (enter month)
- On the First of Month coinciding with or next following the date of birth

If applicable, are spouse age reductions and premiums based on member's age or spouse's age?

- Member
- Spouse *(If "Spouse" selected, please provide spouse names and dates of birth on your final census)*

If Contributory Additional AD&D is sold select one of the below options:

- The member must elect AD&D and the amount must match additional/voluntary life amount.
- The member must elect AD&D but the amount may be equal to or be less than the additional/voluntary life amount.
- The member may elect AD&D but if they do, the amount must match additional/voluntary life amount.
- The member may elect AD&D. If elected the amount may be equal to or be less than the additional/voluntary life amount.

Critical Illness, Accident and/or Hospital Indemnity Coverages

When is initial enrollment offered to newly eligible members? (Select One Option)

- Recommended - Perpetual (Newly eligible can enroll throughout the year.)
 Annual Enrollment (Newly eligible must wait until the next open enrollment period to enroll.)

Family Status Change Included: YES NO

Note: Do you allow employees to add or increase coverage during a qualified life event (QLE)?

When a new hire enrolls in age graded (attained aged) Critical Illness, what date do you look at to determine their age?

- On policy anniversary date (Recommended)
 Last January 1
 On the First of _____ (enter month)
 Age On Last Birthday (Current Age)

When evaluating an age change for age graded (attained age) Critical Illness rates, what date do you use to apply the change?

- On policy anniversary date (Recommended)
 Last January 1
 On the First of _____ (enter month)
 On the First of the Month coinciding with or next following the date of birth

Premium Contributions

Will the Employer pay 100% of the premium for all coverage(s) requested?

YES NO

If NO, what percentage of premium does the employer pay?

100 % Basic Life/AD&D 0 % STD _____ % Dental Dependent 0% 100% Accident Insurance
0 % Additional Life/ AD&D _____ % LTD _____ % Vision Employee 0% 100% Critical Illness
0 % Dependent Life _____ % Dental Employee _____ % Vision Dependent 0% 100% Hospital Indemnity
_____ % Other

For 100% employer paid Dental and Vision plans, are employees allowed to waive coverage? YES NO
This will require additional approval if selected yes.

Eligible Lives

Verify your eligible number of lives 64

Multiple Contributions - If multiple contribution schedule, please list the details in the Notes section at the end of the document.

Definition of a Member/Spouse

How many hours per week must an active/regular employee work to be considered a member? 30 hours per week

Note: This request may require underwriting approval if different from what was originally proposed.

If a Partnership, S-Corporation, or L.L.C., are the owners/partners/shareholders covered?

YES If yes, please indicate owners/partners/shareholders on the census.

NO

Are you including anyone that DOES NOT meet the Definition of a Member above? (e.g. grandfathered, retired employees, etc.)

YES If yes, please provide details _____

NO

Are you excluding anyone from coverage that MEETS the Definition of a Member above?

YES If yes, please provide details _____

NO

*Please note that domestic partner and civil union partners will automatically be included if allowable under state law. If you prefer an expanded definition, beyond the state required minimum, please specify in the Additional Notes & Comments Section.