



COLLECTIVE BARGAINING AGREEMENT

BETWEEN

THE CITY OF WAYLAND

AND THE

GOVERNMENTAL EMPLOYEES
LABOR COUNCIL

NON-SUPERVISORY UNIT

July 1, 2024 – June 30, 2027

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AGREEMENT

This Agreement is by, and between the City of Wayland, hereafter referred to as the “Employer” or “City” and the Governmental Employees Labor Council (GELC), hereafter referred to as the “Union”.

PREAMBLE

The purposes of this Agreement include the promotion of harmonious relations between the Employer, its employees, and the Union, the establishment of equitable and peaceful procedures for the resolution of differences, and the establishment of rates of pay, hours of work, and other conditions of employment.

The parties ascribe to the principle of equal opportunities and shall share equally the responsibility for applying the provisions of this Agreement without discrimination as to any reason prohibited by law.

The Employer and the Union agree to implement the fullest degree of friendly and cooperative relations between the respective representatives at all levels and among all employees.

ARTICLES 1 – RECOGNITION

Section 1. Pursuant to and in accordance with all applicable provisions of Act No. 379 of the Michigan Public Acts of 1965, as amended, the Employer does hereby recognize the Union as the sole and exclusive representative for the purpose of collective bargaining in respect to rates of pay, wages, hours of employment and other conditions of employment during the term of this Agreement for those employees of the Employer in a bargaining unit consisting of all full-time (Non-seasonal employees working 30 or more hours per week) Non-supervisory Employees occupying the classifications of Public Works Foreman, Public Works Operator (DPW) employees and Clerical employees, excluding all Supervisory employees, Police Officers, the Chief of Police, the Deputy City Manager/Finance Director, Fire Chief and City Manager.

Section 2. The Employer shall make available to each employee covered by this Agreement a copy of the labor Agreement.

ARTICLE 2 – MANAGEMENT RIGHTS

Section 1. The Union recognizes that except as specifically limited or abrogated by the terms and provisions of the Agreement, all rights to manage, direct, or supervise the operations of the Employer and the employees are vested solely and exclusively in the Employer.

Section 2. The Employer has the right to implement reasonable rules, regulations, general orders, employment related ordinances, and policies. All rules, regulations, general orders, employment related ordinances, and policies, in existence on the date this Agreement takes effect will be considered reasonable except those that are expressly amended by this agreement. Prior to implementing new rules, regulations, general orders, employment related ordinances, and policies, or prior to changing any current rules, regulations, general orders, employment related ordinances, and policies, the Employer will notify the steward of such change.

In the event the Union believes the new or changed rule, regulation, general order, employment related ordinance, or policy is deemed to be unreasonable, the Union shall have the right to file a grievance, provided the grievance filed in accordance with Article 11 Grievance after the date the rules, regulations, general orders, employment related ordinances, and policies are implemented.

Section 3. The Union agrees that, except as specifically provided by the terms and provisions of this Agreement, employees shall not be permitted to engage in Union activities during working hours.

ARTICLE 3 – EXTRA CONTRACT AGREEMENTS

The Employer agrees not to enter into any Agreement with another labor organization during the life of this Agreement with respect to the employees covered by this Agreement, or any Agreement which in any way conflicts with the terms or provisions of this Agreement.

ARTICLE 4 – UNION RIGHTS/MEMBERSHIP

Section 1. Membership in the Union is not compulsory. All employees have the right to join, not join, maintain or drop their membership in the Union at any time. The Union is required under this Agreement to represent all employees recognized in the Agreement whether or not the employee is a member of the Union. Membership is defined by the GELC and its local by-laws except as prohibited by law.

ARTICLE 5 – DUES CHECK-OFF

Section 1. During the term of this Agreement, Union members may tender their individual Union representation fees by voluntarily utilizing the direct payroll deduction method or by paying them directly to the Union.

Section 2. Upon receipt of a completed and properly executed “Authorization of Dues Check-Off Form” from the employee, the Employer agrees to deduct and withhold one month’s representation fee from the earnings of each employee during the first payroll period of each month. The authorization shall become effective the first month following the month in which it is received by the Employer. Those monies deducted or collected by the Employer under this Article shall be tendered to the Union within fifteen (15) calendar days after the deductions are made. Each payment shall be accompanied by a list of employees from whom the relevant deductions are made. See Appendix G

Section 3. Direct payroll deductions under this article shall not be made where the employee’s earnings are not sufficient to cover the entire amount of the representation fee after the Employer has made the appropriate deductions for federal income tax, state income tax, local or city income tax, or any other deductions required by law or this Agreement.

Section 4. The written “Authorization for Dues Check-Off” shall remain in full force and effective during the term of this Agreement and any succeeding Agreement provided. However, said authorization may be revoked or canceled at any time by the individual employee. Any such revocation or cancellation must be in writing and must be signed by the relevant employee. The authorization shall automatically terminate upon an interruption in the employee’s active service or displacement from the Union.

Section 5. The Union hereby expressly agrees to indemnify and hold the Employer harmless from any liability, claims, lawsuits, judgments, costs and expenses of any kind including attorney fees resulting from the Employer's compliance with the dues checkoff provision.

ARTICLE 6 – BARGAINING COMMITTEE

Section 1. The Employer agrees to recognize two-unit members designated as the bargaining committee. The bargaining committee members shall be regular employee/member of the Union. The Union shall furnish the Employer with written designation of its bargaining committee members.

Section 2. Employee members of the bargaining committee will be paid by the Employer for time spent in negotiations with the Employer, but only for the straight time hours he/she would have otherwise worked on his/her regular work schedule. For purposes of computing overtime, time spent in negotiation shall be considered as hours worked.

Section 3. Union members may attend the Personnel and Policy Committee meetings of the City. These meetings will be held in compliance with the Open Meetings Act.

Section 4. The Union and the Employer agree that during negotiations the Union may have their Union Stewards in negotiations along with up to three other persons who may not be members of the Union. The Bargaining Committee for the Employer shall consist of up to three representatives of the employer as designated by the City Manager. In addition, the parties may have legal counsel participate in the negotiation process as well.

ARTICLE 7 – UNION STEWARD

Section 1. Union members shall be represented by one (1) steward and one (1) alternate steward. The alternate steward shall represent Union members in the absence of the steward.

Section 2. The authority of the steward, or alternate steward, is limited to the investigation and presentation of grievances and attendance at special conferences, during his/her working hours, without loss of time or pay, but only upon receiving permission from his/her immediate supervisor or his/her designee. The supervisor or his/her designee shall grant permission within a reasonable time, after the first hour of the shift, for such steward to leave his/her work for these purposes subject to overriding work considerations. The privilege of such steward leaving his/her work during working hours without loss of time or pay is subject to the understanding that the time will be devoted to the above proper and appropriate purposes and will not be abused. Abuse of such privilege is grounds for discipline up to and including discharge.

Section 3. The Union will furnish the Employer with the names of its steward, alternate steward, and officers who are employed within the unit and changes as they may occur from time to time in such personnel, so that the Employer may at all times be advised as to the authority of the individual representatives of the Union with which it may be dealing.

ARTICLE 8 – SPECIAL CONFERENCES

Section 1. Special conferences for important matters will be arranged between the Union and the Employer, or its designated representative, upon the written request of either party. The request shall include matter(s) to be discussed.

Section 2. Such meeting shall be between the representative of the Union and the representative of the Employer, provided arrangements for such special conferences shall be made in advance. Conferences shall be held at mutually agreeable times. If a Union member's attendance at the special conferences is necessary, he/she shall not lose pay for time lost in attending the special conference. In addition to necessary employee representatives, this meeting may be attended by a representative of the Labor Council.

Section 3. Unless the parties agree otherwise, special conferences shall be scheduled within ten calendar days after the written request is made, provided that the number of Union employees present at such meeting shall be limited by the Employer based upon the need for services to be performed for the public.

ARTICLE 9 – DISCHARGE AND DISCIPLINE

Section 1. Employees will not be disciplined or discharged without just cause. Although both the Union and the Employer subscribe to the principles of progressive discipline, the use and type of progressive discipline will depend on the facts of each particular case. All discipline shall be timely. Any protest of a disciplinary action must be pursued under the Grievance Procedure in Article 11 of this Agreement. In imposing discipline for a current infraction, the Employer will not base its decision on any infraction which occurred more than two (2) years prior to the current infraction, unless the time is extended by mutual agreement of the City, Union and relevant Employee.

Section 2. An employee shall be entitled, upon request, to representation by a Union representative at any hearing or meeting in which the employee is in attendance and which is conducted by the Employer, or its designated representative, where such hearing or meeting may reasonably lead to disciplinary action. The Employer shall notify the employee of the purpose of such hearing or meeting prior to its commencement. If the employee requests the presence of a Union representative, the meeting or hearing will be postponed until a Union representative can be present.

Section 3. Copies of all disciplinary action(s) (setting forth the specific sections or the rules, regulations, general orders, employment related ordinances, and policies the employee allegedly violated), taken against an employee shall be presented (by hand or electronic delivery) to the employee, and the steward or alternate steward.

Section 4. Upon written request, the Union (either the steward, alternate steward, or Labor Council representative) will be provided with copies of all relevant information filed by an employee, City Manager or his/her designee, citizen, department head, or any other person which is the basis for the disciplinary action. It is further recognized that the filing of such a written request for information will constitute a release (by the employee and/or Union) of the Employer from any and all claimed liability by reason of such a disclosure.

Section 5. Where an employee and/or the Union elects to grieve such disciplinary action, a written grievance regarding same must be filed under Step 1 of the grievance procedure provided in Article 11 of the Agreement within ten (10) working days of the date of such discipline.

ARTICLE 10 – PERSONNEL FILES

Access to personnel files shall be governed by the Bullard-Plawecki Employee Right-to-Know Act.

ARTICLE 11 – GRIEVANCE PROCEDURE

Section 1. A grievance shall be defined as any dispute regarding the meaning, interpretation, application, or alleged violation of a specific article or section, term, or provision of this Agreement. Every effort shall be made to adjust controversies and disagreements in an amicable manner between the Employer and the Union.

Section 2. All grievances shall be settled only in accordance with the procedure set forth in this Article.

Section 3. All grievances shall be handled in accordance with the following steps:

Step 1: Conference between the aggrieved employee and/or the steward, and the aggrieved employee's immediate Supervisor and/or his designee, within five (5) working days from the occurrence of the event; or when the employee had become aware of the event giving rise to the grievance, whichever is later. If settled at this step, the settlement shall be reduced to writing delivered by hand or electronic delivery, to be signed by the City Manager, the Union, and the aggrieved employee. If not settled at Step 1, it shall be the responsibility of the Union Representative, or the Union steward in the case of a group grievance, to reduce the grievance to writing on the grievance form provided by the Union and to deliver the written grievance to their Supervisor, or his/her designee, within seven (7) working days after the date of the above referenced conference (the date of the conference shall not be counted toward the seven day limitations period.)

Step 2: After receipt of the written grievance, the Supervisor, or his/her designee, shall have the option of meeting with the grievant(s) and/or the steward. The Supervisor or his/her designee shall provide the grievant(s) and the steward with a written answer within seven (7) working days after he/she received the written grievance. If settled at this step, the settlement shall be reduced to writing, delivered electronically or by hand, and be signed by the City Manager or his/her designee, the grievant(s), and the Union representative. If not settled at Step 2, it shall be the responsibility of the Union Representative, or the Union steward in the case of a group grievance, to deliver a copy of the written grievance (along with an explanation for the appeal) to the City Manager, or his/her designee, within seven (7) working days after the date of the City Manager or his/her designee's decision.

Step 3: After receipt of the written grievance, the City Manager, or his/her designee, shall have the option of meeting with the grievant and/or the steward. The City Manager, or his/her designee, shall provide the grievant and the steward with a written answer within seven (7) working days after he/she received the written grievance. If the grievance is settled at this step, the settlement shall be reduced to writing, delivered electronically or by hand, and be signed by the City Manager, the grievant(s), and Union representative.

If the grievance is not settled at Step 3, either the Employer or the Union may submit such grievance to arbitration, provided such submission is made within fifteen (15) working days after receipt of the last step answer. All matters submitted to arbitration shall be submitted to the Federal Mediation and Conciliation Services (FMCS) in accordance with its Voluntary Rules and Regulations, then obtaining, within the time specified above, and such rules shall govern the arbitration hearing. The arbitrator shall have no power or authority to alter, amend, add to, subtract from, or modify any terms or provisions of this Agreement. Nor shall the arbitrator have the power or authority to alter, amend, add to, subtract from, or modify any ordinances, City, or rule, regulation, general order, employment related ordinance, or policy. If the reasonableness of a rule, regulation, general order, employment related ordinance, or policy implemented after the date of this Agreement is being challenged pursuant to a timely filed grievance, and if relevant to the ultimate issue in the current arbitration, the arbitrator must hold his/her decision in abeyance until the ruling is made on the reasonableness of the rule, regulation, general order, employment related ordinance, or policy in question. The arbitrator's decision shall be binding on both parties and the cost of any arbitration proceedings under this provision shall be borne equally by the parties, except each party shall pay the expense of its own witnesses.

Section 4. Grievances must be taken up promptly and no grievance will be considered or discussed that is presented later than the time limits set forth in this, or any other applicable article. However, the parties may mutually agree to extend the time limits in any step of the grievance procedure. In the event the Employer fails to reply to a grievance at any step of the procedure within the specified time limit, the grievance shall automatically be processed to the next step.

Section 5. If at any step in the grievance procedure the employee is given a response by the Employer and fails to timely appeal the grievance to the next step, the grievance shall be deemed settled in accordance with the Employer's last answer.

Section 6. Only one (1) grievance shall be presented to an arbitrator in any one hearing unless the parties mutually agree to combine grievances for the same arbitrator.

Section 7. With regard to the filing and processing of grievances, "working days" shall mean Monday through Friday, excluding Saturday, Sunday, and holidays.

ARTICLE 12 – SENIORITY

Section 1. Seniority is defined as the continuous length of service with the City of Wayland. Classification seniority is defined as continuous length of service in an assigned work classification.

Section 2. All regular full-time employees shall be considered probationary employees until they have completed one hundred eighty (180) calendar days of employment (excluding leaves of absence 5 days or more). During the probationary period, the employee may be terminated without recourse to or without regard to this Agreement and shall not be entitled to the benefits of the grievance process as it relates to discipline and/or discharge. The employee shall, however, be entitled to any and all representation rights afforded by law. Upon completion of the probationary period, the employee's name shall be placed on the seniority list as of his/her last date of hire.

Section 3. An employee's seniority shall terminate under the following circumstances:

(a) He/she quits or retires.

(b) He/she is discharged and the discharge is not reversed per the grievance process set forth in this Agreement.

(c) He/she is absent for three (3) consecutive working days without properly notifying the Supervisor or his/her designee. In proper cases, exception shall be made upon the employee producing proof of his/her inability to give such notice due to circumstances beyond his/her control.

(d) In a return from layoff situation, if the employee does not contact the Supervisor, or his/her designee, within seven (7) calendar days after certified written notice is sent to the employee's last known address on file with the Employer, or within three (3) calendar days after notification is hand-delivered to the employee, ordering the employee to return to work after layoff. Exceptions may be made by the Employer upon the employee producing proof of his/her inability to return as required.

(e) If he/she is laid off during the term of this Agreement for a continuous period equivalent to his/her seniority or three years, whichever is less.

Section 4. Transfers. Employees who transfer from one classification to another, while remaining employed with the City, shall retain all seniority except for classification seniority which will change with their effective date of transfer. Transferred employees will have a ninety (90) day probationary period where either they, or the Employer may return them to their former classification. No classification seniority would be lost if the probationary period is not met and the employee returns to his/her prior classification.

Section 5. New Hires: The Employer reserves the right to start new employees at an increased rate of pay and benefit accrual within established wage, and benefit schedule, commensurate with employee's education, training, licensing and/or experience. New hires will not be placed at a higher seniority or classification, seniority level than current employees.

ARTICLE 13 – LAYOFF AND RECALL

Section 1. When there is a non-disciplinary reduction in the workforce. Employees with the least seniority in the Union, shall be laid off first, provided that the retained employees have the present ability, skills, certifications, licensing and qualifications to perform the available work.

Section 2. Employees to be laid off will have at least ten (10) working days' notice of layoff. The steward shall be sent a list by the Employer of the employees being laid off on the same date the notices are issued to the employee(s).

(a) When the workforce is to be increased after a layoff, employee shall be recalled according to seniority in reverse order of layoff, provided the employees recalled have the present ability, skills, and qualifications to perform the available work.

(b) Notice of recall will be by certified mail to the employees address on file with the Employer, or by hand delivery to the employee.

ARTICLE 14 – HOURS OF WORK – OVERTIME – MEAL ALLOWANCE

Section 1. The normal work hours for regular full-time Non-Supervisory employees covered by this Agreement is forty (40) hours per calendar week, (Monday – Sunday), normally five (5) eight (8) hour days per week), excluding daily meal periods. The normal work day for regular full-time employees covered by this Agreement is eight (8) hours per day, Monday through Friday at the discretion of the Employer. City Hall Non-Supervisory employees covered by this Agreement may be scheduled to work only thirty (30) hours per week. All shift work start/end times will be as directed by the Supervisor. Notification of any change of work hours (shift start and stop times), for a duration of more than two consecutive working days must be made fourteen (14) days in advance unless mutually agreed upon.

Section 2. The Employer agrees that Employees represented by this Agreement are entitled to overtime pay (one and one-half (1 ½) times the employee's base pay) for any work over their allotted regular workday (8 hours) or for any authorized work in excess of 40 hours for each calendar week. All overtime must be authorized by a supervisor.

Furthermore, the City reserves the right to shorten regularly scheduled weekday shifts no more than 4 hours per day or 8 hours per week, to offset overtime expenses, unless mutually agreed upon. Total hours compensated for the week shall not be decreased below 40 hours.

Example: An Employee works twelve (12) hours on a Tuesday and the City may reduce Friday's hours from (8) to (4). Hours at the end of the week shall be reported as thirty-six (36) hours of regular time, and (4) hours of time and a half for a total of 40 hours worked.

For the purposes of overtime, hours for which an employee receives pay, but which are not worked, will be counted toward the 40 hours worked within the 7 day pay period, 80 hours paid per period limit. Hours paid shall be considered hours worked as it relates to the use of benefit time.

Employees not assigned to work City Hall, with approval of their Supervisor, may flex their work hours so they do not create overtime.

This does not rule out the employee's option to choose compensatory time in lieu of receiving overtime pay as outlined in Section 4.

Section 3. All overtime must be authorized in advance by a responsible supervisor. It is understood, that some classifications have different responsibilities that may require them to work overtime. Prior approval is not always possible, but notification shall be made to the appropriate Supervisor as soon as possible. Employees who work unauthorized overtime may be subject to disciplinary action up to and including discharge.

Section 4. Subject to Section 2, an employee who works overtime can, in lieu of receiving overtime pay, elect to bank an equivalent amount of compensatory time (1 hour of overtime worked = 1 ½ hours of compensatory time). The election must be made in writing on the next time slip (after the overtime work is performed) submitted by the employee.

An employee who wishes to use compensatory time must submit a written request to their Supervisor at least fourteen (14) calendar days prior to the pay period which includes the day(s) which he/she desires off (compensatory time cannot be used in increments of less than 1/2 hour). Requests may be denied if required by Departmental needs. A request will be denied if granting the request would require that the Department incur additional overtime costs during the particular work week(s) involved. Employees may cash out their compensatory bank, in increments of not less than four (4) hours, by giving two (2) weeks' notice to their Supervisor. The cashed-out time will be paid in the next pay period with the payroll that immediately follows the notice. Supervisors have the discretion to allow compensatory time off without two weeks' notice. There will be no alteration to a submitted time sheet without review from the City Manager and the Supervisor. Any/all revisions must be signed off by the City Manager and Supervisor or his/her designee.

An employee can bank up to, (80) eighty hours of compensatory time (the employee will receive overtime pay for any excess). Employees must reduce their comp banks to forty (40) hours by the end of the calendar year by either taking approved time off, or receiving a pay-out which will be made on the second payroll in January of the new calendar year.

Section 5. An employee who is called into work (being held over beyond his/her scheduled workday is excluded), outside of his/her scheduled workday and/or scheduled shifts for the pay period will be paid one and one-half (1 ½) times his/her base hourly rate of pay for all hours worked or for a minimum of two hours, whichever is greater. Additional call in within a two (2) hour minimum limit will be considered work continuous with the first call in.

