Minnesota Public Employees Insurance Program (PEIP)

GROUP APPLICATION

EMPLOYER INFORMATION

Employer	Federal Tax ID Number	Desired Effective Date
City of Columbus	41-6008885	01 / 01 / 2024

Name and title of person responsible for benefits decisions	Phone
Elizabeth Mursko, City Administrator	(651) 419-9011
Email Address	**Fax**
cityadministrator@ci.columbus.mn.us	( )

Address	City	County	State	Zip Code
16319 Kettle River Blvd. NE	Columbus	Anoka	MN	55025

Name and title of person responsible for billing and accounting	Phone
Cheryl Jenkins, Deputy Treasurer	(651) 419-9009
Email address	**Fax**
deputytreasurer@ci.columbus.mn.us	( )
Union Representative, if appropriate	Union Rep Email Address

OF EMPLOYEES TO BE INCLUDED IN COVERAGE

The Public Employees Insurance Program requires that 75% of all eligible employees participate in the Program. Those individuals who waive coverage due to coverage elsewhere are not included in the 75% calculation.

Total # of eligible employees: 11

# of employees who waived & have no other coverage: _____

# of employees who waived due to coverage elsewhere: _____

Total number to be included in PEIP: _____

Please attach a separate list of the following covered individuals (if any) with full names, social security numbers and effective date of coverage continuation:

- Cobra individuals
- Retirees
- Disabled individuals
- Other (explain)

ELIGIBILITY CRITERIA

The Public Employees Insurance Program allows employers the opportunity to determine eligibility criteria.

Please attach a copy of your group's eligibility policy and include hours worked, new hire effective date of coverage, and any waiting period. OR indicate eligibility below.

- Standard Eligibility Criteria

Eligible:

Full-time employees working 30 hours per week or more.
Newly eligible employees have a 30-day waiting period before coverages becomes effective. Coverage is effective the first of the month following the waiting period.
Retirees are allowed to continue on Entity's medical plan and (see below)*

- **Not Eligible:**

Part-time employees working fewer than 30 hours per week.

RATE CONFIRMATION

PEIP Proposal Financial Section III signature pages attached ☐
(must be included)_____

SELECTION OF COVERAGE

Health Coverage:

- ☒ Advantage High Plan
- ☒ Advantage Value Plan
- ☒ Advantage HSA Plan

COBRA/MN Continuation/Retiree Billing

- ☐ Group will manage own COBRA/Retiree Administration (notice only)
- ☒ PEIP will manage COBRA/Retiree Administration (notice only)

- ☐ Group will bill for early retirees and COBRA
- ☒ PEIP will bill early retirees and COBRA directly

Optional Dental Coverage: (choose one)

☒ Comprehensive Plan

Employer Contributes: (choose one)

- ☐ 90-100% of employee premium.
- ☐ 50-89% of employee premium.

Optional Employee Life/Accidental Death & Dismemberment Insurance

Minimum $10,000, maximum $300,000 available in $5,000 increments. Amounts in excess of the group's guaranteed issue amount are subject to evidence of insurability. Employees who waive medical coverage because they are covered under another plan may still participate in life/AD&D insurance coverage, providing 100% of those employees participate in life/AD&D coverage.

Choose one: ☐ $10,000 flat amount per active employee ☐ Amount equal to salary ☐ Other (please specify below)

Eligibility: ☒ All employees ☐ Medical lock _____

Employer agrees to pay monthly, in advance (by the 25th of the prior month), the entire charges due for all participating individuals. In addition, the employer bears the responsibility to collect and pay to the Minnesota Public Employees Insurance Program any and all amounts to be contributed toward such charges by employees or early retirees of the employer

*Note: and offered the group/blended premium until Medicare eligibility (retiree pays all of the premium)

TERMS AND CONDITIONS

1. By completing and signing this application for group coverage, you are agreeing to participate in the Minnesota Public Employees Insurance Program under all the terms and conditions contained in the proposal/renewal letter provided to you by the Minnesota Public Employees Insurance Program.

2. You agree that the eligibility guidelines in effect today may not be changed until the annual renewal.

You agree to participate for a two-year term. M. S. 43A.316, Subd. 5. (d) Participation in the program is for a two-year term**. Participation is automatically renewed for an additional two-year term unless the exclusive representative, or the employer for unrepresented employees, gives the commissioner notice of withdrawal at least 30 days before expiration of the participation period.** A group that withdraws must wait two years before rejoining. An exclusive representative, or employer for unrepresented employees, may also withdraw if premiums increase 50 percent or more from one insurance year to the next. The employer is liable for the full premium due within the two year commitment in the case of an invalid termination.

