## **RESOLUTION 2019-54**

## A RESOLUTION ESTABLISHING THE CITY'S CONTRIBUTION TO HEALTH CARE COVERAGE FOR RETIREES ELECTING COVERAGE IN OPTION II

WHEREAS, the City of Franklin ("City") offers an Option II Health Care Plan for its retirees, of which 30 retirees are currently enrolled; and

WHEREAS, the City currently contributes \$200 toward the monthly premium for single retirees and \$500 toward the monthly premium of all other plan tiers, and the contribution has remained unchanged since at least 2012; and

WHEREAS, the City Administrator, Human Resources Director, Assistant City Administrator/CFO and key staff have reviewed the existing terms of Option II and recommend to the Board of Mayor and Aldermen a proposal by which the City contributes 40% of the monthly premium for retirees enrolled in Option II, which may be adjusted annually by the Human Resources Director upon this calculation: and

WHEREAS, the Board of Mayor and Aldermen wish to acknowledge modifications to the Option II Retiree Health Plan as proposed.

NOW, THEREFORE, BE IT RESOLVED by the Board of Mayor and Aldermen of the City of Franklin, Tennessee, that the calculation of the monthly premium for Option II Retiree Health Care include a 40% City (employer) contribution, with the remaining 60% to be borne by the retiree; and

RESOLVED FURTHER, that the officers and agents of the Board are hereby directed to take all such steps as may be necessary to accomplish the foregoing; and

**RESOLVED FURTHER**, that the officers of the Municipality are hereby authorized and directed to take all such steps as may be necessary to accomplish the foregoing.

| IT IS SO RESOLVED and ap    | oproved this day of | , 2019. |
|-----------------------------|---------------------|---------|
|                             | Dr. Ken Moore       |         |
|                             | Mayor               |         |
| ATTEST:                     | ,                   |         |
|                             |                     |         |
| Eric S. Stuckey             |                     |         |
| City Administrator/Recorder |                     |         |
| Approved as to form by:     |                     |         |
| ol P D'III 1                |                     |         |
| Shauna R. Billingsley       |                     |         |
| City Attorney               |                     |         |