Section 6. On-Call Pay. A DPW Employee will be assigned weekly (Monday 7am through Monday 7am), "on call" duty. Employees are generally expected to report for duty within 30 minutes from the time they are called in.

Weekly: (Monday – Monday). The assigned on-call employee shall receive a \$175.00 stipend per assignment. **During the period between Memorial Day and Labor Day this amount shall be \$250.00 per week.** If called in, employees shall be compensated at the rate of time and one half of their regular rate for a minimum two hours or for actual hours worked, whichever is greater. If a Secondary On-Call Person is need for a specific event, which is at the discretion of the employer, then they will receive \$75.00 On-Call Pay for that day plus any overtime worked. Use of a secondary call-in person will be at the discretion of the Employee's supervisor.

The assigned Employee will work approximately four (4) hours per day on Saturday and Sunday, (Generally 7am to 11am), and will be compensated at a rate of time and one half of their regular rate for all hours scheduled/worked. If called in during a time not contiguous with scheduled work hours, employees shall be compensated at the rate of time and one half of their regular rate, for a minimum two hours or for actual hours worked, whichever is greater.

Section 7. Meal Allowance. When employees covered by this Agreement are required to continue working for twelve (12) or more consecutive hours, they shall be furnished a meal at the City's expense. The

meal provided may be in the form of a physical meal as deemed appropriate by the City or in the form of a stipend in the amount of \$18.00. In the event that an employee is required to work eighteen (18) or more consecutive hours then the City shall provide an additional meal/stipend and will do so at each six (6) hour increment thereafter. The \$18.00 stipend shall be paid upon submission time sheets approved by the employee's supervisor.

Section 8. When an event occurs within the community or where city owned property is used rented or leased which includes but is not limited to a parade, craft show, festival or fair, concert and/or the set up or removal of a stage or shelter the following shall apply to the Bargaining Unit Employees.

- a) A minimum of Two (2) employees will be scheduled or called into work for the after hours to set up or remove road blocks or barricades or for the set up or removal of any stage or stages.

ARTICLE 15 – SICK TIME AND PERSONAL DAYS

Section 1. During each calendar year, employees will be credited with one hundred twenty (120) hours of paid time off. This paid time off shall be granted as described in Section 2 and 3 of this article.

Section 2. Sick Time. Sick-time is designed to provide compensation during time off associated with an illness, injury, or illness/injury to a member of the employee's immediate family. Employees shall accrue sick leave from their date of hire at the rate of 3.08 hours per pay period (80 hours per year). Accrual shall be to a maximum of 440 hours. Employees entitled to this benefit, but who are generally scheduled for less than 40 hours per week shall accrue at a proportionate rate as their normally scheduled workweek. Employees must notify their Supervisor at least one (1) hour prior to the start of their shift (unless physically unable to do so) to utilize sick time. Time off in excess of three consecutive work days **may require** a Physicians certification of the employee's inability to work. The Supervisor may waive this if the illness/injury is obvious. Sick time shall not be used in less than one-half (1/2) hour increments. New employees shall be granted 16 hours of sick time on their date of hire and begin to accrue sick time at the appropriate rate from their date of hire.

Section 3. Personal Days. Employees covered by this Agreement shall earn four (5) Personal Days each calendar year (40 hours). Employees who are covered by this agreement, but work less than forty (40) hours per week shall be compensated for personal days in the number of hours they are typically scheduled. Personal Days shall be granted on January 1st each year and must be used by December 31st or will be forfeited (Use it or lose it). Employees must request this time off from the City Manager, or his/her designee by giving 24 hour advanced notice. New employees starting prior to July 1st shall be granted the full five (5) days for the remainder of that calendar year, and employees starting after July 1st shall be granted two and a half (2.5) days for the remainder of that calendar year. Personal Days shall not be used in less than one-half (1/2) hour increments. With approval of the City Manager or his/her designee an employee may request the transfer of unused personal time to other applicable leave banks if there were undue hindrances to use of the time during the calendar year.

Section 4. Sick Time Bank. As referenced above, The Employer will create a sick time bank where the employee may accrue and carry a balance of all unused sick time up to a maximum of 440 hours. At the end of the employment relationship, employees will be paid out, Final Average Compensation (FAC)

compensable wages, for the total amount of hours they have banked. Payouts are made according to years of service as outlined in the scale below:

<u>Years of Service:</u>	<u>Percentage of Total Banked Hours:</u>
5	50%
10	75%
15+	100%

At the discretion of the employee and subject to the then Internal Revenue Service (IRS) Guidelines employees can elect to have the payout made into a Health Savings Account (H.S.A) account, 457 Plan or paid out in cash.

ARTICLE 16 – SICK AND ACCIDENT INSURANCE

Section 1. The Employer will, for the duration of this Agreement, pay the full premium amounts necessary to provide employees with Sick and Accident Insurance (S & A) coverage. Although S & A coverage and benefits are subject to the terms of the policy/plan. Employees, at their discretion, may use Personal Days, Sick Time, Vacation leave or Comp time before and/or during any unpaid period of time before S & A benefits commence and/or to supplement benefits consistent with the policy guidelines. The Employer reserves the right to change carriers as long as the benefit levels remain substantially equivalent to the plan(s) outlined in Appendix A.

Section 2. The Employer will, while an employee is away from work and receiving benefits pursuant to the S & A policy, the employer will make the premium payments necessary to continue the employee's (and his/her qualifying dependents) insurance coverage as outlined in the S & A policy.

ARTICLE 17 – LEAVES OF ABSENCE

A. Unpaid Leaves of Absence

Section 1. Employees may request unpaid leave of absence up to one-year. Military leave will be treated in accordance with applicable federal/state law.

Section 2. All requests for unpaid leaves of absence must be in writing and must be submitted to the Leave Benefits Coordinator as early as practicable (as Departmental staffing needs may affect whether a leave of absence will be approved, the employee should submit his/her request as far in advance of the desired leave as possible. The written request must provide a sufficient explanation for the reason the leave of absence is being requested and the approximate length of time off the employee desires.

Section 3. Authorization or denial of an unpaid leave of absence request shall be furnished in writing to the employee by the Leave Benefits Coordinator and that decision shall be final and binding.

Section 4. An employee on an approved unpaid leave of absence will retain and shall continue to accrue his/her seniority during the leave, and benefits (except pay) for the first thirty (30) days of the leave of absence. For any unpaid leave of absence in excess of thirty (30) days, no fringe benefits such as, but not necessarily limited to, seniority, vacation, paid personal leave, sick time, holiday pay, and any

insurance benefits (subject to COBRA).

Section 5. Family and Medical Leave Act. The Parties acknowledge that qualifying leave will be treated in accordance with the City's existing Family and Medical Leave Act Policy. To the extent there is any conflict between the Policy and the Act, the Act will prevail.

B. Paid Leaves of Absence

Section 1. Paid Bereavement Leave. If a death occurs among members of an employee's immediate family, the employee will receive four (4) days of paid leave (paid at the employee's base rate of pay, 8 hours per day).

Immediate family shall be interpreted as spouse, children (Step/Foster children or legal dependent children living with the employee), parents, brother, sister, father-in-law, mother-in-law, brother-in-law, sister-in-law, grandparents, grandchildren (including in-law family members). Two (2) days shall be granted for Aunt, Uncle, Niece, and Nephew (including in-law family members).

The Supervisor or his/her designee is to be notified immediately of a death in the employee's immediate family, and the employee's desire to take time off. The employee shall provide appropriate verification confirm his/her eligibility for the provision of this benefit, if requested by the Supervisor or his/hers designee. The parties recognize that Bereavement Days need not be contiguous days off as some memorial services take place at an extended time after the occurrence of a death. Thus an employee may split their Bereavement Leave or take it at another date and time following the passing of a party listed above provided that such time is utilized within one (1) year of the qualifying event. Other forms of benefit time may be utilized if additional days off, other than those listed above, are needed.

Section 2. Paid Jury Duty Leave. Employees will be granted a leave of absence when required to report for jury duty. An employee must immediately notify the Supervisor or his/her designee, upon receiving his/her notification to report for jury duty. Employees covered by this agreement shall retain jury duty pay, including any mileage reimbursement. The employees serving jury duty will be paid his/her regular pay (eight hours per day, at his/her base rate of pay) for all days he/she serves on jury duty. The employee must immediately report for his/her regularly assigned duty on any day that he/she is released from jury duty, provided that there are at least one and a half (1 ½) hours remaining in his/her scheduled shift for that particular workday.

ARTICLE 18 – PAID VACATION

Section 1: Full time Employees covered by this Agreement shall be entitled to paid vacation time off in the following manner. Vacation benefits are accrued on a per-pay period basis in the following schedule as per years of service. Vacation accrual shall begin on date of hire. Upon hire date, all new employees shall begin with 16 hours of vacation and will begin accruing at the applicable rate thereafter on the date of hire.

Note: Employees covered by this Agreement that are assigned to work less than 40 hours per week shall accrue vacation time proportionate to their normally assigned work week.

Accrual Schedule

- 0- completion of 3 years of service: 3.08 hours per pay period
- Beginning of 4th year to completion of 7 years: 4.62 hours per pay period
- Beginning of year 8 to completion of year 11: 6.16 hours per pay period
- Beginning of year 12 to completion of year 15: 6.93 hours per pay period
- Beginning of year 16: 7.70 hours per pay period
- Beginning of 21st year of service vacation time accumulation goes to 248 hours per year for the employee equaling 9.54 hours per pay period. Employees hired after July 1, 2024 shall not accrue vacation time at a rate higher than 9.54 hours per pay period.
- Beginning year 26 of service vacation time accumulation will go up 4 hours per year to a maximum of 280 hours per year equaling 10.77 hours per pay period.

Section 2. An Employee may roll over up to 160 hours of accrued Paid Vacation Time each year. A year is considered to be from anniversary date to anniversary date. Upon execution of the contract a one-time payout of unused hours will be allowed to bring an employee back down to an agreeable level. Employees shall have their payout completed by their anniversary date in 2025. At their 2025 Anniversary date it is expected that no employee will carry over more than 160 hours of vacation time. After that time no payouts of unused vacation time will be paid out unless upon separation of employment.

Unused vacation hours exceeding 160 hours shall be forfeited on the employee's anniversary date. Requests to carry over vacation hours over the amounts stated above will require approval of the Supervisor and will generally only be considered when circumstances outside of the employee's control prohibited the use of vacation earlier in the year.

Section 3. For the effective and efficient operation of City services and a fair opportunity for vacation time for all employees, vacation picks shall be completed as follows:

- a. No employee may take more than two continuous weeks of vacation time unless approved by the Supervisor, or his/her designee.
- b. The Supervisor, or his/her designed shall determine the maximum number of employees allowed off on vacation at any given time.

Section 4. If a paid Holiday falls during a paid vacation period, the employee will receive Holiday pay and the time (8 hours) for payroll purposes, will not be deducted from the paid vacation bank.

Section 5. Accrued and unused vacation time up to a maximum of 440 hours, will be paid upon separation of employment at the employee's then base hourly rate of pay. At the discretion of the employee and subject to the then IRS Guidelines, employees can elect to have the payout made into a H.S.A. account, 457 Plan, or paid out in cash.

ARTICLE 19 – HOLIDAYS

Section 1. The following shall be paid holidays (8 hours pay at base hourly rate, unless generally scheduled for fewer hours per day) for employees: i.e., an employee who generally works less than 40 hours per week in which case the base pay is prorated.

New Year's Day	Thanksgiving Day
Martin Luther King Day	Day after Thanksgiving
Good Friday	Christmas Eve Day
Memorial Day	Christmas Day
New Year's Eve Day	Labor Day
Independence Day	Floating Holiday
Veterans Day	

- a) Except as noted below, when a Holiday falls on a Saturday, a full day off will be granted on Friday. When Christmas Eve or New Year's Eve falls on a Friday, a full day off will be granted on Thursday. When a Holiday falls on a Sunday, a full day off will be granted on Monday. When Christmas Eve or New Year's Eve falls on a Sunday, a full day off will be granted on Tuesday. The City and Union may mutually agree to shift the observance days of any holidays if City operations and staffing needs would support such a shift.

The floating holiday shall be established by the City Manager no later than December 15th for the upcoming calendar year. Generally, the selected date shall be established to eliminate singular days of operations preceding or following a holiday falling on a Tuesday or Thursday. In the event that a calendar does not present the need for this then the Union Stewards from all City Bargaining Units shall elect a day for the upcoming calendar year for the Floating Holiday.

Section 2. Employees required to work on a holiday recognized by this Agreement, with the exception of the following sentence, shall receive time and one-half (1/ ½) their regular pay for all hours worked on the holiday, in addition to holiday pay. Employees required to work on Thanksgiving Day, Christmas Eve, and Christmas Day shall receive double (2x) their regular pay for all hours worked, in addition to their 8 hour base holiday pay. Those employees not required/scheduled to work will receive holiday pay (8 hours at their base hourly rate). Employees called into work, except the On-Call Employee regularly scheduled to do normal well and lift checks that day for a couple of hours, on a holiday shall receive double time their regular rate of pay plus their holiday pay for all hours worked. The employee who is regularly scheduled to do the well and lift station checks will be paid their normal holiday pay and will be paid double time plus holiday pay if they are called in after their regular checks are completed. Any hours worked on a Holiday cannot be converted and banked into Comp Time pursuant to Article 14 Section 4

ARTICLE 20 - EMERGENCY CLOSURE

Section 1. The City Manager reserves the right to close any city owned buildings and grounds or

parts thereof in an emergency or weather-related situation, releasing affected employees of their obligation to report to work. Effected employees shall be paid their regular rate of pay during these situations and emergencies.

If a closure of City Hall Takes Place employees who still are working or are summoned to work shall receive time and one half (1 ½) for all hours worked. If Bargaining Unit employees are already on overtime then these hours are not paid at any higher rate than 1.5 times their regular base rate. This situation shall only cover weather related events.

ARTICLE 21 – LONGEVITY

Section 1. Full time employees will receive a longevity payment of one hundred dollars (\$100) per year of service every three (3) years, payable on their anniversary date (e.g. \$300 at three-year anniversary; \$600.00 at 6-year anniversary, \$900 at 9 year anniversary; \$1200 at 12 year anniversary) and so on.

In order to facilitate an equitable transition to the new schedule a separate letter of understanding will be executed reflecting a 5-year look back period for each employee with applicable payment being made. Letter of understanding will be contained within the appendices of this agreement. (See Letter of Understanding in Appendix's for further information)

Section 2. Upon separation of employment, employees covered by this Agreement, will receive one hundred dollars (\$100) for every year of service worked (the employee must work at least six (6) months in his/her last anniversary year to receive credit for a year of service) since receiving their last three-year longevity bonus. (E.g. employee retires after working eighteen (18) years, with last longevity payment at fifteen (15) years of service; employee receives a longevity payment of \$300.)

Employees entitled to this benefit, but who are generally scheduled for less than 40 hours per week shall paid at a proportionate rate as their normally scheduled workweek. At the discretion of the employee, and subject to the then IRS Guidelines, employees can elect to have the payout made into a H.S.A account, 457 Plan, or paid out in cash.

ARTICLES 22 – HEALTH INSURANCE and HSA CONTRIBUTION

Section 1. The employer shall provide a health insurance plan to all eligible employees, spouses, and qualifying dependents. In addition to health insurance, the City shall provide Dental and Optical insurance. The Employer reserves the right to change carriers and plans as long as the benefit levels remain substantially equivalent to the plan(s) outlined in Appendix "A" of this agreement and subject to any applicable changes to State and Federal Law regarding health insurance. Beginning in the first year of the contract (July 1, 2024) CBA Employees shall contribute 8% of the annual health insurance premium contribution paid through bi-weekly payroll deductions. This amount shall increase to 11% in the 2nd year of the contract (July 1, 2025), and 12% in the 3rd year of the contract (July 1, 2026). Premiums for Dental and Optical coverage will be paid 100% by the city. In addition, City employees shall be provided \$50,000 employer paid Life Insurance, Short and Long- term Disability Insurance, including optional Voluntary Life Insurance. Continuation of the current insurance plan, and payment of premiums is contingent on hard caps established by the State of Michigan, and compliance with the Affordable Care Act. The Employer

reserves the right to change carriers as long as the benefit levels remain substantially equivalent to the plan(s) outlined in Appendix A.

Section 2.The Employer will make deposit funds into an H.S.A account (as established by the City) in the following amounts:

H.S.A. Contribution*			
	May 1st	November 1st	Total
Single	\$ 250.00	\$ 250.00	\$ 500.00
Double	\$ 500.00	\$ 500.00	\$ 1,000.00
Family	\$ 500.00	\$ 500.00	\$ 1,000.00

*Employees electing to contribute to their H.S.A. via biweekly payroll deductions, the City will provide matching H.S.A. contributions. The City will match contributions up to \$200 annually for those on single plan, and contributions up to \$400 annually for those on a double or family plan. The employer’s additional contribution will match the employee’s elected payroll contribution. The maximum amount per payroll for a single plan holder will be \$7.70, and for a double/family plan holder will be \$15.39. Additional contributions to an H.S.A. plan are subject to IRS guidelines.

Note: State Mandated Health Insurance Hard-Caps may require that employees pay a higher percentage of the premium amount, or the City may have to reduce H.S.A. contribution. Costs over the hard cap will be applied first to the premium contribution up to a 15% of the premium total. After this threshold is reached the City will reduce its H.S.A. contributions with the flat semi-annual contributions reduced first then the matching H.S.A. reduced thereafter. H.S.A. contributions made via payroll deduction are considered pre-tax contributions.

Note: Deductible may change annually based on Federal guidelines. Employer contributions may be adjusted to avoid exceeding the State of Michigan Hard Cap limits.

Section 3. Health Insurance Plan Waiver/Opt-out. Employees may present evidence of other health coverage available from another Insurance Plan, other than the City sponsored health insurance plan or Medicare or Medicaid, to the City Clerk/Leave Benefit Coordinator, or the City Manager’s office. The employee releases the City, and the Plan from any claims for Health Care benefits that would be available to them, if they had not waived coverage. Employees electing to received opt-out pay may have this payment deposited into their H.S.A. (if applicable) or their employee funded retirement accounts such as their 457 Plan or their IRA subject to IRS guidelines and program requirements. See Appendix B for complete information.

ARTICLE 23 – RETIREMENT

Section 1: Employees will be covered under the Michigan Municipal Employee’s Retirement System (MERS). MERS eligible employees covered by this agreement shall be enrolled into retirement/pension plans as outlined below.

All employees hired before January 1, 2019 to January 1, 2022 shall be enrolled in the following MERS Defined Benefit Plan as outlined in Table 1 below. *(Note that MERS formerly utilized a coding system and this benefit plan has previously been referred to as follows: B-4, F-55/15, E-1, E-2, and FAC-3).* The Employer will, for the duration of this agreement, pay all necessary costs associated with providing eligible (as established by the applicable MERS program) employees with the benefits set forth below in Table 1.

Benefit Provisions	Table 1
<ul style="list-style-type: none"> • Benefit Type • Benefit Formula • Vesting Period • Normal Retirement Age • Early Retirement (Unreduced) • Early Retirement (Reduced) • Final Average Compensation Period (FAC) • Member Contribution Rate • Disability and Death Benefits • Cost of Living Adjustment (Future Retirees) • Cost of Living Adjustment (Current Retirees) • Act 88 Observance 	<p>Defined Benefit</p> <p>2.5% Multiplier (80% Max)</p> <p>6 years</p> <p>60</p> <p>55 years of age/15 years of service</p> <p>50 years of age/25 years of service</p> <p>FAC-3 years</p> <p>0.00%</p> <p>MERS Standard</p> <p>2.5% (Non-Compounded)</p> <p>2.5% (Non-Compounded)</p> <p>No</p>

All employees hired after January 1, 2019 to July 1, 2022 shall be enrolled in the following MERS Defined Benefit Plan as outlined in Table 2 below. *(Note that MERS formerly utilized a coding system and this benefit plan has previously been referred to as follows: B-4, F-55/15, E-1, E-2, and FAC-3).* The Employer will, for the duration of this agreement, pay all necessary costs associated with providing eligible (as established by the applicable MERS program) employees with the benefits set forth below in Table 2.