Following receipt of this application, coverage selections and final rates will be confirmed in writing by the Program. Premiums are guaranteed for one year. Withdrawal from the Minnesota Public Employees Insurance Program at any time prior to the end of the two-year term may result in the state pursuing legal action against the employer. Withdrawal for any reason will result in the group's ineligibility to participate for two years.

This application constitutes an offer to purchase Minnesota Public Employees Insurance Program coverage. No contract is created until the applicant receives written confirmation of acceptance from the Minnesota Public Employees Insurance Program. No agent has the authority to waive any of the Minnesota Public Employees Insurance Program's rights or requirements or to make or alter any contract or policy. All three network carriers offered by PEIP must be offered by the group. In accepting group coverage under the Minnesota Public Employees Insurance Program, it is acknowledged that:

1. The applicant is the employer for purposes of ERISA (to the extent applicable), COBRA and state law regarding continuation and conversion of group health coverage. The employer will therefore be responsible for notifying the PEIP of any and all information necessary to fulfill its obligations under these laws. The employer is also responsible for receiving from employees and forwarding to the PEIP notices of events such as an employee's divorce or legal separation or cessation of a child's eligibility under this Program.

2. The employer bears full responsibility for ensuring that its Plan satisfies any and all requirements of state or federal law that relate to employee benefit plans, including ERISA and HIPAA. Employer's legal counsel should be consulted to ensure compliance with these laws.

3. The employer assumes responsibility for collecting from employees and forwarding to the Minnesota Public Employees Insurance Program in a timely and accurate manner, notices of events such as addition of new employees, changes in coverage for employees or retirees, and changes in marital or dependent status of employees and retirees.

4. The employer understands that the monthly premium must be received in the billing and enrollment administrator's office by the 25th of the month in which you receive your invoice. The employer understands that the PEIP may terminate the employer's insurance coverage after two premium delinquencies and that there will be a $20 service fee for all Non-Sufficient-Fund (NSF) checks.

EMPLOYER SIGNATURE

I hereby apply for coverage stated within. I have reviewed the proposal, the terms of coverage, and the terms and conditions of participation in the Minnesota Public Employees Insurance Program.

_____

Authorized Signature Title Date

_____

Authorized Signature Title Date

_____

Authorized Signature Title Date

_____

Agent of Record (if applicable) Date

EXCLUSIVE REPRESENTATIVE (if applicable)

I have reviewed the selections of coverages and acknowledge that the selections are in accordance with the current collective bargaining agreement. I further acknowledge that charges for selected coverages will be collected and remitted to the billing and enrollment administrator by their employer according to the procedures established by PEIP.

_____

Exclusive representative signature

_____

Title Date

Innovo Benefits Signature **Date**

City	Election Judge	Assistant Head Judge	Head Judge
Andover	$ 11.00	$ 12.00	$ 13.00
Anoka	$ 11.00	$ 11.50	$ 12.00
Bethel	$ 9.50	$ 10.00	$ 10.00
Blaine	$ 12.00	$ 13.00	$ 14.00
Centerville	$ 15.00	$ 15.00	$ 15.50
Circle Pines	$ 15.00	$ 16.00	$ 16.00
Columbia Heights	$ 12.00	$ 13.00	$ 14.00
Columbus	$ 12.00	$ 12.25	$ 12.75
Coon Rapids	$ 11.00	$ 13.00	$ 15.00
East Bethel	$ 11.00	$ 11.50	$ 11.75
Fridley	$ 11.00	$ 13.00	$ 13.00
Ham Lake	$ 11.00	$ 12.00	$ 13.00
Hilltop	$ 15.00	$ 16.00	$ 16.00
Lexington			
Lino Lakes	$ 13.00	$ 14.00	$ 16.00
Linwood Township	$ 11.00	$ 12.00	$ 13.00
Nowthen	$ 15.00	$ 15.50	$ 16.00
Oak Grove	$ 10.25	$ 10.75	$ 11.25
Ramsey	$ 11.33	$ 12.33	$ 12.33
Spring Lake Park	$ 14.25	$ 15.00	$ 15.00
St. Francis	$ 15.00	$ 15.00	$ 15.50

City Averages	EJ	AHJ	HJ
2022 Average	$12.32	$13.14	$13.75
2020 Average	$11.32	$12.26	$12.58
2018 Average	$10.62	$11.44	$11.76
2016 Average	$10.36	$11.16	$11.32

Anoka County ISD Pay Rates	EJ	AHJ	HJ
2023	$14.00	$14.50	$15.00
2021	$11.00	$11.50	$12.00
2019	$11.00	$11.50	$12.00
2017	$10.50	$10.75	$11.00