Benefit Provisions	Table 2
<ul style="list-style-type: none"> • Benefit Type • Benefit Formula • Vesting Period • Normal Retirement Age • Early Retirement (Unreduced) • Early Retirement (Reduced) • Final Average Compensation Period (FAC) • Member Contribution Rate • Disability and Death Benefits • Cost of Living Adjustment (Future Retirees) • Cost of Living Adjustment (Current Retirees) • Act 88 Observance 	<p>Defined Benefit</p> <p>2.0% Multiplier</p> <p>10 Years</p> <p>60</p> <p>55 years of age/15 years of service</p> <p>50 years of age/25 years of service</p> <p>FAC-3 years</p> <p>0.00%</p> <p>MERS Standard</p> <p>2.5% (Non-Compounded)</p> <p>2.5% (Non-Compounded)</p> <p>No</p>

As of January 1, 2022 all current employees except those hired between January 1, 2019 and July 1, 2021 (those hired between January 1, 2019 and July 1, 2021 will remain in the MERS Plan as outlined in Table 2 above) or were hired after July 1, 2021 shall be enrolled in the following MERS Plan as outlined in table 3 below. *(Note that MERS formerly utilized a coding system and this benefit plan has previously been referred to as follows: B-4, F-55/15, E-1, E-2, and FAC-3).* The Employer will, for the duration of this agreement, pay all necessary costs associated with providing eligible (as established by the applicable MERS program) employees with the benefits set forth below in Table 3.

Benefit Provisions	Table 3
<ul style="list-style-type: none"> • Benefit Type • Benefit Formula • Vesting Period • Normal Retirement Age • Early Retirement (Unreduced) • Early Retirement (Reduced) • Final Average Compensation Period (FAC) • Member Contribution Rate • Disability and Death Benefits • Cost of Living Adjustment (Future Retirees) • Cost of Living Adjustment (Current Retirees) • Act 88 Observance 	<p>Defined Benefit 2.0% multiplier (80% Max) 6 years 60 55 years of age/15 years of service 50 years of age/25 years of service FAC-3 years 0.00% MERS Standard 2.5% (Non-Compounded) 2.5% (Non-Compounded) No</p>

Section 2: The charts referenced in Section 1 of this Article have been provided for convenience only, and is a brief summary of the terms of the MERS Defined Benefit Plan Guidelines. These guidelines can be found at <http://www.mersofmich.com/Employer/Resources/Publications>, and is also available as Appendix F attached hereto. The charts above are not an exhaustive statement of the plan documents in their totality, which should be reviewed carefully by each employee. In the event of a conflict between any provision of the Plan Document and the information on these charts, the Plan Document shall prevail.

Section 3: Eligible employees, if electing to do so, are responsible for paying all expenses associated with buying military time and/or up to five (5) years of generic service credit time for retirement purposes.

Section 4: Beginning January 1, 2022 the Employer shall make contributions to an employee’s eligible 457 (Deferred Compensation Plan) or any other form of a recognized retirement plan that the employee wishes so long as the employer does not incur undue expense in doing so. The employer shall make the following deposits into the above plan as follows:

1. Employer shall contribute an automatic 3% of employee’s gross wages into the plan.
2. Employer will match up to an additional 3% also based on the employees’ gross wages.

ARTICLES 24 – WAGES and EMPLOYEE EVALUATIONS

Section 1. Wage Scale Step Increases, including pay increases (step and annual) and job grade classifications are attached as Appendix C of this agreement covering non-supervisory personnel. Wage scales and explanations of grades and such, as attached in Appendix C.

Section 2. Employees shall be evaluated annually (no later than two weeks prior to anniversary date) by their supervisor. The City Manager shall develop a reasonable evaluation policy, procedure, and criteria. The City Manager may seek input from City staff and City Council in the development of the evaluation format. If the City fails to evaluate an employee when such evaluation is due then the employee shall, by default, be entitled to any step increases in a timely manner.

ARTICLES 25 – MISCELLANEOUS

Section 1. Public Works Operators Uniforms and Equipment. The Employer will continue to provide new employees with necessary uniforms and equipment, and with regard to current DPW employees, will replace uniforms and equipment (damaged in the line of duty or through normal wear and tear). The Employer will provide each employee with up to \$800.00 annually toward the purchase of shoes, boots, clothing, foul weather gear and or other equipment, and any repairs or maintenance of the aforementioned, at vendors selected by the employer.

Section 2 Travel; AUTHORIZATION: Any travel on City business shall be authorized in advance by the Department Head by completing a Professional Development Request form. For Department Heads, any travel on City business shall be authorized in advance by the City Manager on said forms. For travel in excess of 24 hours or out-of-state travel, such as workshops, conferences or seminars (in accordance with the Professional Development Policy), the cost of such trip must be included in the annual budget. If no funds were budgeted, this fact must be stated at the time of the request for travel.

NOTE: EXPENSES INCLUDED as outlined below:

A. Registration Fees: Costs of registration for conferences, formal events, workshops, seminars or field trips, etc., as part of the authorized event or function.

B. Lodging: Actual expenses for room costs shall be reimbursed and shall be based on a cost for single occupancy. Room costs shall be reimbursed based on double occupancy if a room is shared with another city employee. In most circumstances lodging will be paid for by a City credit card and authorization form will be sent to the hotel.

Overnight lodging prior to and following an event will be subject to City Manager approval. Typically, if the event is more than 90 minutes away and would require a departure time prior to 6:30 AM. An overnight stay will be approved.

Overnight stays following an event may be approved should the travel require an arrival time after 9:00 P.M. Middle nights (non-arrival/departure days of an event) will typically be approved for overnight stays if the event is more than one hour away from the employee's home. It is understood that certain circumstances will require some decisions on a case-by-case basis with employee safety being a primary concern.

C. Other transportation: Actual expenses for train, bus, taxi, airplane, etc., shall be based upon coach fares or the most economical fare available for a reasonably scheduled trip.

D. Car Rental and Parking: Actual expenses for car rental or for parking. Individuals shall attempt to secure the lowest rate available if it is necessary to rent a vehicle.

E. Meals and incidental expenses: Expenses for meals and other miscellaneous expenses shall be reimbursed in accordance with IRS guidelines. Per diem rates can be found at www.gsa.gov/perdiem which provides the maximum allowable per diem rate that can be used without treating part of the per diem as taxable wages. Dates of departure and arrival will be paid at 75% of the GSA Per Diem rate unless departure is to take place prior to 7:00 AM and arrival is to occur later than 6:00 P.M. (using standard means of travel and quickest expected routes. Same day travel will be eligible for 75 % of the per diem rate provided that travel required more than 8 hours away from the Wayland area. Events requiring less than 8 hours away from home shall have meals reimbursed for actual cost with submittal of receipt. If meals are provided as part of an event agenda, deduct the appropriate amount from per diem. Light continental breakfast or reception hor' dours shall not constitute a meal and will not be required to be deducted from expense reimbursement form.

F. Mileage: Those individuals traveling to an authorized event and using their personal vehicle shall be reimbursed for actual miles driven in accordance with established IRS mileage reimbursement rates that are in effect.

G. REIMBURSEMENT: Items A, B, C and D above shall be reimbursed Only upon presentation of a receipt showing evidence of the expense that was incurred unless otherwise approved by the City Manager. These should be attached to a Travel Expense Report form and signed by the Department Head. In the case of Department Heads, their forms should be signed by the City Manager. Items E and F shall be verified by the Department Head and the appropriate amount shall also be included on the Travel Expense Report form. Preplanning is encouraged, and paying for registration, lodging and transportation in advance to the respective vendors is recommended.

Section 3. Full Coffee Service. Full coffee service shall be provided to all employees. This includes the coffee, creamer, sugar, any/all supplies needed to provide coffee to all employees covered by this Agreement.

Section 4. Tuition Reimbursement: Employees shall be reimbursed for the cost of tuition for advanced degrees or continuing education classes up to a maximum of \$4,500 starting July 1, 2021 and by \$100.00 increase each July 1 thereafter for each year of the contract. per fiscal year to cover the cost

of tuition, books, equipment, other material, school fees, and expenses. Employees who wish to be reimbursed for a formal course for college credit must submit in writing to the City Manager, prior to enrollment, for approval of the course.

Courses will be taken at times other than employee's normal working hours, unless the employee has received approval by the City Manager and his or her supervisor for an exception.

Upon completion of the course, the employee shall be reimbursed for tuition, books, equipment, and other material, school fees, and expenses. Reimbursement shall be for completed courses with a passing grade, in pass or fail courses, or a (C) or above, in a course which gives out a letter grade.

Employees who take advantage of this program and subsequently voluntarily terminate employment with the employer before (3) years from the date of course completion, must return a proportionate amount of their reimbursement as follows:

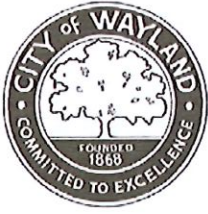
- 0 to 1 year of service to the employer.....Full reimbursement to the employer.
- 1 to 2 years of service to the employer..... 2/3 reimbursement to the employer.
- 2 to 3 years of service to the employer..... 1/3 reimbursement to the employer.
- 3 or more years of service to the employer.....No reimbursement required.

Section 5. City Phone/cell phones. The Employer shall provide a cell phone for the DPW assigned on call employee. DPW Employees who are not provided with a City owned cell phone shall be paid a stipend of \$50 per month due to the heavy work-related usage they incur.

Section 6: Continuing Education/Training/Licenses. The employer will provide at no cost to the employee continuing education, training and licensing fees for those licenses and training that are required by the employer as part of the employee's employment which shall include but are not limited to: Water Operator and Waste Water Operator Licensure Levels, Commercial Driver's License and associated physical examination(s), Law Enforcement Information Network (L.E.I.N.) certification and updates, first aid and C.P.R. Training and all other training as required by the employer and/or State Agency.

ARTICLE 26 – DURATION

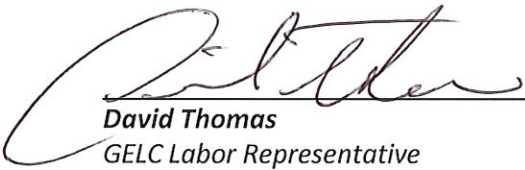
This Agreement shall become effective July 1, 2024. The Agreement shall remain in full force and effect through the 30th day of June 2027 and from year to year thereafter unless either party hereto serves written notice upon the other of at least sixty (60) calendar days prior to the 30th day of June, 2027, or sixty (60) calendar days prior to the execution of any subsequent automatic renewal period of its intention to amend, modify or terminate this Agreement.




IN WITNESS WHEREOF, the Agreement is executed on this the 1st, day of July 2024.

Governmental Employees Labor Council

City of Wayland



David Thomas
GELC Labor Representative




Josh Eggleston
City Manager



James Mathis
Chief Steward



LeeAnn Clausen
City Clerk



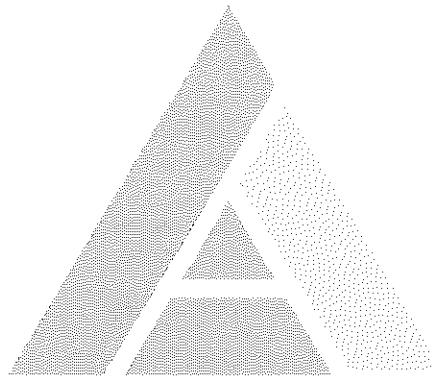
Mitch Kantner
Alternate Steward



City of Wayland Employee Benefit Guide

Benefits Effective May 1, 2024





ACRISURE®

All benefits in this booklet are subject to change. This is only intended to be an Employee Benefits Highlights summary and not a contract. All benefits are subject to provisions and exclusions of the master contracts and plan documents.

INTRODUCTION

Your Benefit Options – Staying the Same

Medical & Prescription Coverage

- Priority Health HMO \$1,000

Vision Coverage

- Eye Med

Your Benefit Options – With Changes

Dental Coverage

- Moving from Delta Dental to MetLife

Life and Disability Coverage

- Moving from Kansas City Life to MetLife

Disability Coverage

- Moving from Kansas City Life to MetLife

INSURANCE ELIGIBILITY

Plan Year:

May 1, 2024



April 30, 2025



Employee Eligibility

Full-time employees are eligible to participate in the insurance plans.

Benefit Effective Date

- Employees - Benefits begin on the date of hire

New hire paperwork must be submitted at least 30 days prior to the benefit effective date

Dependent Eligibility

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant. The term "child" includes any of the following:

- Natural child or Stepchild
- Legally adopted child
- Other child for whom the team member has permanent legal custody

Dependent Child Age Requirements

- Medical: Dependent children up to the end of the calendar year in which they turn 26
- Dental: Dependent children up to their 26th birthday.
- Vision: Dependent, unmarried children up to 19th birthday
- Voluntary Dependent Life/AD&D: Dependent children up to age 19, unless full-time student.

What if I Separate From Employment?

Medical, Dental and Vision, Disability, Life/AD&D and Flexible Spending Account (FSA) coverage will end on the date of separation.

COBRA Continuation of coverage may be available as applicable by law.

YOUR DEDICATED

SERVICE TEAM



JOHN O'CONNOR
VICE PRESIDENT
GROUP BENEFIT CONSULTANT
P: 855.306.1099 ext. 1020
E: joconnor@acrisure.com

John oversees operations and provides consulting and advisory services to accounts. Through strategic planning and solid carrier partnerships, John lends his expertise to help set goals and introduce tools in order to determine the best solution for each client.



DEENA LOHR
ACCOUNT EXECUTIVE
P: 855.306.1099 ext. 1024
E: dlohr@acrisure.com

In addition to working closely with John during the planning and implementation process, Deena brings her experience to light each year during the group renewal process, always looking for innovative ways to improve group benefits while decreasing cost.



JODI VANDONGEN
ACCOUNT MANAGER
P: 616.234.5606
E: jvandongen@acrisure.com

Jodi works very closely with Deena to provide onsite employee education. Jodi also serves as a point of contact for Human Resource/Benefit departments and attentively addresses both employer and employee benefit questions.

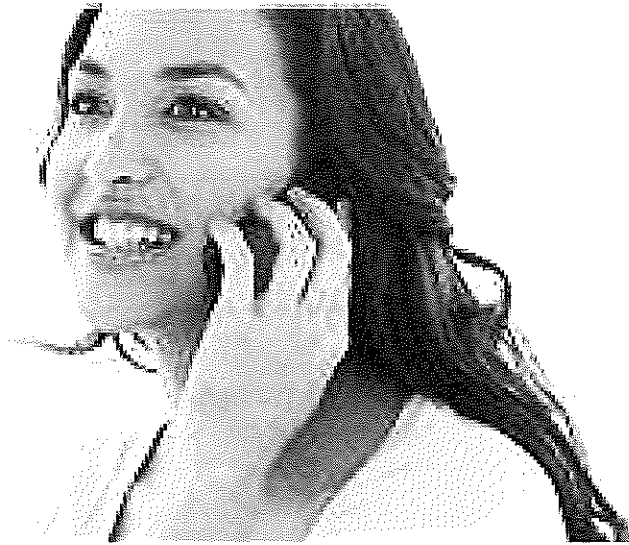


DAWN TAYLOR
PATIENT ADVOCATE
P: 855.306.1099 ext. 1012
E: dtaylor@acrisure.com

As your dedicated Patient Advocate, Dawn works directly with carriers and providers as a liaison for your employees' claim issues and inquiries to make sure everything is processed correctly.

As always, our emergency 24/7 service line is available at **(855) 306-1099**





Acrisure

Employee Care Center

Let our experienced Patient Advocates and Claims Analysts help you through the layers of health insurance.

We can assist you and your family in finding out if a service is covered and what you should expect to pay. We can help with billing concerns and whether it was processed correctly. We will even call your physician, facility, or carrier so you don't have to!

Our team consists of many different areas of experience and expertise including facility billing, physician billing, medical assistance background, coding experience, etc. Our top priority is you!

Here are some real life examples of how Acrisure's Employee Care Center is utilized:

- *Why can't I get my prescription filled?*
- *I lost my ID card, what do I do?*
- *Why is my provider requesting payment upfront?*
- *I'm out of state, I broke my leg, will this be covered?*

We'll make sure your call gets the attention it needs by a Acrisure professional.

WE HAVE SAVED OUR MEMBERS OVER
\$22 MILLION DOLLARS IN MIS-BILLED
CLAIMS. **WHAT CAN WE DO FOR YOU?**

EMPLOYEE CARE CENTER

CALL US:
855-306-1099

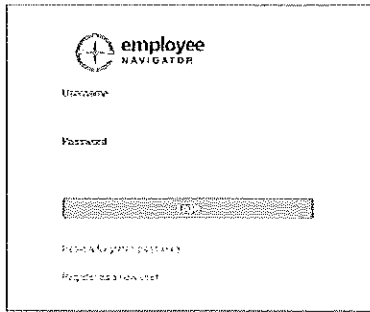
FAX US:
855-306-1098

CLAIMS
QUESTIONS:
claims@44n.com

URGENT AFTER HOURS
CALLS:
855-306-1099
HELP AVAILABLE 24/7

 **ACRISURE[®]**
ACRISURE.COM/GREATLAKES

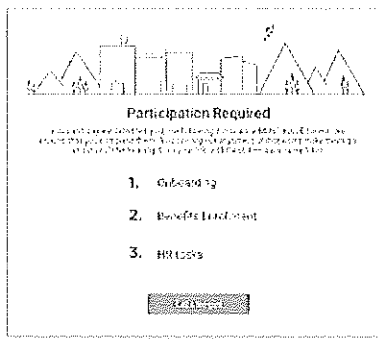
ENROLL IN YOUR BENEFITS: One step at a time



Step 1: Log In

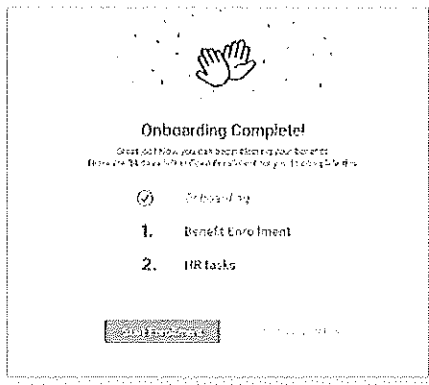
Go to www.employeenavigator.com and click **Login**

- **Returning users:** Log in with the username and password you selected. Click **Reset a forgotten password**.
- **First time users:** Click on your Registration Link in the email sent to you by your admin or **Register as a new user**. Create an account, and create your own username and password.
- **Company Identifier:** CitofWay2024



Step 2: Welcome!

After you login click **Let's Begin** to complete your required tasks.

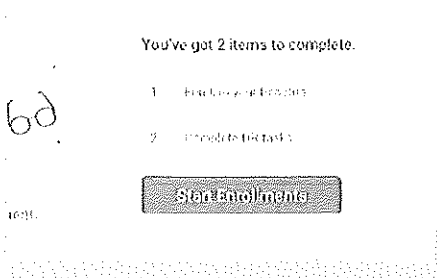


Step 3: Onboarding (For first time users, if applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks click **Start Enrollment** to begin your enrollments.

TIP

if you hit **'Dismiss, complete later'** you'll be taken to your Home Page. You'll still be able to start enrollments again by clicking **"Start Enrollments"**



Step 4: Start Enrollments

After clicking **Start Enrollment**, you'll need to complete some personal & dependent information before moving to your benefit elections.

TIP

Have dependent details handy. To enroll a dependent in coverage you will need their date of birth and Social Security number.

Step 5: Benefit Elections

To enroll dependents in a benefit, click the checkbox next to the dependent's name under **Who am I enrolling?**

Below your dependents you can view your available plans and the cost per pay. To elect a benefit, click **Select Plan** underneath the plan cost.

Who am I enrolling?

- Myself
- Elizabeth Reynolds (Spouse)
- Gwen Reynolds (Child)

The screenshot shows a benefit election interface. At the top, it displays a cost of \$138.46. Below this, there are three columns: 'Plan Cost' with a value of \$138.46, 'Employer Contribution' with a value of \$138.46, and 'My Cost' with a value of \$0.00. A 'Select Plan' button is visible at the bottom right of the cost section.

Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not want a benefit, click **Don't want this benefit?** at the bottom of the screen and select a reason from the drop-down menu.

Step 6: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of an Evidence of Insurability form, you will be prompted to add in those details.

The screenshot shows an 'Enrollment Summary' page. It features a progress bar with a warning icon and the text 'Enrollment Not Complete'. Below the progress bar, there is a list of 'Enrolled Items' with checkboxes and status indicators.

Step 7: Review & Confirm Elections

Review the benefits you selected on the enrollment summary page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

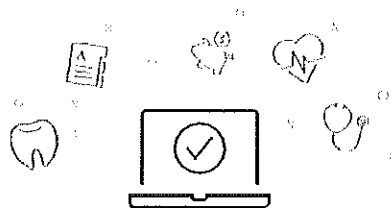
TIP

If you miss a step you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

The screenshot shows a 'High Five! Enrollment Complete!' screen. It features a large hand icon and a list of tasks. The first task is '1. HR Tasks' with a 'Start Task' button below it.

Step 8: HR Tasks (if applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned any tasks, you're finished!



You can login to review your benefits 24/7

MEDICAL & PRESCRIPTION INSURANCE

Priority Health

HMO \$1,000

HMO HSA \$2,350

Preventive Services - Covered at 100%

Calendar Year Deductible

Individual	\$1,000	\$2,350
Family	\$2,000 embedded	\$4,700 aggregate
Deductible Reset	Plan Year	Calendar Year

Coinsurance – Percentage of Cost of a Covered Health Care Service You Pay

Member Responsibility	20% after deductible	0% after deductible
Individual Maximum	\$4,500	N/A
Family Maximum	\$9,000	N/A

Annual Out-of-Pocket Maximum – this includes Medical and Rx

Individual	\$8,150	\$4,700
Family	\$16,300 embedded	\$9,400 embedded

Provider Copays

Primary Care	\$20	
Specialist	\$50	
Virtual Visits	\$10	
Urgent Care	\$85	100% covered After deductible Is Met
Chiropractic max 30 visits combined w/physical & occupational therapy	\$40	
Emergency Room	\$250 after deductible	

Employee Contributions – Per Pay Period will be calculated in Employee Navigator

Online member account

Your personal guide to getting the most out of your plan.



PRESCRIPTION COPAYS

Priority Health	HMO \$1,000	HMO HSA \$2,350
Tier 1a / 1b	\$5 / \$35	\$5 / \$35
Tier 2	\$75	\$70
Tier 3	\$90	\$90
Tier 4	20%, \$250 maximum	20%, \$250 maximum
Tier 5	20%, \$450 maximum	20%, \$450 maximum
Mail Order Tier 1/2/3	2 x copay	2 x copay

Tier 1 - The least expensive prescription drugs available to you. This tier includes lowest-cost generic drugs—proven to be as safe as brand-name drugs—and, on some formularies, select brand-name drugs.

Tier 2 - Includes preferred and lower cost brand-name drugs, and some higher cost generic drugs. If you must take a brand-name drug, you should work with your provider to choose one that is covered here, and the most affordable.

Tier 3- Non-preferred and expensive brand-name drugs, as well as higher-cost generic drugs. These drugs may cost you a significant amount out of pocket so you should ask your provider if a tier 1 or 2 option can be prescribed instead..

Tier 4- Includes very expensive brand-name and generic drugs, and preferred specialty drugs used to treat complex conditions. Specialty drugs often have high costs and may have special handling or storage requirements. They are usually dispensed by trained personnel at specialty pharmacies. If you need to take a specialty drug, you should work with your provider to choose one that is covered here.

Tier 5- Non-preferred specialty drugs, and the most expensive brand-name and generic drugs are covered here because they offer limited clinical value. Most have a similar lower-cost option offering the same clinical value on tiers 1 through 4. Ask your provider about alternatives.

Scan the QR Code to view the approved drug list



Care management

The Priority Health Pharmacy department works closely with Care Management staff to help members who need assistance managing their chronic or complex acute illness(es). With assistance from pharmacy staff, nurses work with members to review medications in order to avoid drug duplications, drug-to-drug conflicts, drug-to-diagnosis conflicts, drug-to-lab conflicts and guideline conflicts. When appropriate and necessary, nurses contact a member's physician to discuss areas of concern. Scan the QR Code to access the Care Management staff



HEALTH SAVINGS ACCOUNT (HSA)

A health savings account combines high deductible health insurance with a tax-friendly savings account. You and your employer are able to fund the savings account to help pay for what your medical plan doesn't cover. Funds left in the account roll over year after year earning interest along the way. All funds are free from federal taxes as long as they are used on qualified medical expenses incurred by you and your tax dependents.

WHY OPEN A HEALTH SAVINGS ACCOUNT?

A dependent is defined as the legal spouse and/or dependent child(ren) of the participant or the spouse. The term "child" includes any of the following:

- You own the money in your HSA account
- You can contribute on a pre-tax basis up to the IRS annual limit.
- You determine when and how to use the money in your account. You may use your account to pay for qualified health care expenses, like your annual deductible or your co-insurance costs now and in the future
- Funds may earn interest tax free
- Easy access to your funds with a personal debit card
- Your account is portable - you take it with you if you leave the company for any reason

2024 CONTRIBUTION LIMITS

You can contribute to your HSA on a pre-tax basis through convenient payroll deductions and/or make after-tax contributions directly to your HSA. There is a limit on the total annual pre-tax amount that can be contributed to your account.

- **Single: \$4,150** (City of Wayland is contributing \$500 of this amount; will match employee contribution after \$500 up to \$200). \$250 is deposited on May 1st; \$250 is deposited on November 1st
- **Double/Family: \$8,300** (City of Wayland is contributing \$1,000 for double/family; will match employee contribution after \$1,000 up to \$400). \$500 is deposited on May 1st; \$500 is deposited on November 1st
- Catch up provision: if you are 55 or older, you may put in an additional \$1,000 a year

ELIGIBILITY RULES

You and your dependent covered under your plan must be:

1. Enrolled in a qualified high deductible health plan
2. Not covered under other health insurance
3. Not enrolled in Medicare
4. Not able to be claimed as a dependent on someone else's tax return

Please note: if participating in an FSA, you must enroll in a limited purpose account.

PRIORITY HEALTH MOBILE APP

Managing your health insurance is easier than ever with the new Priority Health app.

In your member account, you can quickly and easily:



Track spending balances to keep your budget in check



Search your claims and see a detailed breakdown of care and prescription costs



Compare costs of medical procedures and prescriptions based on your plan so you can save money



Find in-network doctors, specialists, labs and more



Set up a video visit and get virtual care when and where you need it



Download the Priority Health app from the App Store or Google Play or sign up at member.priorityhealth.com to view your personalized health insurance information anytime, anywhere.



Getting started is easy:

1. Download the Priority Health app from the App Store or Google Play, or visit member.priorityhealth.com.
2. Click **Sign up** and follow the instructions.*

Questions about your member account?

If you need technical support or help accessing your account, email us at techsupport@priorityhealth.com or call 833.207.3210. For all other questions about your plan, call the number on the back of your member ID card to speak with a member of our Customer Service team.

**You may be asked security questions to verify your identity.*



Already have a MyHealth account?

You can use your existing MyHealth username and password to log in to the Priority Health app

Continue using your MyHealth account to access your Spectrum Health providers, appointments and other patient information.

PRIORITYREWARDS

Know your costs. Save on care.
Get rewarded.

With **PriorityRewards**, when you choose to receive care from a lower-cost, high-quality facility, we'll send you a Visa[®] rewards* card ranging from \$50 to \$200.

Need to schedule a procedure, lab test or office visit?

- Before receiving care, search for the medical service you need
- Select your doctor or the location (facility).
- If you choose your doctor first you can choose your preferred facility from the in-network results. You'll be shown fair-market and above-market prices.
- If you chose your facility first, you can choose your doctor who performs that service at that location from the search results.
- A green trophy means the service and facility combination makes you eligible for a reward.

If a procedure is above fair market price, the tool will provide a list of nearby facilities where the procedure is offered at a lower cost.

How do I get rewarded?*

- Choose a facility with a green trophy. If you receive the medical service within six months of using the tool, we'll send you your Visa rewards card in the mail within a few weeks of receiving the service.
- Your rewards card can be used for most things including medical services, health and wellness services, groceries, general merchandise and much more.

*PriorityRewards is not yet available for medications, or to members with Medicare, Medicaid or Spectrum Health Partners plans, or self-funded employer groups who have not opted in.



Examples of rewardable procedures include:

Most CTs	\$50
Colonoscopy	\$100
Most MRIs	\$100
Ear tubes	\$200
Anterior cruciate ligament knee surgery (ACL)	\$200

Not all rewardable procedures are listed on the table to the left. Use Cost Estimator to determine if your procedure is rewardable.

PRIORITY HEALTH – FIND A DOCTOR

Find a Doctor

You can search for providers by category, specialty, location and plan type using Find a Doctor. It helps you find a provider that fits your needs, your plan and your budget—and it's easy to use.

Here's how:

1. Log in to or sign up for your Priority Health member account at member.priorityhealth.com.
2. Click **My Plan**, then select **Find a Doctor**.
3. Begin searching for providers. Your search results are based on your specific plan type, so you'll see doctors in your network.

Initial results will show primary care doctors within 25 miles of your home address. You have the option to change the location to what is most convenient for you.

Choose a doctor from the list or use filters, like specialty, doctor name and more to narrow your results.

Need to choose or change a PCP?

You can select or change your primary care provider (PCP) at any time by clicking **Select PCP**, which is located underneath eligible PCPs, and follow the prompts to confirm your selection.

Live outside of Michigan?

If you have a POS or PPO plan, you can search for providers and receive care outside the state of Michigan. Go to priorityhealth.com/findadoctor to learn more about your options in finding care.



Use Find a Doctor to search for:

- Michigan-based doctors
- Specialists
- Labs
- Urgent care centers
- Pharmacies
- Chiropractors
- And more



Not a member yet?

Browse Find a Doctor at priorityhealth.com/findadoc and select the plan type that best suits you. You'll be able to search for providers, facilities and more within that plan's network.

PRIORITY HEALTH COST ESTIMATOR

Know and understand your costs with Cost Estimator

We don't want you to fear the financials attached to receiving care. Instead, use Cost Estimator to make conscious, cost-effective health care decisions. With a short search, you can budget health care costs for the whole family.

We created Cost Estimator to show you costs for procedures, based on your real-time deductible balance, coinsurance and out-of-pocket amounts—so you can see how much you'll pay based on your actual benefits. Next time you're facing a procedure or need a prescription, try Cost Estimator in your MyHealth account.

You can also use Cost Estimator to see the costs of your prescription drugs. The tool points out generic alternatives available to help you save.

How it works

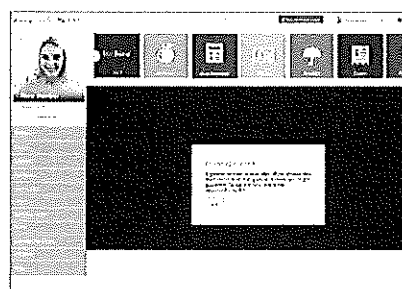
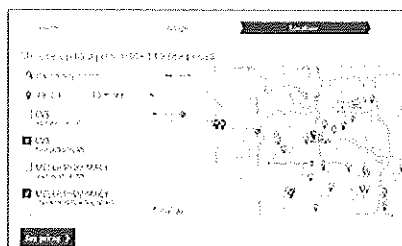
1. Log in to your MyHealth account at priorityhealth.com or in our free mobile MyHealth app to access the Cost Estimator.
2. Search for the procedure you need and select the facility where you'd like it performed. After selecting a doctor, you'll see fair-market prices and above-market prices.
3. See your estimated out-of-pocket costs based on your health plan and deductible.
4. Make your appointment to receive care at high-quality, lower-priced facilities.

Don't see your facility and/or provider listed?

Call the number on the back of your member ID card to talk to our customer service team.

Need to know the cost of your medication?

- Before heading to the pharmacy, search for the medication you need. You'll need to know your dosage too.
- Then select your preferred pharmacy or pharmacies to see prices.
- If there's a preferred alternative medication available for the drug you're searching for, you'll be alerted. These are often lower cost generics or brands you could speak to your doctor about.



ASSIST AMERICA

Global emergency services

You can call upon Assist America™ for services whenever you're 100 miles away from home or in another country for personal, vacation or business travel.*

Medical consultation, evaluation and referral

Assist America's Operations Center is staffed 24/7 by medically-certified, multilingual personnel who can make immediate recommendations for any emergency situation. When a call for help comes in, they put in motion their vast English-speaking, Western-quality provider network to solve medical and non-medical emergencies anywhere in the world.

Foreign hospital admission assistance

Assist America fosters prompt hospital admission by validating your health insurance or advancing funds as needed to the hospital.

Emergency medical evacuation

If you or a covered dependant become ill or injured in an area of the globe where appropriate care is not available, Assist America will use whatever transportation, equipment and personnel are necessary to evacuate you safely to the nearest facility that meets their rigorous standards.

Medically supervised repatriation

Assist America, when deemed medically necessary, will provide transportation home or to a specified health facility with a medical or non-medical escort as required.

Two ways to access services:

- 1 Download the free Assist America mobile app available for iPhone and Android
- 2 Call Assist America's 24-hour Operations Center at 800.872.1414

Priority Health reference number: 01-AA-PHP-12123

COORDINATION OF BENEFITS FOR AUTO INSURANCE



Need a **Coordination of Benefits** or **Qualified Health Plan Letter** from your Health Insurance Carrier for your **Auto Insurance Carrier**?

It's as easy as 1, 2, 3:

1 Contact your Health Insurance Carrier

2 Letter(s) will be mailed or emailed.

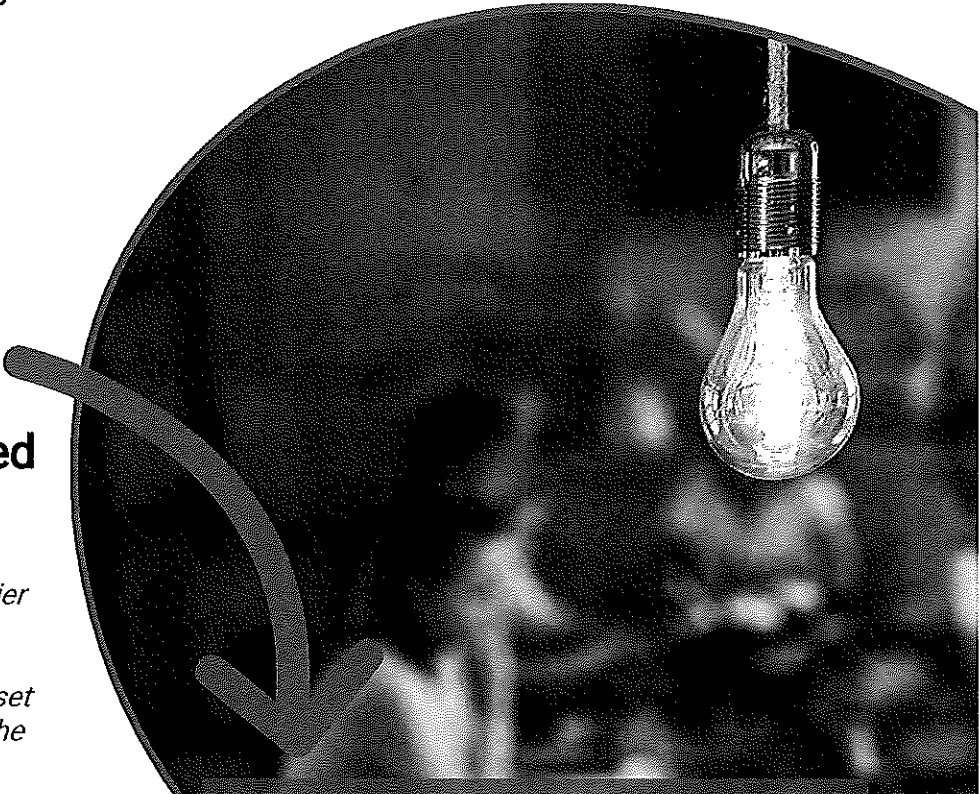
These letters will either be mailed or emailed to you, based on what the carrier can do. Please be advised that if you receive this via secure email from the medical carrier, you will be required to set up a User ID and Password to access the document.

3 Give Letter(s) to Auto Insurance Carrier

Once you get one or both, simply give them to your Auto Insurance Carrier.

The Coordination of Benefits letter will state if the Medical carrier or the Auto carrier is primary in Auto-related accidents.

Qualified Health Plan is defined as:
Other health or accident coverage that does not limit or exclude auto related accidents and any annual deductible for the coverage is \$6,000 or less per individual. Each PIP opt-out election requires the insured to demonstrate that they and relatives domiciled in their home have either Medicare, other no-fault auto insurance or "Qualified Health Coverage" from another insurer or health plan.



Call the number on the back of your card or the number below to get your Qualified Health Plan Letter or Coordination of Benefits Letter from Priority Health:

(800) 446-5674

DENTAL INSURANCE

MetLife PDP Plus

Deductible Applies to B & C Services

Individual

\$50

Family

\$150

Deductible Reset

Calendar Year

Maximum Benefit: Applies \$1,500

Per Member

\$1,500

Type A: Preventive Services

Routine Oral Exam

Routine Cleanings

X-Rays

Sealants

100%

Type B: Basic Services

Fillings

Endodontics (Root Canals)

Periodontics (Surgical & Non-Surgical)

Oral Surgery

Repair & Adjustments of Dentures

80%

Type C: Major Services

Bridges

Removable Dentures

50%

Orthodontic Services – \$1,000 Benefit Maximum

Braces – through age 18

50%

Find a Dentist

Our network of dentists and specialists offers the highest quality care for you and your family. Enter your network location, insurance, and zip code to get a list of participating providers.

Find It Fast

At least one of these fields

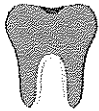
Don't see what you're looking for?



Dental information available through the MetLife Mobile App

Viewing your dental plan just got easier with the MetLife Mobile App.¹

You can:

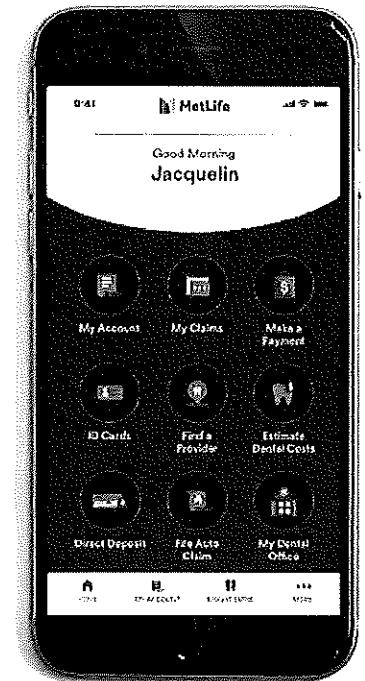


- Find a dentist
- [Get estimates for most procedures enhanced to display personalized, plan specific costs and additional information such as percent covered, applicable deductible, Plan Maximum and Frequency Limits]
 - Both in-network and out-of-network estimates available] PPO Plan Only
- View your plan summary with quick links to important information on deductibles and Plan Maximums as well as Covered Services
- View detailed coverage information for your dental policy such as benefit sharing percentage, applicable deductibles, Plan Maximum and Frequency Limits
- View your claims
- Track your brushing and flossing
- Access and save ID card to photo library or mobile app

It's easy! Search "MetLife" on the App Store or Google Play to download the MetLife US Mobile App, or scan the QR codes. Search our network of thousands of dentists and specialists to find a provider near you.

Or log-in to MyBenefits to access your plan information.

It's available 24 hours a day, seven days a week.



1. To use the MetLife mobile app, employees can choose to register at metlife.com/mybenefits from a computer or directly through the app. Certain features of MetLife US Mobile App are not available for some MetLife Dental Plans.

Like most group benefit programs, benefit programs offered by MetLife and its affiliates contain certain exclusions, exceptions, waiting periods, reductions, limitations and terms for keeping them in force. Please contact MetLife or your plan administrator for complete details.