COLUMBUS

2024 ELECTION JUDGE APPLICATION

City of Columbus Elections 16319 Kettle River Blvd., Columbus, MN 55025
Phone: (651) 419-9010 Email: deputyclerk@ci.columbus.mn.us

CONTACT INFORMATION:

Name: _____ Email: _____

Address: _____ City & Zip: _____

Home Phone or Cell Phone: _____

☐ I am not available this year, but I wish to remain on the contact list

☐ Please remove me from this contact list

Preferred Correspondence Method: ☐ Email ☐ Postal Service

EMERGENCY CONTACT:

Name: _____ Relationship: _____ Phone: _____

MINNESOTA STATE REQUIRED QUALIFICATIONS:

Must be a United States citizen

Must be an eligible voter in the State of Minnesota

Must be able to read, write and speak English

Must not be the spouse, parent, stepparent, child, stepchild, sibling or stepsibling of any election judge serving in the same precinct at the same time

Must not be a candidate or the spouse, parent, child or sibling of a candidate on the ballot in the precinct

☐ I understand and meet the requirements Initials _____

DESIRED QUALIFICATIONS:

Communicate clearly with voters and treat all voters fairly and respectfully

Demonstrate attention to detail

Comfortable using touch screen technology (iPad, tablet)

Handle stressful situations calmly and professionally

Able to rotate election judge duties

☐ I understand and meet the requirements Initials _____

POLITICAL PARTY BALANCE REQUIREMENT:

☐ Democratic-Farmer-Labor ☐ Republican Party ☐ Unaffiliated/Minor Party Affiliation
☐ Legal Marijuana Now

Due to major political party balance requirements (Minn. Stat. § 204B.19, subd. 5), no more than half of the election judges in a precinct may be members of the same political party. If you did not indicate a political party, the opportunity for your service may be limited.

PLEASE COMPLETE THE OTHER SIDE

ELECTION JUDGE POSITIONS:

I am interested in serving as:

☐ Election Judge ☐ Continue to work as Head Judge ☐ Continue to work as an Assistant Head Judge

☐ Become an Assistant Head Judge ☐ Student Judge (ages 16-17)

ELECTION SERVICE DATES, PAY AND EMPLOYER CERTIFICATE

I am available to work the following shifts for the upcoming elections:

☐ **Presidential Nomination Primary Election (March 5, 2024)** ☐ **Primary Election** (**August 13, 2024)**

☐ **General Election (Nov 5, 2024)**

I prefer to work ……☐ AM only (6 am to 1:30 pm) ……☐ PM only (1pm to poll closing) ……☐ Either shift

Additional Voting Assistance: At City Hall. Variable hours as needed, generally office hours. (*Absentee Voting Process)*

Presidential Nomination Primary Election (02/16/2024 to 03/04/2024) 4 hour Shifts	☐ Yes	☐ No
Primary Election (07/26/2024 to 08/12/2024) 4 hour Shifts	☐ Yes	☐ No
General Election (10/18/2024 to 11/04/2024) 4 hour Shifts	☐ Yes	☐ No

Pay: The City pays election judges $13.00/hour, asst. head judges and technology coordinator judges $14.00/hour and head judges $15.00/hour for attending training sessions and performing Election Day duties.

☐ I am volunteering to serve without pay (optional)

Employer Certificate: An individual who is selected as an election judge may be absent from their place of work for the purpose of serving as an election judge without penalty if they notify their Employer in writing at least 20 days prior to each election. (M.S.204B.195)……Employer Certificate requested ☐

TRAINING:

In 2024, All judges are required to complete a 2 hour paid on-line training.

In addition to the two-hour basic training class required of all judges, Head Judges and Assistant Head Judges will attend in-person supervisory training.

OTHER INFORMATION:

Do you have any relatives who are also applying to be an Election Judge in Columbus at this time? Yes ☐ No☐

If so, state their name and relationship_____

Are you interested in serving as a head judge or assistant head judge in the future? Yes ☐ No☐

Notice to All Applicants: In accordance with Minnesota Government Data Practices Act (Minn. Stat.§ 13.04 subd. 2), we must inform you of your rights as a subject of data. Your name, address, telephone number, party affiliation, e-mail and direct deposit information are private data. You may choose not to provide some or all of this private data, but it may limit your ability to participate as an election judge. For example, your contact information is needed to provide information to you such as precinct assignment, training schedules, cancellation information, etc. By completing this information, you are consenting to allow information to be shared with payroll staff and election staff in order to administer this activity. This consent expires upon completion of this activity.

READ, CERTIFY AND SIGN. I certify that the information given in this application form and attachments are true and complete to the best of my knowledge.

_____ 5_____

Signature Date