VISION INSURANCE

Eye Med

Services	In-Network	Out-of-Network
Eye Exam	Covered 100%	Covered up to \$40
Lenses		
Single Vision		Covered up to \$40
Bifocal		Covered up to \$50
Trifocal	\$0 Copay	Covered up to \$70
Lenticular		Covered up to \$70
Progressive - Standard	\$55 Copay	Covered up to \$52
Progressive – Premium Tier 1-4	\$85 - \$175 Copay	Covered up to \$52
Frame		
Allowance	\$130 allowance for select frames 20% savings on the amount over your allowance	Covered up to \$91
Contact Lenses (in-lieu of Glasses)		
Allowance	\$40 allowance for contact lenses	Not Covered
Fit and Follow-Up: Standard	Up to \$40 2 follow-up visits	Not Covered
Fit and Follow-Up: Premium	10% off retail price	Not Covered
Frequency		
Exam, Lenses, Frames & Contacts Lenses: Once every 12 months		

40% OFF

additional complete pair of prescription eyeglasses



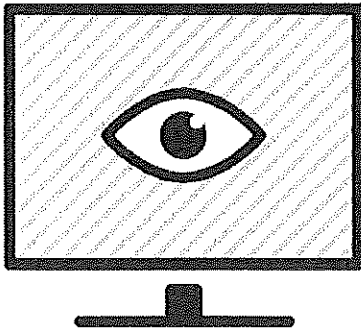
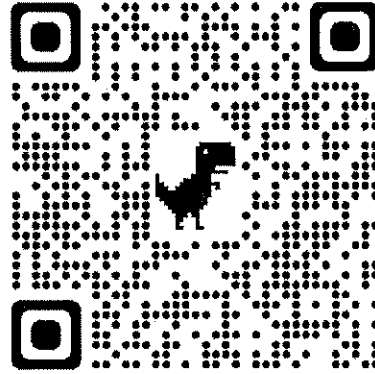
20% OFF

non-covered items, including non-prescription sunglasses

EYE MED ONLINE RESOURCES

Find an eye doctor (Insight Network)

- 866.804.0982
- eyemed.com
- EyeMed Members App
- For LASIK, call
1.800.988.4221



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
VISION

OPTICAL

contactsdirect

GLASSES.COM

LENSCRAFTERS

Ray-Ban

OPTICAL

OAKLEY

LIFE/AD&D

Life/AD&D Carrier

Life/AD&D

2x Annual Earning (Max \$50,000)

No Age Reduction

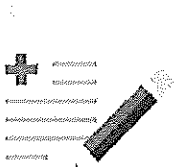
Supplemental Life/AD&D

- Employees can elect Supplemental Life/AD&D coverage up to \$500,000
- You can request increases in multiples of \$10,000 up to a maximum of \$500,000
- Guarantee Issue is \$50,000. Any requests for Supplemental Coverage beyond \$50,000 will require Evidence of Insurability (EOI).
- If you are already enrolled in this Supplemental Coverage for \$50,000 or less, you can elect an additional \$10,000 in coverage without having to go thru EOI.
- If you are not currently enrolled in this benefit or if you are enrolled for \$50,000 or more, you can apply for an increase in coverage by completing EOI and being approved by MetLife.
- Evidence of Insurability (EOI) is an application process in which you provide information on the condition of your health in order to be considered for insurance.
- The rate you will pay is based upon your age and the amount of insurance you're applying for.

Important:

You can change your beneficiary anytime throughout the year. Always remember to keep your beneficiary information updated.

METLIFE ADVANTAGES WILL PREPARATION



Will Preparation¹

Do you have a will? Many put this off because they believe it's too expensive, too complicated or simply think they don't own enough assets to make a one worthwhile.

Unfortunately, this may mean that your last wishes aren't carried out.

If you have supplemental life, you and your spouse have unlimited access legal consultation from a network of over 18,500 attorneys who can help prepare or update a will, living will or power of attorney services or you can prepare an online will on your own through Willscenter.

Face-to-Face

- Call MetLife Legal Plans' toll-free number at **1-800-821-6400**.
- Provide the company name (Partners), customer number and the last four digits of the life policy holder's social security number.

Online

- Visit **www.willscenter.com²** and register as a new user
- Follow the simple instructions to create your online document
- Return at your convenience to complete or update stored documents

Expert guidance is just a conversation away

Simply contact a Client Services Representative to get started. We'll give you a case number and help you find a participating plan attorney.

- Call MetLife Legal Plans' toll-free number 1-800-821-6400, Monday through Friday, 8am – 8pm EST
- Give the company name, customer number and the last 4 digits of the policy holder's Social Security number.
- And find the best network attorney for you

METLIFE ADVANTAGES FUNERAL & ESTATE SERVICES

Your Basic Group Term Life Insurance plan provides you with access to funeral discount and planning services through Dignity Memorial.

- **Discounts** of up to 10% for funeral, cremation and cemetery services.
- **Expert assistance 24/7** to help guide you and your family in making confident decisions.
- **Planning Services** to help make final wishes easier to manage.
- **Bereavement Travel Services** to assist with time-sensitive travel arrangements to be with loved ones.

Contact Dignity Memorial at 1-866-853-0954

Estate Resolution Services¹

Settling an estate can be a complex and lengthy process, but it doesn't have to be.



Estate representatives and beneficiaries may receive legal assistance with probating estates.

With unlimited consultations, either in person with an attorney or by phone, including court representations, you can feel confident you've made the right decisions.

MetLife Legal Plans

Simply contact a Client Services representative to get started.

- Call 1-800-821-6400
- Provide the company name, customer number (if available) and the last 4 digits of the employee's social security number.
- A Client Services representative will assign you a case number and help you locate a participating plan attorney in your area.

METLIFE ADVANTAGES GRIEF COUNSELING

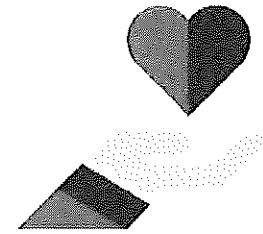
Grief Counseling

Confidential support 24/7: Counseling sessions are tailored to you and your individual needs. You can meet in-person or over the phone with one of TELUS Health's network of licensed counselors up to 5 session.

Confidential Legal and Financial Consultation:

- Access to a TELUS Health's in-house attorney for a 30-minute consultation to assist you on making informed decisions as it pertains to a loss.
- 1 hour consultation with a certified financial planner to assist with education, strategies and options

Funeral assistance services: Through private sessions, counselors can help you, your loved ones and your beneficiaries with customizing funeral arrangements

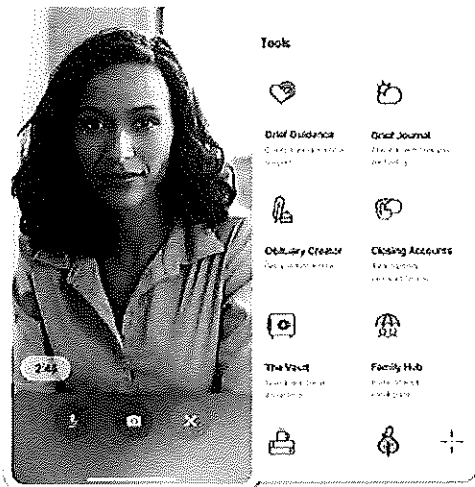


Grief Counseling

To speak with a
TELUS Health Counselor

Call:
1-888-319-7819

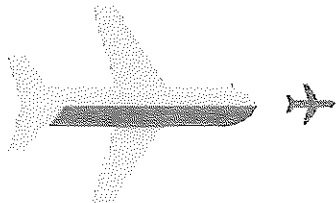
Visit:
one.telushealth.com
Username: **metlifeassist**
Password: **support**



From settling the estate to dealing with grief, Empathy's tech-enabled assistance and real-time human support help beneficiaries save valuable time while dealing with the challenges that loss brings. Empathy helps ease the burden, so they can focus on the things that matter most.

METLIFE ADVANTAGES TRAVEL ASSISTANCE

Travel Assistance⁴



If you have any questions about the services,



Call:
Within the U.S.: (800) 454-3679
Outside the U.S.: (312) 935-3783 (collect)



Visit:
www.metlife.com/travelassist

All users are required to set up their unique profile via the registration process for first time access.

Once registration is completed you can access your account by selecting "Log in" which will then prompt you to enter your username and password.

When traveling internationally or domestically*, you and your dependents can access professional medical, travel, legal, financial and concierge services 24 hours a day, 365 days a year.

- **Medical Assistance** Medical Evacuation and Repatriation, Hospital admission validation, prescription replacement, physician, hospital or dental referrals
- **Travel and Financial Support** Travel information, emergency pet boarding and repatriation, emergency cash or bail assistance, lost document and luggage assistance
- **Concierge Services** Restaurant, shopping, hotel and airline recommendations and reservations, destination information, entertainment recommendations

*Traveling more than 100 miles from home

Scan the QR
code below
to access the
Travel Portal



Call Travel Assistance if you need:

- Medical assistance while traveling
- Medical evacuation
- Evacuation due to natural disaster or political unrest
- Assistance while traveling with your pet
- Help with lost documents, credit cards or luggage while traveling
- Replacement prescription medication while traveling
- You are the victim of identity theft and need assistance

DISABILITY

MetLife

Short-Term Disability (STD)

Everyday illnesses or injuries can interfere with your ability to work. Even a few weeks away from work can make it difficult to manage household costs. Short Term Disability coverage provides financial protection for you by paying a portion of your income, so you can focus on getting better and worry less about keeping up with your bills.

Employer Funded

- Benefit is equal to 63 2/3% of your base weekly earnings to a maximum benefit of \$1,500 per week
- Benefits begin on the 0 day of an accident and 7th day of an illness
- Duration of benefit: 26 weeks

Definition of Disability:

- Unable to perform the material and substantial duties of your regular occupation;
- Not working in any occupation

Long-Term Disability (LTD)

Serious illness or accidents can come out of nowhere. They can interrupt your life, and your ability to work for months or even years. Long Term Disability provides financial protection for you by paying a portion of your income, so you have financial support to manager your disability and your household.

Employee Funded

- Benefit is equal to 60% of your base monthly earnings to a maximum of \$5,000 per month
- Benefits begin following a 180 day elimination period
- Maximum benefit period: up to your Social Security Normal Retirement Age

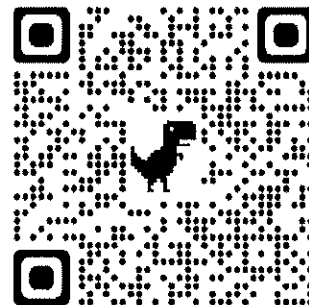
Access MyBenefits

Type and select your organization.

Employer or Association

Remember my selection

Next

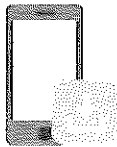


EMPLOYEE ASSISTANCE PROGRAM

Professional support and guidance for everyday life

Life doesn't always go as planned. And while you can't always avoid the twists and turns, you can get help to keep moving forward.

We can help you and your family, those living at home, get professional support and guidance to make life a little easier. Our Employee Assistance Program (EAP) is available to you in addition to the benefits provided with your MetLife insurance coverage. This program provides you with easy-to-use services to help with the everyday challenges of life — at no additional cost to you.



Help is always at your fingertips.

Our mobile app makes it easy for you to access and personalize educational content important to you.

Search "TELUS Health" on iTunes App Store or Google Play. Log in with the user name: **metlifeeap** and password: **eap**

Expert advice for work, life, and your well-being

The program's experienced counselors provided through TELUS Health — one of the nation's premier providers of Employee Assistance Program services — can talk to you about anything going on in your life, including:

- **Family:** Going through a divorce, caring for an elderly family member, returning to work after having a baby
- **Work:** Job relocation, building relationships with co-workers and managers, navigating through reorganization
- **Money:** Budgeting, financial guidance, retirement planning, buying or selling a home, tax issues
- **Legal Services:** Issues relating to civil, personal and family law, financial matters, real estate and estate planning
- **Identity Theft Recovery:** ID theft prevention tips and help from a financial counselor if you are victimized
- **Health:** Coping with anxiety or depression, getting the proper amount of sleep, how to kick a bad habit like smoking
- **Everyday Life:** Moving and adjusting to a new community, grieving over the loss of a loved one, military family matters, training a new pet

Convenient and confidential help when you want it, how you want it

Your program includes up to 5 phone or video consultations with licensed counselors for you and your eligible household members per year. You can call 1-888-319-7819 to speak with a counselor or schedule an appointment, 24/7/365.

When you call, just select "Employee Assistance Program" when prompted. You'll be connected to a counselor.

If you're simply looking for information, the program offers easy to use educational tools and resources, online and through a mobile app. There is a chat feature so you can talk with a consultant to guide you to the information you are looking for or help you schedule an appointment with a counselor.

Log on to one.telushealth.com, user name: **metlifeeap** and password: **eap**

QUALIFYING EVENTS & IRS CODE SEC. 125

IRS Code Section 125

Premiums for medical, dental, vision insurance and contributions to Flexible Spending Accounts (Health Care and Dependent Care FSAs) are deducted through a Cafeteria Plan established under Section 125 of the Internal Revenue Code (IRC) and are pre-tax to the extent permitted. Under Section 125, changes to your pre-tax benefits can be made ONLY during the Open Enrollment period unless you or your qualified dependents experience a qualifying event (Marriage, Death, Birth, Adoption or loss of coverage) and the request to make a change is made within 30 days of the qualifying event. If the Qualifying Event is a divorce or the dependent ages out of the eligibility, you are allowed 60 days to notify Human Resources.

Under certain circumstances, you may be allowed to make changes to your benefit elections during the plan year, if the event affects your own, your spouse's or your dependent's coverage eligibility. An "eligible" qualifying event is determined by the Internal Revenue Service (IRS) Code, Section 125.

Examples of Qualifying Events:

- Legal marital status
 - Marriage
 - Divorce
 - Legal Separation
- Number of eligible dependents
 - Birth
 - Death
 - Adoption
- Employment status
- Change in employment status
- A covered dependents status
- Loss of other coverage
- Enrollment in another health plan
- Your dependent care provider or cost of dependent care (a significant increase or decrease)

SPECIAL ENROLLMENT EVENTS & CHANGES IN FAMILY STATUS

IMPORTANT

If you are declining enrollment in the group health plan for yourself or your dependents (including your spouse) because of other health insurance or group health plan coverage, you may be able to enroll yourself and your dependents in this plan if you experience a Qualified Event.

If you experience a qualifying event you must contact Human Resources within 30 days of the qualifying event to make the appropriate changes to your coverage. If the Qualifying Event is a divorce or dependent ages out of eligibility, you are allowed 60 days to notify Human Resources. Beyond 30 days, requests will be denied and you may be responsible both legally and financially for any claims and/or expense incurred as a result of the employee or a dependent who continues to be enrolled but no longer meets eligibility requirements. If approved, changes will take place on the date of the qualifying event. You will be required to furnish valid documentation supporting a change in status or "Qualifying Event."

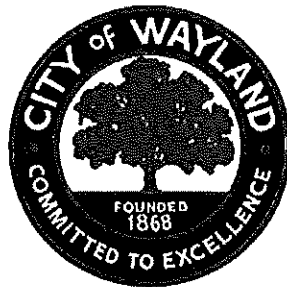
If you or your eligible dependents are eligible for, but not enrolled in, the group health plan and your coverage or the coverage of your spouse or other eligible dependent under a Medicaid plan or state Children's Health Insurance Program (CHIP) is terminated as a result of loss of eligibility, you must notify Human Resources no later than 60 days after the date the Medicaid or CHIP coverage terminates. If you, your spouse or other eligible dependent become eligible for a premium subsidy in this Plan under a Medicaid plan or state CHIP (including any waiver or demonstration project) you must contact Human Resources to request coverage under this Plan no later than 60 days after the date you are determined to be eligible for such assistance. Your enrollment will take effect no later than the first of the month following your loss of coverage and the date the company receives your request for enrollment, as long as your request to enroll on or before the date that is 60 days after the lost of coverage.

To request special enrollment or obtain additional information, please contact Human Resources.

CONTACT INFORMATION

PROVIDER	BENEFIT	CONTACT INFORMATION
Acrisure	24/7 Patient Advocacy	855-306-1099 www.acrisure.com
Priority Health	Medical & Prescription Drug	800-942-0954 www.priorityhealth.com
MetLife	Dental Vision Life & AD&D Disability	800-524-0149 www.metlife.com

EMPLOYER CONTACT INFORMATION



Lee Ann Clausen, City Clerk

269-792-2265

lcaluasen@cityofwayland.org



CITY OF WAYLAND
Health Insurance Plan Waiver Agreement – Part 1

Employee Name: _____

SSN: _____ Department: _____

Family Member providing Health Care Insurance: _____

I have been given the opportunity to receive health insurance coverage under the City of Wayland Health Care Program. I understand that by signing this form, and returning it to the City Manager, or the City Clerk/Leave Benefit office, I am have made a binding decision to waive coverage from the City of Wayland health care program for this plan year.

I am enrolled for Health Insurance coverage from another employer group: _____
(Attach a copy of the insurance card from other insurance Plan to this Application)

Employer Name: _____ Employer Telephone No: _____

Policy Number: _____ Name of Insurance Carrier: _____
(Other than the City Sponsored Health Plan)

I have presented evidence of other health coverage from another Insurance Plan, other than Medicare or Medicaid to the City Clerk/Leave Benefit Coordinator or the City Manager's office. I release the City, and the Plan from any claims for Health Care benefits that would be available to me, if I had not waived this coverage. I understand that I may withdraw this waiver only in writing, and only during each year's open enrollment period, or at any time I have had a change in family status, or emergency that in the determination of the City requires a change in my health coverage status. I understand that if I choose health care coverage under the City of Wayland Plan in the future, I may be required to satisfy the insurability, and pre-existing conditions limitations, and I may be subject to a delay in coverage.

I understand that by signing this form and returning it to the City, I am making a binding election of my health care benefits for the next plan year. Questions concerning health care coverage should be directed to the City offices.

Date: _____ Employee Signature: _____

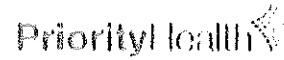
Date: _____ Dependent Signature: _____

Date: _____ Employer Signature: _____

Date: _____ Labor Representative: _____

This agreement amends Section 4.5 of the 2007 Employee Handbook per Council Action April 4, 2011. This Agreement will continue until such time either party amends or changes the Policy currently in place. Plan year begins May 1st.

Additional Documents required upon management approval of Part 1.



Employee waiver form

Reform groups (2-50 eligible employees)

This form is required for all eligible employees who are not enrolling with Priority Health at the time of initial enrollment and/or the group's open enrollment period.

I waive the right to enroll with Priority Health as offered to me by my employer for the following reason (please check one):

- I have other coverage offered by my employer.
- I have other coverage through my spouse or other family member.
- I have other coverage through Medicare or as a retiree from another employer.
- I have individual coverage through another source that is not employer-sponsored or employer-paid.
- I have no other coverage but choose not to enroll in my employer's plan.

I understand that I will not be eligible for coverage through Priority Health until my employer's next open enrollment period unless I qualify for coverage due to a HIPAA qualifying event (such as marriage, birth of a child, adoption or loss of other coverage).

Employee name printed

Employee signature

Date

Group name
number

Priority Health group

7451J2 3/15

CITY OF WAYLAND
Health Insurance Plan – Part 3

CASH OPTION/WAIVER OF HEALTH CARE COVERAGE

Employee Name: _____

I have been given the opportunity to received health care coverage under the City's health care program. I understand that by signing this form, and returning it to the City Manager's office, I am making a binding election to waive health care coverage for this plan year, and to receive a cash payment. On April 4, 2011 at the City Council Meeting, the Council voted to cap the City's medical insurance opt-out program to 50% of the Priority Health premium for Plan Year 2010-2011.

26 Payments will be added to your pay check during the plan year. No lump sums in advance payments are available. Plan Year begins May 1st

Option 1 - Family Opt Out is 50% of the 2010-11 Priority Health Family premium rate. The Family premium is \$721.12 per month = (\$8,653.44/annually). 50% opt-out rate is \$4,326.72/annually, \$166.42 per pay period. (Based on 26 pay cycles)

Option 2 - Double Opt Out is 50% of the 2010-11 Priority Health Double Employee premium rate. The Double premium is \$576.90 per month = (\$6,922.80/Annually). 50% opt-out rate is \$3,461.49/annually, \$133.13 per pay period. (Based on 26 pay cycles)

Option 3 - Single Opt Out is 50% of the 2010-11 Priority Health Single Employee premium rate. The Single premium is \$262.24 per month = (\$3,146.88/Annually). 50% opt-out rate is \$1,573.44/annually = \$60.52 per pay period. (Based on 26 pay cycles)

I understand that by signing this form, and returning it to the City, I am making a binding selection of my health care benefits for the next plan year. Questions concerning this benefit should be directed to the City Manager, or City Clerk/Leave Benefit Coordinator.

Date: _____ Employee: _____

Date: _____ Manager: _____

Date: _____ Labor Rep: _____

Approved for Option: _____

Signed copies of this document shall be given to both Payroll Dept. and City Clerk's office.

DPW Operator

July 1, 2023 Base Rate Adjustment of 2% State Average (Adj. for Inflation): \$ 74.60

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	State Average (Adj. for Inflation)
Wage	\$ 21.54	\$ 21.97	\$ 22.63	\$ 23.31	\$ 24.24	\$ 24.79	\$ 25.34	\$ 25.89	\$ 26.44	\$ 26.99	\$ 27.54	\$ 28.09	\$ 28.64	\$ 29.19
Cents increased from Previous Step	\$ 0.43	\$ 0.66	\$ 0.68	\$ 0.93	\$ 0.93	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55
Percent Increase from Previous Step	2.00%	3.00%	3.00%	4.00%	4.00%	2.17%	2.17%	2.17%	2.17%	2.08%	2.08%	2.08%	2.08%	3.50%
Percentage of State Average	89%	89%	92%	95%	99%	101%	103%	105%	107%	110%	112%	114%	116%	120%
Wage	\$ 24.05	\$ 24.53	\$ 25.27	\$ 26.02	\$ 27.07	\$ 27.62	\$ 28.17	\$ 28.72	\$ 29.27	\$ 29.82	\$ 30.37	\$ 30.92	\$ 31.47	\$ 32.02
Cents increased from Previous Step	\$ 0.48	\$ 0.74	\$ 0.73	\$ 1.04	\$ 1.04	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55	\$ 0.55
Percent Increase from Previous Step	2.00%	3.00%	3.00%	4.00%	4.00%	2.03%	1.99%	1.95%	1.92%	1.88%	1.84%	1.80%	1.76%	1.80%
Percentage of State Average	89%	100%	103%	108%	116%	112%	114%	117%	119%	121%	123%	125%	128%	132%

July 1, 2024 Base Rate Adjustment of 6.5% State Average (Adj. for Inflation): \$ 26.14

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	State Average (Adj. for Inflation)
Public Works Operator	\$ 22.94	\$ 23.40	\$ 24.10	\$ 24.82	\$ 25.82	\$ 26.47	\$ 27.12	\$ 27.77	\$ 28.42	\$ 29.07	\$ 29.72	\$ 30.37	\$ 31.02	\$ 31.67	\$ 32.32	\$ 26.14
Cents increased from Previous Step	\$ 0.46	\$ 0.70	\$ 0.72	\$ 0.89	\$ 1.00	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2.00%	3.00%	3.00%	3.00%	4.00%	2.52%	2.46%	2.40%	2.34%	2.29%	2.24%	2.19%	2.14%	2.10%	2.05%	2.05%
Percentage of State Average	88%	90%	92%	95%	99%	101%	104%	106%	109%	111%	114%	116%	119%	121%	124%	124%
Wage	\$ 25.61	\$ 26.13	\$ 26.91	\$ 27.72	\$ 28.83	\$ 29.48	\$ 30.13	\$ 30.78	\$ 31.43	\$ 32.08	\$ 32.73	\$ 33.38	\$ 34.03	\$ 34.68	\$ 35.33	\$ 26.14
Cents increased from Previous Step	\$ 0.51	\$ 0.78	\$ 0.81	\$ 1.11	\$ 1.11	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2.00%	3.00%	3.00%	4.00%	4.00%	2.25%	2.13%	2.11%	2.07%	2.03%	1.99%	1.95%	1.91%	1.87%	1.87%	1.87%
Percentage of State Average	104%	106%	108%	113%	117%	119%	122%	124%	126%	128%	130%	132%	134%	136%	138%	144%

July 1, 2025 Base Rate Adjustment of 3.25% State Average (Adj. for Inflation): \$ 25.80

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	State Average (Adj. for Inflation)
Public Works Operator	\$ 23.85	\$ 24.16	\$ 24.89	\$ 25.63	\$ 26.66	\$ 27.31	\$ 27.96	\$ 28.61	\$ 29.26	\$ 29.91	\$ 30.56	\$ 31.21	\$ 31.86	\$ 32.51	\$ 33.16	\$ 25.80
Cents increased from Previous Step	\$ 0.47	\$ 0.72	\$ 0.75	\$ 0.93	\$ 1.03	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2%	3%	3%	3%	4%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	88%	90%	93%	96%	99%	102%	104%	107%	109%	112%	114%	116%	118%	121%	124%	124%
Wage	\$ 26.43	\$ 26.97	\$ 27.78	\$ 28.62	\$ 29.76	\$ 30.41	\$ 31.06	\$ 31.71	\$ 32.36	\$ 33.01	\$ 33.66	\$ 34.31	\$ 34.96	\$ 35.61	\$ 36.26	\$ 25.80
Cents increased from Previous Step	\$ 0.53	\$ 0.81	\$ 0.83	\$ 1.14	\$ 1.14	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2%	3%	3%	4%	4%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	93%	101%	104%	107%	113%	115%	116%	118%	121%	123%	125%	126%	128%	130%	133%	135%

July 1, 2026 Base Rate Adjustment of 3.25% State Average (Adj. for Inflation): \$ 27.48

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9	Step 10	Step 11	Step 12	Step 13	Step 14	Step 15	State Average (Adj. for Inflation)
Public Works Operator	\$ 24.46	\$ 24.94	\$ 25.69	\$ 26.46	\$ 27.52	\$ 28.17	\$ 28.82	\$ 29.47	\$ 30.12	\$ 30.77	\$ 31.42	\$ 32.07	\$ 32.72	\$ 33.37	\$ 34.02	\$ 27.48
Cents increased from Previous Step	\$ 0.49	\$ 0.75	\$ 0.77	\$ 1.06	\$ 1.06	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2%	3%	3%	4%	4%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	89%	91%	93%	96%	100%	102%	104%	107%	109%	112%	114%	116%	119%	121%	124%	124%
Wage	\$ 27.31	\$ 27.85	\$ 28.69	\$ 29.55	\$ 30.73	\$ 31.38	\$ 32.03	\$ 32.68	\$ 33.33	\$ 33.98	\$ 34.63	\$ 35.28	\$ 35.93	\$ 36.58	\$ 37.23	\$ 27.48
Cents increased from Previous Step	\$ 0.55	\$ 0.84	\$ 0.86	\$ 1.18	\$ 1.18	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65	\$ 0.65
Percent Increase from Previous Step	2%	3%	3%	4%	4%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	89%	101%	104%	108%	113%	115%	117%	119%	121%	123%	125%	126%	128%	131%	133%	135%

Grade 1: Standard Public Works Operator
Grade 2: Public Works Foreman

- Step 1: Starting Pay Level
- Step 2: 6 months--2% off Step 1
- Step 3: 1 year--3% off Step 2
- Step 4: 2 years--3% off Step 3
- Step 5: 3 years--4% off Step 4
- Step 6-15: \$0.65/hr added for every one (1) certification passed
- \$1.00 per hour stipend for each applicable Wastewater license regardless of step
- Annual inflation adjustment 2.52%

Clerical 2024 Proposal

July 1, 2022 - Base Rate Adjustment of 2%
 State Average Adj. for Inflation:
 \$ 21.08

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
Wage	\$ 18.59	\$ 18.96	\$ 19.33	\$ 19.70	\$ 20.07	\$ 20.44	\$ 20.81	\$ 21.18	\$ 21.55
Cents Increased from Previous Step		\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	85%	86%	87%	88%	89%	90%	91%	92%	93%
Wage	\$ 20.29	\$ 20.66	\$ 21.03	\$ 21.40	\$ 21.77	\$ 22.14	\$ 22.51	\$ 22.88	\$ 23.25
Cents Increased from Previous Step		\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37	\$ 0.37
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	86%	87%	88%	89%	90%	91%	92%	93%	94%

July 1, 2022 Base Rate Adjustment of 6.5%
 State Average Adj. for Inflation:
 \$ 23.11

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
Wage	\$ 19.30	\$ 20.13	\$ 20.96	\$ 21.79	\$ 22.62	\$ 23.45	\$ 24.28	\$ 25.11	\$ 25.94
Cents Increased from Previous Step		\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83
Percent Increase from Previous Step		4%	4%	4%	4%	4%	4%	4%	4%
Percentage of State Average	86%	87%	88%	89%	90%	91%	92%	93%	94%
Wage	\$ 20.14	\$ 20.97	\$ 21.80	\$ 22.63	\$ 23.46	\$ 24.29	\$ 25.12	\$ 25.95	\$ 26.78
Cents Increased from Previous Step		\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83
Percent Increase from Previous Step		4%	4%	4%	4%	4%	4%	4%	4%
Percentage of State Average	87%	88%	89%	90%	91%	92%	93%	94%	95%
Wage	\$ 20.48	\$ 21.31	\$ 22.14	\$ 22.97	\$ 23.80	\$ 24.63	\$ 25.46	\$ 26.29	\$ 27.12
Cents Increased from Previous Step		\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83	\$ 0.83
Percent Increase from Previous Step		4%	4%	4%	4%	4%	4%	4%	4%
Percentage of State Average	89%	90%	91%	92%	93%	94%	95%	96%	97%

July 1, 2022 Base Rate Adjustment of 3.25%
 State Average Adj. for Inflation:
 \$ 23.69

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
Wage	\$ 20.44	\$ 20.85	\$ 21.26	\$ 21.67	\$ 22.08	\$ 22.49	\$ 22.90	\$ 23.31	\$ 23.72
Cents Increased from Previous Step		\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	85%	86%	87%	88%	89%	90%	91%	92%	93%
Wage	\$ 20.79	\$ 21.21	\$ 21.62	\$ 22.03	\$ 22.44	\$ 22.85	\$ 23.26	\$ 23.67	\$ 24.08
Cents Increased from Previous Step		\$ 0.42	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	86%	87%	88%	89%	90%	91%	92%	93%	94%
Wage	\$ 21.15	\$ 21.57	\$ 21.98	\$ 22.39	\$ 22.80	\$ 23.21	\$ 23.62	\$ 24.03	\$ 24.44
Cents Increased from Previous Step		\$ 0.42	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41	\$ 0.41
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	89%	90%	91%	92%	93%	94%	95%	96%	97%

July 1, 2022 Base Rate Adjustment of 3.25%
 State Average Adj. for Inflation:
 \$ 24.29

Grade	Step 1	Step 2	Step 3	Step 4	Step 5	Step 6	Step 7	Step 8	Step 9
Wage	\$ 21.11	\$ 21.53	\$ 21.95	\$ 22.37	\$ 22.79	\$ 23.21	\$ 23.63	\$ 24.05	\$ 24.47
Cents Increased from Previous Step		\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	87%	88%	89%	90%	91%	92%	93%	94%	95%
Wage	\$ 21.47	\$ 21.89	\$ 22.31	\$ 22.73	\$ 23.15	\$ 23.57	\$ 23.99	\$ 24.41	\$ 24.83
Cents Increased from Previous Step		\$ 0.43	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	88%	89%	90%	91%	92%	93%	94%	95%	96%
Wage	\$ 21.83	\$ 22.25	\$ 22.67	\$ 23.09	\$ 23.51	\$ 23.93	\$ 24.35	\$ 24.77	\$ 25.19
Cents Increased from Previous Step		\$ 0.44	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42	\$ 0.42
Percent Increase from Previous Step		2%	2%	2%	2%	2%	2%	2%	2%
Percentage of State Average	90%	91%	92%	93%	94%	95%	96%	97%	98%

Grade 1: Entry Level Clerical
 Grade 2: Associates Degree and/or Other Certifications
 Grade 3: Bachelor's Degree

- Step 1: Starting Pay Level
- Step 2: 6 months - 25% of Step 1
- Step 3: 1 year - 3% of Step 1
- Step 4: 2 years - 1.5% of previous year
- Step 5: 3 years - 2.5% of previous year
- Step 6-9: 4 years plus \$0.70/hr

Annual Inflation Rate of 2.25%

Letter of Understanding – Appendix D

Re: Anniversary Date Observance

Date: October 1, 2018

The purpose of this letter is to establish mutually agreed to expectations with regard to how the City will grant increases in pay (step increases and annual increases) and also increases in the vacation accrual rate when eligible.

Whenever the eligible date for an employee to receive an increase in pay or an increase in vacation accrual rate falls in the first week (Monday-Sunday) of a pay period then the new rate(s) shall revert back and begin with the first-day (Monday) of that pay period. In the event the anniversary date falls during the second half of a pay period then the new wage/accrual rates shall begin at the beginning of the new pay period.

Example 1: Employee has reached their 4 year anniversary on March 7, 2019. That day falls on Thursday during the first week of the pay period. Therefore the employee will receive their pay increase (step increase) and their increase in vacation accrual (from 3.08 to 4.62 hours) beginning with the first Monday of that pay period, March 4, 2018.

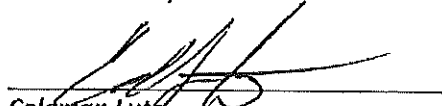
Example 2: Employee has reached their 4 year anniversary on April 9, 2019. That day falls on Tuesday during the second week of the pay period. Therefore the employee will receive their pay increase (step increase) and their increase in vacation accrual (from 3.08 to 4.62 hours) beginning with the first day of the next pay period, April 15, 2019.

IN WITNESS WHEREOF, the Agreement is executed on this the 1st day of October 2018.

Governmental Employees Labor Council

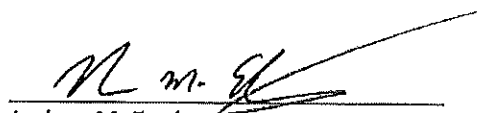


David Thomas
GELC Labor Representative




Coleman Lutz
Chief Steward

City Of Wayland



Joshua M. Eggleston
City Manager



Tim Bala
Mayor



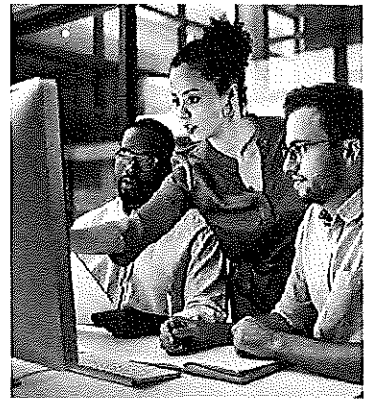
DEFINED BENEFIT PLAN

Participant Handbook

www.mersofmich.com

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WHO IS MERS?

The Municipal Employees' Retirement System (MERS) of Michigan is an independent professional retirement services company that was created to administer the retirement plans for Michigan's local units of government on a not-for-profit basis.

As a MERS Defined Benefit Plan member, you join over 100,000 MERS participants all across the state, many of them your friends and family, your neighbors and coworkers.

The MERS Defined Benefit Plan gives you an important tool to help you reach your retirement goals, with a lifetime benefit from your employer. This handbook will help you understand your retirement plan, and point you to other important resources to help you along your way.

If you need assistance or additional information, our staff is available by phone or personal consultation. Our website, www.mersofmich.com, provides you access to your individual account anytime, complete with up-to-date information, important forms, benefit calculators, and helpful tutorials.

MERS Retirement Board

MERS is administered by a nine-member Retirement Board, made up of representatives from municipalities at the employer, employee, and retiree level, and the general public. It has the fiduciary responsibility for the investment of assets and oversees the system. The Board appoints the Chief Executive Officer, who manages and administers MERS under the supervision and direction of the Board. The Board also oversees the MERS Plan Document, which governs the benefit provisions of your plan. Investments, selects the menu of investment options for the MERS programs.

MERS Investments

Your financial security is our highest priority. We hold the fiduciary responsibility for the investment of all assets. Your future benefits are invested with MERS, and you benefit from more than 75 years of experience. We understand what drives the markets and offer a disciplined approach to investing. As long-term investors, we maintain a well-diversified portfolio and manage investment activity on a day-to-day basis.

It's important to understand that with a MERS Defined Benefit Plan, your future benefit won't fluctuate due to investment gains or losses in the market. Your benefit is based on the Defined Benefit Formula, which we detail in the next section.

myMERS Online Account Access

With myMERS, you can access your MERS plan(s) 24 hours a day, seven days a week for account details, statements, beneficiary information, publications, forms, calculators and much more.

Join the thousands of MERS participants who are already enjoying the benefits of myMERS. To get started, visit www.mersofmich.com.

A CLOSER LOOK AT THE DEFINED BENEFIT PLAN

Understanding the Defined Benefit Formula

The benefit formula has three parts:

$$\begin{array}{c} \text{FINAL} \\ \text{AVERAGE} \\ \text{COMPENSATION} \end{array} \times \text{SERVICE CREDIT} \times \text{BENEFIT MULTIPLIER} = \$ \text{ANNUAL BENEFIT}$$

Figure 1

Final average compensation (FAC) is the average of the highest consecutive wages you earned over a set period of time. That period of time is determined by your employer and is typically three or five years.

Note: Wages earned (for hours worked) in the month of termination that are paid the month following termination may not be considered when determining your final average compensation and pension benefit.

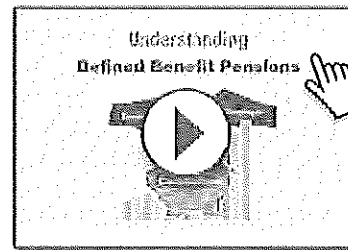
Service credit is the total amount of qualified time earned under your plan, including any purchased service credit. You earn service credit for each month of work that meets your employer's requirement.

Your employer has defined the minimum number of hours you are required to work (or be paid for as if working) each month to earn service credit. For example, if your employer requires you to work 10 eight-hour days, this would be 80 hours per month.

The **benefit multiplier** is a percentage chosen by your employer and can range from 1.0% to 2.5%. If your plan has a benefit multiplier of 2.25% or higher, your pension benefit will be capped at 80% of your FAC.

View your individual information by logging in to myMERS at www.mersofmich.com.

Understanding Defined Benefit Pensions (duration 4:10)

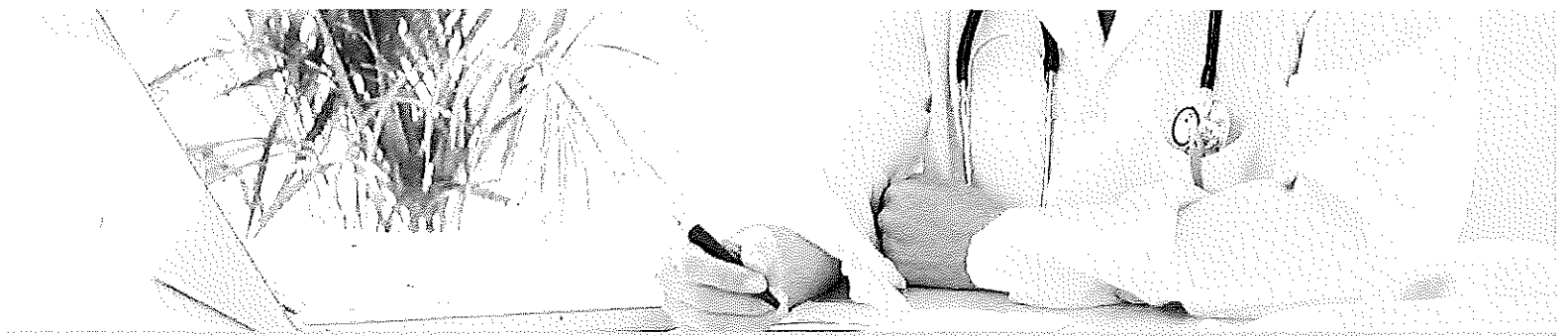


Putting the Formula Into Practice

Mary J. Doe worked for the city full-time for 25 years; she has 25 years of service credit. The benefit multiplier in effect at her retirement was a 2% multiplier. Her final average compensation was \$35,000. To figure out what Mary's annual benefit will be, see the calculation.

FAC		\$35,000.00
Service Credit	x	25
Multiplier B-2 (2%)	x	.02
<hr/>		

Annual Straight Life Benefit:
\$17,500.00 ÷ 12 = \$1,458.33 (monthly Straight Life benefit)



Eligibility | Vesting

Now that you have a general overview of how your MERS Defined Benefit is calculated, we will take a more in-depth look at how everything else works together.

Vesting occurs when you have earned the required amount of service credit to be eligible for your retirement benefit.

Your employer chooses what the vesting schedule is. The most common options are: 10 years, eight years or six years. More information on retirement eligibility requirements is found on page 12.

There are other ways you can become vested, too:

1. Other MERS Service

Other MERS Service is service you may have earned from another participating municipality. If you have worked with more than one MERS employer, you may be able to coordinate your service credit to help meet your vesting and early retirement eligibility requirements. The following points are general guidelines to keep in mind:

- **Your service cannot be concurrent**
If you earn a month of service credit from two employers in the same calendar month, only one of the months of service can be used as eligible service.
- **You must have a minimum of one year of service credit**
You must have a minimum of one year of service credit with a MERS employer in order to coordinate that service with any other MERS employers.
- **Your contributions must remain on deposit**
If you made employee contributions to your Defined Benefit Plan, they must remain on deposit with MERS. If you have already taken a refund, you may be able to repay it in some cases.
- **You cannot have a break of more than 20 years between MERS employers**
A break in service between employments cannot be more than 20 years.

2. Reciprocal Retirement Act – Act 88

In 1961, the State of Michigan enacted the Reciprocal Retirement Act, also known as Act 88. In general, this Act can help you if you have been enrolled in more than one Michigan governmental retirement plan, but fall short of pension eligibility with any or all of them. You can coordinate your service credit to help meet the vesting requirement (and in some situations, the retirement eligibility requirements).

This provision only applies if your employer(s) has adopted Act 88. To find out if you qualify for any benefits, please contact our Service Center. You may also find a complete listing of Act 88 participating municipalities listed on our website at www.mersofmich.com.

Released Deferred Obligation

If you have worked for more than one MERS employer, you may request to purchase (transfer) service credit from your former MERS employer to the current one. You may also request that your former employer release their obligation to pay a retirement benefit and transfer the employer assets to your new employer. Certain conditions apply. Please contact us for more information.

Purchasing Additional Service Credit

In addition to Other MERS Service and Act 88 time, you may have the option to purchase service credit to help meet an early retirement eligibility or to increase your pension. Unlike Other MERS Service or Act 88 time, purchased service credit cannot be used to reach vesting.

The cost to purchase service credit for each individual is based on many factors, some of which are age, projected earnings, benefit provisions, expected retirement date, etc. Here are some general points to remember when considering this option:

1. Your employer must allow for service credit purchases.
2. The governing body for your employer must approve all purchases.
3. Minimum purchase is one month.
4. You can purchase service credit any time during your employment, but it can't be used to meet your vesting requirement.
5. You can use the purchased service credit to increase your retirement payment and to meet early retirement eligibility requirements (see page 16).
6. You may be eligible to transfer assets from other accounts to make a payment for the purchase such as 457 deferred compensation plans, 401(a) plans, 403(b) plans, and traditional IRAs. No assets from a SIMPLE IRA, Roth IRA, Roth 401(k) or Roth 457 can be used.

To Purchase Service Credit

- Request a free estimate by contacting your Human Resources department
- Your estimate will be mailed to your employer
- Your estimate is good for 2 months

There are two different types of service credit available for purchase; there is no difference in cost:

Other governmental service credit can be purchased if you have worked as a full-time employee for another governmental agency (federal, state, local, or federally recognized Indian Tribal government) and are not going to receive a retirement benefit from that employer.

The following are key points to remember:

- You must provide verification of service from the governmental entity.
- You may purchase the full number of years worked (e.g., if you've worked 10 years, you can purchase 10 years).
- You cannot purchase service credit if there was a break of 20 years or more between your other governmental service employment when you joined MERS.

Generic service credit is service credit that you can purchase without actual "service performed." Please remember:

- You may purchase a maximum of five years, which includes service credit purchased with other MERS employers.

Military Service

If you've been called into active duty or are thinking of joining a United States branch of armed services, we have a provision just for you. As a member of a participating municipality, you may receive service credit while you are on active duty, up to a maximum of five years. Even though you do not purchase this service credit, if your employer requires an employee contribution you must make up those contributions based on wages that would have been earned during your time away. You must also return to the same municipality within 90 days of your discharge date in order to receive this benefit.



Employee Contributions

At many municipalities, employees are also required to contribute to their MERS Defined Benefit Plan. Here are some important points to remember about employee contributions:

- Your contributions don't change your benefit formula, but they do help meet funding needs.
 - Your employer sets the mandatory contribution rate.
 - If your employer has a cap on its pension obligations, your contribution rate may fluctuate.
 - Each calendar year, you'll receive an annual statement detailing your retirement benefits. All the contributions you make are posted to your account and interest is paid each December.
-

If you terminate employment, you can request a refund of your contributions (*see page 14* for more information).



NAMING YOUR **BENEFICIARY**

One of the most important things you can do for yourself and your family is to name beneficiaries and keep your information updated.

You can update beneficiary and contact information any time by logging into your myMERS account through the MERS website.

A Monthly Pension Beneficiary is one person who would receive a lifetime benefit if you are vested and die before you begin collecting your retirement benefits (or if you die as a result of work duties).

If married, your spouse must be named your Monthly Pension Beneficiary unless they waive this right in writing.

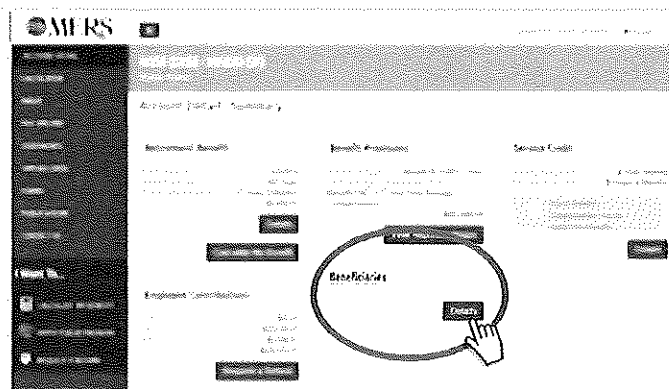
A Refund Beneficiary is a person(s), trust, estate or charity that would receive a refund of your employee contributions (plus interest) if you die before you are vested.

If married, your spouse must be named your Primary Refund Beneficiary unless they waive this right in writing.

You'll also be asked to provide a Contingent Refund Beneficiary in case your Primary Refund Beneficiary is deceased.

Your online myMERS account has all the information you need, and shows you the benefits and provisions of your plan.

You can name, update or change your beneficiary designation for any reason in myMERS. Simply log in to your defined benefit account and click on the "Details" button under "Beneficiaries."





DEATH

Death Before Retirement – Active Employees

If you should die while you are still working, it can have an impact on your family's financial security. To help ease this burden, it's important to know how your beneficiaries are protected.

If you are still an active member at the time of your death, your beneficiary may be entitled to either a refund of your contributions or a monthly death benefit. There are two terms used when describing death benefits – non-duty death and duty death.

A **non-duty death** is a death that is not due to a work-related condition or incident.

Here are a few points you should know about non-duty death:

- You must be vested for your beneficiary to receive a monthly benefit.
- The surviving spousal beneficiary will receive the greater of a lifetime benefit of at least 85% of the Defined Benefit formula OR the monthly pension benefit payment option.
- If you do not have a surviving spouse or other named Monthly Pension Beneficiary, any children would equally share a total of 50% of the employee's Straight Life benefit until they are age 21.
- If you do not have a surviving spouse, a Monthly Pension Beneficiary would be eligible to receive a percentage of your accrued Straight Life benefit.
- If you are not vested, your beneficiary would receive a refund of your employee contributions. If you did not contribute, there is nothing to refund.

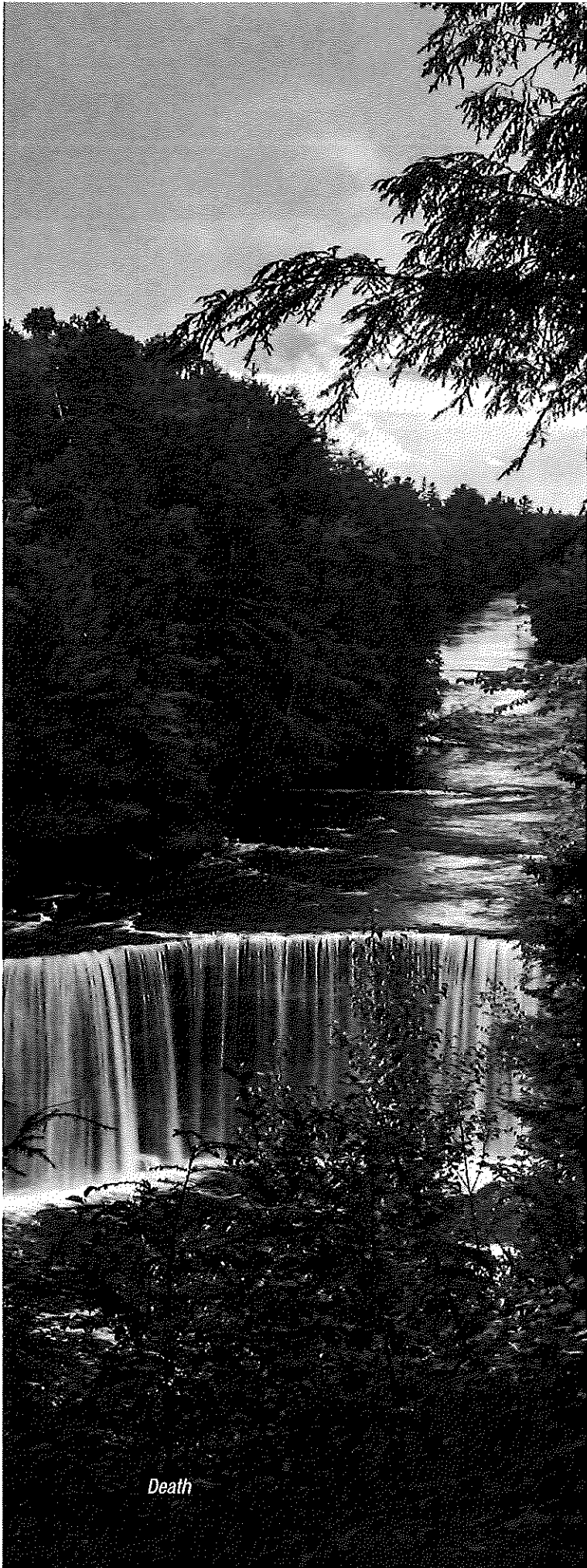
A **duty death** is a death that happens as the direct result of an injury or illness arising out of the actual performance of your assigned work duties.

Here are a few points you should know about duty-death:

- You do not need to be vested.
- Your spouse will automatically receive a minimum of 25% of your final average compensation.
- If you do not have a surviving spouse or other named Monthly Pension Beneficiary, any children would equally share a total of at least 25% of the employee's final average compensation until they are age 21.
- If you are vested, a named Monthly Pension Beneficiary will be eligible to receive a percentage of your accrued Straight Life benefit.
- If you are not vested and do not have a spouse or children under the age of 21, your beneficiary may apply for a refund of your employee contributions. If you did not contribute, there is nothing to refund.

Duty Death – Additional Provision

Program D-2 is an employer-adopted benefit that enhances your retirement allowance in the event of a duty death or duty disability. When adopted, this benefit adds up to an additional 10 years of service credit, not exceeding a maximum of 30 years.



Death

Death Before Retirement – *Terminated & Vested*

If you terminate your employment but die before your retirement benefits start, your beneficiary may be entitled to a monthly benefit.

1. Your spouse or Monthly Pension Beneficiary is eligible to begin receiving benefits when you would have been eligible for a retirement benefit – this is usually age 60.
2. If there is no spouse or named Monthly Pension Beneficiary, children under the age of 21 would be eligible to begin receiving benefits immediately. Each child would equally share a portion of your benefit until age 21.

Death After Retirement – Additional Provision

RS 50% is an employer-adopted benefit that allows your spouse to receive 50% of your Straight Life benefit upon your death without your benefit having a reduction. To be eligible, you must be married to your spouse for at least one year before you retire, and still be married at the time of your death.



DISABILITY

If you happen to reach a point in your career where an injury or illness prohibits you from working, you may need to apply for a disability retirement pension. Disability benefits are subject to approval by MERS.

There are two types of disability retirement: Non-duty disability and duty disability. Either you or your employer may apply for disability retirement benefits. If you have terminated employment with your employer, please note that you must have terminated service because of your disability in order to apply for disability retirement. If you terminated employment for reasons unrelated to your disability, your disability application will be denied. Applications must be filed within two years of your "termination" date. Your termination date is your last official day of work at your employer.

Non-Duty Disability

Non-duty disability is an injury or illness that is not caused by a work-related incident. In order to be eligible for this type of disability, you must be vested. The monthly pension payment is calculated using the Defined Benefit formula. *(To review, please see page 4.)*

Duty Disability

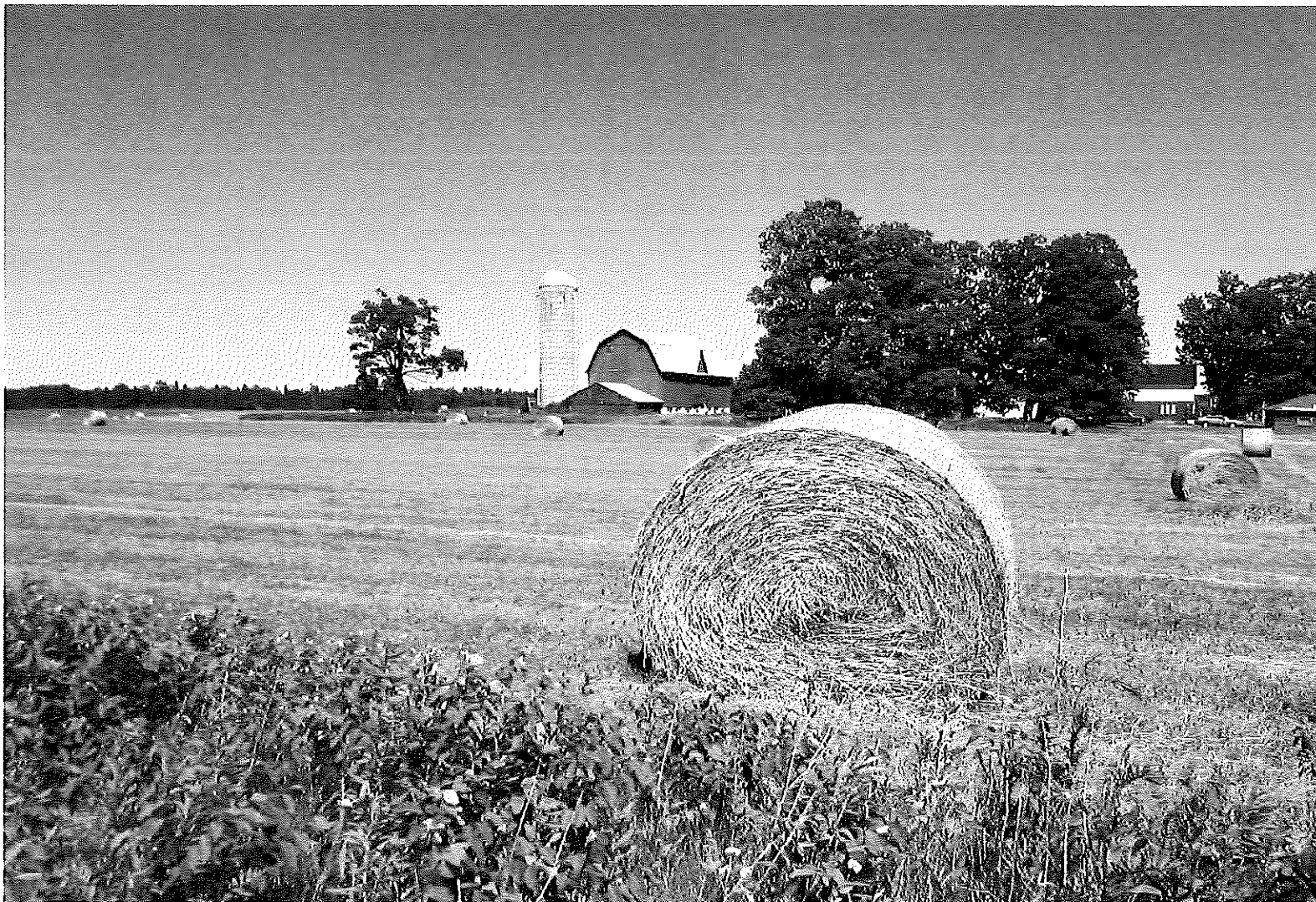
Duty disability is an injury or illness that is direct result of a work-related incident. For this type of disability, you do not need to be vested. The annual pension payment will be a minimum of 25% of your final average compensation.

Disability Income Limitation

When you receive a disability pension benefit from MERS, there is an income limitation on the amount of considered income you may earn (in addition to your MERS disability pension) without a reduction to your disability pension. Your income limitation is 100% of your final average compensation (FAC) and is calculated at the time of your retirement. Your considered income is any additional income you receive from other sources. Some examples are Social Security disability benefits; workers' compensation; short and long-term disability benefits; sick and accident benefits; and/or any employment-including self-employment.

If you receive a disability pension benefit, MERS will contact you each year to verify your income. If the money you earn exceeds your income limitation, your pension amount will be reduced dollar-for-dollar in excess of your limitation. This limitation usually stays in effect until you turn age 60. Some key items to keep in mind are:

- You must notify MERS of changes in your income as they occur.
- Failure to notify MERS of income changes may result in a reduction of monthly pension payments and repayment of pension overpayment.



Apply for Disability

To receive disability benefits, you'll need to meet all of the requirements set out in the Plan. Here's how to apply:

- 01** Complete and submit the *Application for Disability Retirement (F-51)*, available at www.mersofmich.com, or by calling the MERS Service Center at 800.767.6377.

When you submit your application to MERS, you will need to include your current medical records along with two separate Physician's Statements. If your illness or injury was a result of work-related cause you will need to include a copy of Employer's Basic Report of Injury and all documents relating to worker's compensation. Please review the instructions on the form for further details.

- 02** Your application, and any medical documentation, will be evaluated by Managed Medical Review Organization, Inc. (MMRO), MERS' disability vendor. You will be contacted by MMRO within five business days of receiving the application to discuss your next steps in the disability evaluation process. The evaluation process may take up to three months to complete.

- 03** We will notify you and your employer of the results once the disability evaluation is complete. If your application is approved, your disability approval letter will detail your next steps in order to start collecting your benefit.

DIVORCE

Divorce is a life-changing event that can impact your financial future. Quite often, your retirement benefits can make up a substantial portion of your assets. Retirement benefits earned during the marriage are considered marital property and your spouse may be entitled to a portion of your benefit.

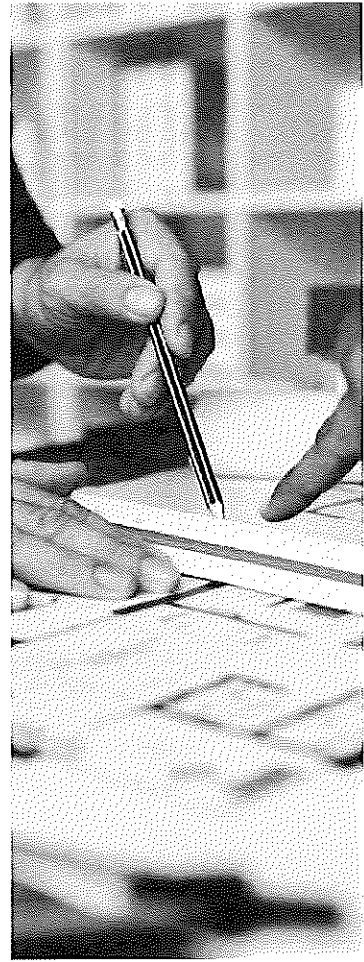
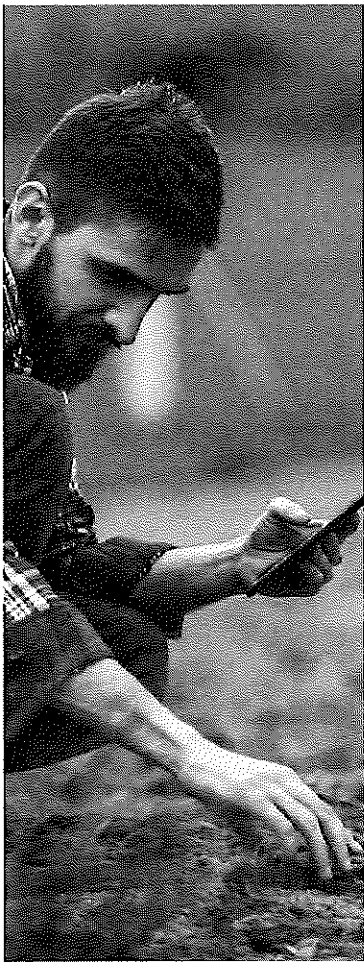
The Eligible Domestic Relations Order Act – also known as the EDRO Act – authorizes the division and assignment of pension benefits earned by public employees upon divorce.

If the court orders an assignment of some or all of your MERS benefit to your former spouse, a domestic relations order is required to be submitted to MERS.

Any designation or status of your former spouse as your beneficiary terminates upon entry of the judgment of divorce, unless otherwise required by law. (Nothing prevents you from designating a former spouse as a beneficiary subsequent to the divorce.)

Please see our website for more information and sample orders: www.mersofmich.com/Participant/Life-Events/Getting-Divorced/





LEAVING EMPLOYMENT

BEFORE IT'S TIME TO RETIRE

Now, what happens if leave your employment before you're eligible to retire? Your options depend on whether or not you are vested, and how much service credit you have acquired. Here are a few things to keep in mind:

1. If your employment ends but you are vested, you may defer your benefits until you meet the age/service requirements.
2. If you are not vested when you terminate your employment, you have up to 20 years to go to work for another MERS employer to earn the additional service credit you need to become vested. (See MERS-to-MERS Service and Reciprocal Retirement Act on page 4.)

Your Personal Contributions

If you terminate employment, you may also request a refund. If you take a refund of your accumulated contributions, you will be waiving your right to a monthly benefit, and all vesting service you earned. Requesting a refund means you will receive a refund of your contributions and interest. You do not receive any contributions that were made by your employer. Once you request a refund, you forfeit your service credit and any associated benefits.

You can expect a refund to be processed approximately 30 days after your employer reports your final wages and contributions to MERS. You will also need to fill out a *Refund Application (F-24)*. There may be early withdrawal penalties as well as federal income tax withholding charges.

CHANGING JOBS *AT YOUR MUNICIPALITY*

Standard Transfer Rules

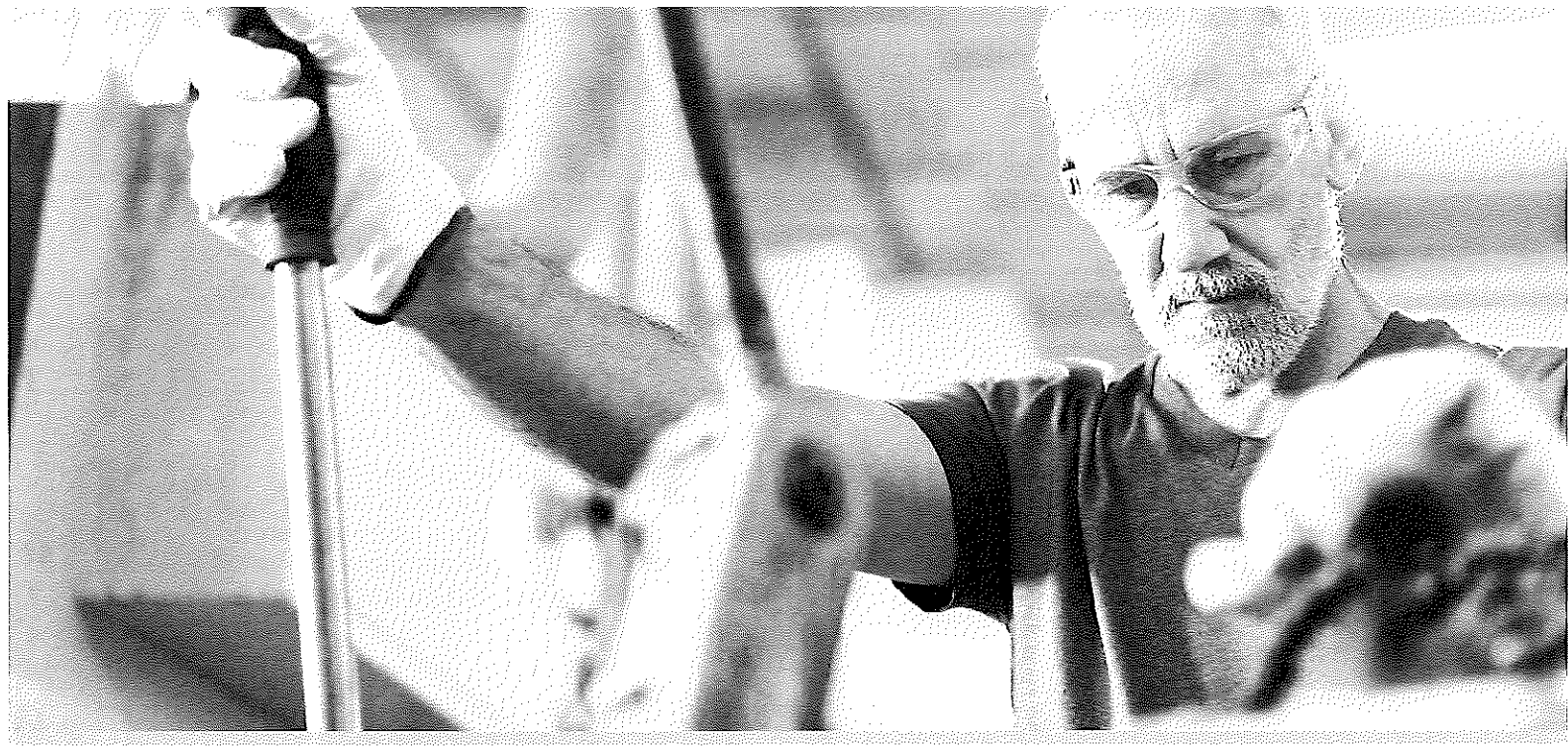
Within MERS, if you transfer from one division at your municipality to another division, you must participate in the open, active plan of the new division. For example, if you're a MERS Defined Benefit member transferring to a division with the MERS Defined Contribution or Hybrid Plans, the new division's plan will become your new retirement plan. Certain conditions apply. If you do change jobs at your municipality, you'll need to complete the appropriate transfer member certification (*Form 35B* and *Form 35C*) and return

it to your employer. For more information, please read the Standard Transfer Rules under the Forms section at www.mersofmich.com, or call us at 800.767.6377.

Alternative Transfer Rules

Your municipality may have adopted MERS Alternative Transfer Rules, which would offer you a choice to stay in your previous retirement plan, or to join the new plan. Please ask your employer for more information about what transfer rules apply.





RETIREMENT

Eligibility to Retire

You can begin receiving retirement benefits when you reach the age and service requirements under your plan provisions. If you are vested, the most common **retirement age is 60**, but check with your employer as it may differ. Your employer may also have adopted an early retirement provision, which means you may begin receiving your **full, unreduced** benefits **before the standard retirement age** if you meet the requirements.

Early Reduced Retirement

You can retire early without a special provision from your employer, provided you meet certain age and service conditions, which are:

- Age 55 with at least 15 years of service
- Age 50 with at least 25 years of service

However, be aware that doing so will permanently reduce your benefit by 0.5% per month for each month that you are younger than your employer's standard retirement age.

For example, if your employer's standard retirement age is 60, and you retire at age 58½ (18 months early) your benefit will be permanently reduced by 9.0% (0.5% for each of the 18 months).

Early Retirement Benefits

Your employer may also adopt early retirement benefits. These options allow employees to retire before the standard retirement age with a full, unreduced benefit. Ask your employer to see if you qualify.

Get your Benefit Calculation online

Log in to your *myMERS* account at www.mersofmich.com and view an estimated Benefit Calculation any time. This may assist you in choosing which payment option is best for you.



Apply for Retirement

When you meet the age and service requirements, you're ready to start the retirement process.

1. **Apply for retirement online.** Submit the online retirement application through your myMERS account **45-90 days** prior to your retirement date.

You will need to choose your payment option. Log in to your myMERS account and use the Calculator to see estimated monthly defined benefit calculations and how various payment options impact your final pension amount.

2. **We'll begin processing your information.** It can take up to six weeks to review your file and begin processing your information.
3. **Your preliminary benefit calculation is sent.** MERS will send a personalized Retirement Allowance Schedule for you that will provide a preliminary calculation of your expected benefits with a letter confirming your retirement elections.
4. **Enjoy your retirement!** Your retirement date will be the first day of the month following your termination date, or the first day of the month following MERS receipt of your completed retirement forms, whichever is later.

Payments are issued electronically on the 18th of each month, unless it falls on a weekend or holiday, in which case the payment will be issued the business day prior. These pension payments are subject to federal and some state taxes.

Payment Options

When you retire, you will be able to choose the form of payment that works for you. Your available options are:

1. **Straight Life** — highest monthly payment paid for your lifetime, with no Monthly Pension Beneficiary.
2. **Life with 100%, 75%, or 50% to survivor** — a reduced benefit that provides a chosen percentage to your beneficiary for life if you die. If your beneficiary predeceases you, your payment reverts to the Straight Life amount for the rest of your life. Your beneficiary cannot be changed after you retire.
3. **Life with 20, 15, 10, or 5 year period certain** — provides a monthly benefit to you as long as you live. If you die before the period certain ends, your beneficiary(ies) receives your payment until the period certain ends.

Note: Please select your payment option carefully; it may not be changed.

Payment Options Video



View a short video explaining the three payment options.
(www.mersofmich.com/video-library)

LIFE IN RETIREMENT

Cost-of-Living Adjustments

A cost-of-living adjustment (COLA) is an annual increase that may be applied to your base pension amount each January. Your base pension amount is the monthly benefit payment that was calculated under the payment option you selected at retirement. For example, if you chose the Straight Life payment option and your monthly benefit payment under that option is \$575, then \$575 is your base pension amount. However, if you chose the Life with 100% to Survivor payment option instead, and your reduced monthly benefit payment under that option is \$500, then \$500 is your base pension amount.

The COLA can either be an automatic increase that is a part of your retirement benefit package, or something that is annually adopted by your employer. Some common examples include:

COLA Examples	Automatic, Non-Compounding 2.5%	Automatic, Compounding 2.5%	Annually Adopted, Compounding 2%
	Future increases are calculated on the original benefit and are not compounded over the previous year	Future increases are calculated on the previous year's benefit (may include previous COLA increases)	Compounded 2% increase per year back to date of last adoption or retirement
Monthly Base Pension	\$500.00	\$500.00	\$500.00
COLA Amount	\$12.50	\$12.50	\$10.00
1st Year Monthly Pension	\$512.50	\$512.50	\$510.00
COLA Amount	\$12.50	\$12.81	\$10.20
2nd Year Monthly Pension	\$525.00	\$525.31	\$520.20
COLA Amount	\$12.50	\$13.13	\$10.40
3rd Year Monthly Pension	\$537.50	\$538.44	\$530.60

See your employer for specifics if your retirement benefit includes a cost of living adjustment.

If your benefit includes a COLA and the payment option you chose at retirement was anything other than Straight Life, then the COLA would also apply to the monthly pension amount your beneficiary receives. In that case, the amount of the COLA would be based off of the portion of your monthly base pension amount that they are eligible to receive (100%, 75% or 50%). The following example shows how an Automatic, Non-Compounding 2.5% COLA would be applied to the amount that a beneficiary could receive if the participant chose the Life 50% to Survivor payment option.

COLA Example Under Life with 50% to Survivor Payment Option	Monthly Pension Amount received by participant at time of retirement	Monthly Pension Amount received by beneficiary if participant predeceases beneficiary
Monthly Base Pension	\$500.00	\$250.00
COLA Amount	\$12.50	\$6.25
1st Year Monthly Pension	\$512.50	\$256.25
COLA Amount	\$12.50	\$6.25
2nd Year Monthly Pension	\$525.00	\$262.50
COLA Amount	\$12.50	\$6.25
3rd Year Monthly Pension	\$537.50	\$268.75

*COLA Amounts are calculated in the Pension Administration system every year for all applicable future scenarios



Working in Retirement

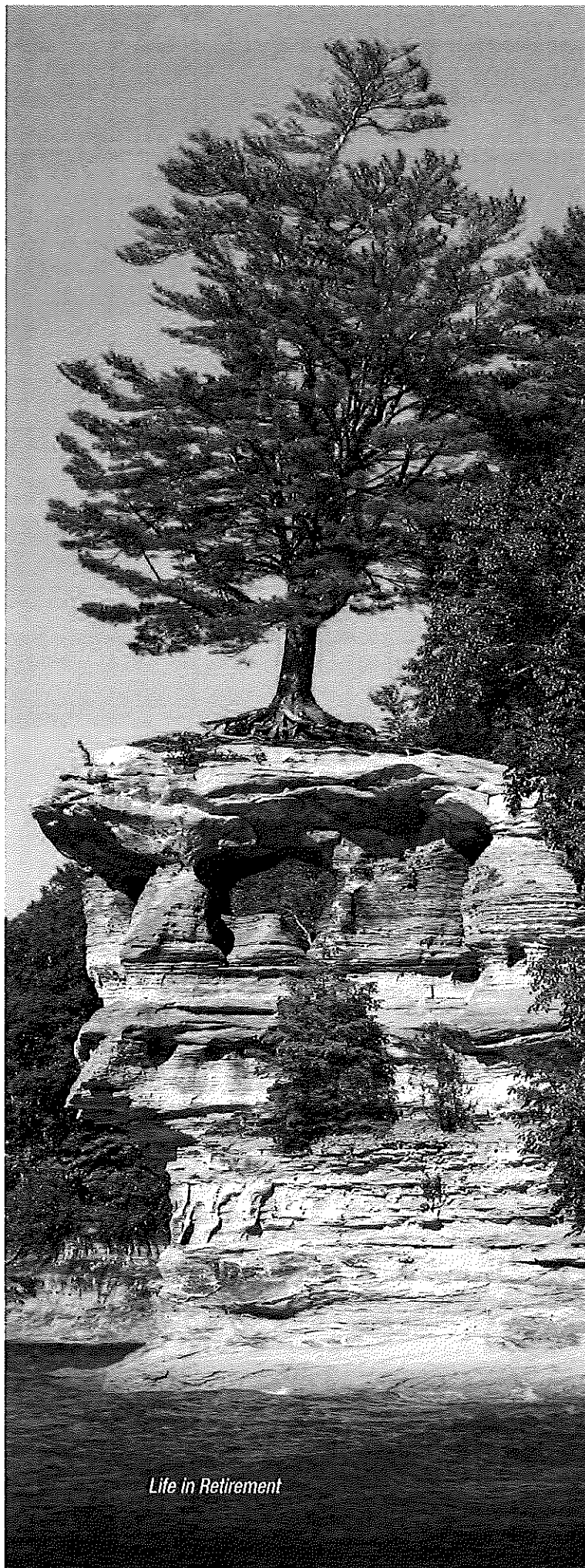
If you retire and later decide to return to the workplace, there are restrictions that can affect your MERS pension under certain conditions. These restrictions apply only if you become re-employed by the employer you retired from. There are also different rules for elected officials than regular employees. There are no restrictions if you are hired anywhere other than the employer you retired from.

If you retire and you are returning to a regular (non-elected/appointed) position, the following rules apply:

- You must complete and submit the Working in Retirement Certification form, signed by both you and your employer, to MERS.
- You must have a bona fide termination before returning to work, per IRS rules. Bona fide termination is defined as no formal or informal agreement to return to work prior to retirement.
- You must have 60 days of separation.
- You may work up to 1,000 hours in a calendar year.

If you retire and you are returning to an elected/appointed position, the following rules apply:

- You must complete and submit the appropriate Dual Certification form, signed by both you and your employer, to MERS.
- You must have a bona fide retirement before returning to work, per IRS rules. Bona fide retirement is defined as no formal or informal agreement to return to work prior to retirement.
- If you are re-elected/appointed into the same position, you must have two years of separation.
- If you are elected/appointed into a different position, you must have 60 days of separation.
- You are not subject to any hour limitation.



Taxability of MERS Benefits

Federal income tax and, under certain conditions, state tax is required on your MERS pension. If you made any post-tax employee contributions during your employment, the portion of your benefit that comes from those post-tax contributions will be exempt.

You choose how you want your taxes to be withheld at the time of your first payment. Federal and Michigan state tax withholding information can be updated in your myMERS account at any time after you've retired.

Each January, MERS will mail the 1099-R form necessary to file your income tax. MERS will also place it in the **1099 Records** section of your myMERS account. It will have your gross distribution, taxable amount, federal (and state, if applicable) income tax withheld, employee contributions (if you contributed to your pension), and type of benefit being paid (retirement, disability, beneficiary, refund). First-year retirees will have their total amount of post-tax contributions.

Refunds of employer contributions and other distributions may be taxed differently. Please check with your personal tax adviser for more details.

OTHER RESOURCES

At MERS, we want you to be prepared for retirement, not just ready to retire. Whether you're just getting started in your career, or you're close to retirement already, we offer many tools and resources to help you plan for the years ahead.



myMERS app

The myMERS app gives you fast, free, secure access to your account information anywhere you go.



Scan
Me

Statements

You'll receive an annual member statement at the beginning of every year, detailing your retirement account and current service credit.

You can also log in to your myMERS account at www.mersofmich.com to find up-to-date information about your MERS retirement.

Educational Opportunities

We offer a variety of ways to help you prepare for retirement, with educational events on important MERS topics throughout the year:

Group presentations and 1-on-1 consultations are available at your municipality or through virtual meetings online.

- Educational events are offered at different times and locations throughout the year.
- Visit www.mersofmich.com for up-to-date information.

Regional Teams to Serve You

We pride ourselves in offering excellent customer service. We have teams of specialists dedicated to specific regions in Michigan. We also work with your employer to hold meetings at your work site, at times that are best for you. Our staff can offer guidance and 1-on-1 consultations.

Service Center

MERS Service Center offers friendly, knowledgeable, over-the-phone assistance for a wide variety of benefit questions and issues. The Service Center staff is available weekdays at 800.767.6377.

Social Media


Want to make the most out of your plan and receive tips to help you with your financial future? MERS delivers relevant news articles, helpful resources, tips and videos. Follow us today.



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This publication contains a summary description of MERS benefits, policies or procedures. MERS has made every effort to ensure that the information provided is accurate and up to date. If this publication conflicts with the relevant provisions of the Plan Document, the Plan Document Controls. MERS, as a governmental plan, is exempted by state and federal law from registration with the SEC. However, it employs registered investment advisors to manage the trust fund in compliance with Michigan Public Employee Retirement System Investment Act. Past performance is not a guarantee of future returns. Please make independent investment decisions carefully and seek the assistance of independent experts when appropriate.

PUB 2026 2024-03-19

7/A 9/17/18  J.E.

MEMBERSHIP APPLICATION AND DUES CHECK OFF

GOVERNMENTAL EMPLOYEES LABOR COUNCIL
CITY OF WAYLAND SUPERVISORY UNIT
WAYLAND MICHIGAN

I hereby agree to become a member of the Governmental Employees Labor Council (GELC), with all corresponding rights and responsibilities as laid out in the GELC Constitution and By-Laws. I understand that I may resign my membership in the GELC at any time by providing to GELC's Director written notice of my resignation. Such resignation will be effective immediately upon receipt by GELC of my written notification.

Furthermore, I hereby voluntarily request and authorize to be deducted from my wages earned while in your employ, a labor representation fee of \$_____ per month. I further authorize any increase in this deduction which is approved by the GELC or the local bargaining unit. If any additional deductions are to be made, it must be approved by the office of the GELC. The amount deducted for the labor fee shall be remitted on or before the 10th of each month to the Governmental Employees Labor Council, 667 E. Big Beaver, Suite 205, Troy, Michigan 48083.

Please Print:

Last Name: _____ First Name: _____ Middle Initial: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-Mail: _____

Social Security No: _____

Name of Employer: _____

Job Title/Classification: _____

Date deduction is to begin (month / year): _____

Employee Signature: _____ Date: _____