AGENDA

PERSONNEL AND VETERANS SERVICE

Thursday, September 8, 2016
9:30 a.m.
Jury Assembly Room
Lower Level, Courthouse Annex

1. Call meeting to order
2. Approve agenda
3. Public Comment – Speakers will be limited to 5 minutes
4. Approve minutes of August 11, 2016
5. Discuss agreement with National Insurance Services of Wisconsin Insurance Trust
6. Human Resources Director's Report - separate handout
   - Distribute signed Letter(s) of Understanding
   - Distribute approved amendment(s) to Policies and Procedures
   - Worker's Compensation Report
   - Department of Safety and Professional Services
   - Exiting Employment
   - New Hires
   - Postings
   - Job Descriptions
7. Discuss/consider Schedule of Paid Invoices, action if any
8. Future agenda items
9. Set next meeting date
10. Adjournment

Addendum(s) when applicable

cc: Mark Anderson — Human Resources Director
Russ Bauer
Mike Behnke
Ken Keller
Joe Policello

Supervisors present at this meeting may constitute an unintended quorum of other county board committees. Supervisors appointed to the committee shall participate in action. Others may be present to listen and observe.

PLEASE NOTE: AGENDA ITEMS MAY NOT BE CONSIDERED AND ACTED UPON IN THE ORDER LISTED

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If you are an individual who needs a special accommodation while attending the meeting as required by the ”Americans With Disabilities Act”, please notify County Clerk Kathy Brandt, Marinette County Courthouse (715-732-7406) at least 24 hours prior to the meeting in order to make suitable arrangements. Thank you. (TDD 715-732-7760)

1926 Hall Avenue, Marinette, WI 54143-1717

AGENDA

NATIONAL INSURANCE SERVICES OF WISCONSIN INSURANCE TRUST
JOINDER AGREEMENT FOR
SHORT-TERM DISABILITY INSURANCE

Marinette County (the "Employer") hereby requests application for participation in National Insurance Services of Wisconsin Insurance Trust (the "Trust") for group short-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company, Inc. (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

1. Employer:	Marinette County 1926 Hall Ave Marinette, WI 54143
2. Plan Number:	1581
3. Nature of Business:	Government
4. Frequency of Billing:	Monthly
5. Plan Effective Date:	September 1, 2016
6. Prior Carrier:	NONE - VIRGIN COVERAGE

B. Class and Benefit Summary

Class Number:	01
Class Description:	All Eligible WPPA Employees
Employer Premium Contribution:	100%
Premium Rate:	$0.325 per $10 of Weekly Benefit
Premium Rate Guarantee:	24 months until September 1, 2018
Elimination Period (Injury):	14 days
Elimination Period (Physical Disease):	14 days
Minimum Hourly Requirement:	17 hours per week
Waiting Period:	30 days
Evidence of Insurability Requirement:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
Employee Eligibility Date:	First of month following completion of the Waiting Period
Minimum Participation Required:	100%

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Class Number:	01
Class Description:	All Eligible WPPA Employees
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave Coverage with premium payment for up to 1 month while on Paid or Unpaid Leave Coverage with premium payment for up to 1 month while on Layoff Coverage with premium payment for up to 3 months while on Paid Vacation
Definition of Disability:	Total
Own Occupation Period:	From the end of the Elimination Period to the end of the Maximum Benefit Period
24 hour coverage:	No; Non-Occupational Only
Definition of Predisability Earnings:	Base pay only
STD Benefit Percentage:	66-2/3%
Maximum Weekly Benefit:	$833
Guarantee Issue:	$833
Maximum Benefit Period:	Commencing at the end of the Elimination Period and continuing for the lesser of 11 weeks, or until LTD Benefits commence. No STD Benefits will be paid for periods of time for which LTD Benefits are payable.
Integration with Sick Pay:	Direct
Social Security Integration:	Full Family
Freeze:	General Freeze
Integration With Work Earnings:	Direct
Pre-Existing Condition Exclusion:	3 months/12 months
Claim Payment Method:	Biweekly

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).

2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in this Joinder Agreement.

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3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.

4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.

5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:

   a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.

   b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.

6. All premiums will be based upon information provided by the Employer in the Census Reports.

D. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
   a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
   b) Factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification change significantly.
   c) The premium contribution arrangement for insured employees changes or varies from that stated in the Employer's Joinder Agreement when issued or last renewed.
   d) Plan design changes are requested by the Employer.
   e) The Insurer and the Employer mutually agree to change premium rates.

2. Thereafter, except as provided above, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period.

E. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

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F. Information Required from Employer

1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
   a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, annual Pre-disability Earnings as defined under the Group Policy and the amount of coverage.
   b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
   c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
   d) Occupational information and any other information that may be required to manage a claim.
   e) Notification of the Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
   f) Notice of any additional eligible employee segment(s).
   g) Any other information that may be reasonably required.

2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.

G. Grace Period and Termination for Nonpayment

1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.

2. Grace Period means the 31 days following the Premium Due Date.

3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.

4. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

H. Termination for Other Reasons

1. The Policyowner may terminate the Group Policy and the Employer may terminate coverage under the Group Policy by giving the Insurer at least 31 days written notice. The effective date of termination will be the later of:
   a) The date stated in the notice; or
   b) The Premium Due Date immediately following the Insurer's receipt of the written notice.

2. The Insurer may terminate coverage under the Group Policy as follows:
   a) On any Premium Due Date if the number of persons insured is less than the minimum participation number or less than the minimum participation percentage provided for under this Joinder Agreement.

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b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
c) On any Premium Due Date by giving the Employer at least 31 days advance written notice.
d) On the date the Employer breaches any part of the Entire Contract.

I. Certificates. The Insurer will prepare Group Short Term Disability Certificates of Coverage setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate of Coverage differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.

J. Agency and Release. Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company. The Policyowner, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy. The Policyowner and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyowner or Employer respectively, or any of their respective representatives, agents or employees.

K. Notice of Suit. The Policyowner and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract and Changes
1. The Group Policy, the Group Short Term Disability Insurance Certificate of Coverage, the Employer Joinder Agreement, the applications of the Policyowner, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.

2. The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyowner for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer's coverage under the Group Policy or to waive any provisions thereof.

M. Effect on Workers' Compensation, State Disability Insurance. The coverage provided under the Group Policy is not a substitute for coverage under a Workers' Compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

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N. The undersigned Employer adopts and agrees to be bound by the terms and conditions of National Insurance Services of Wisconsin Insurance Trust Trust Agreement, as amended from time to time (the "Trust Agreement") and master group policy. Copies of these documents are available for employer review at Madison National Life Insurance Company, 1241 John Q. Hammons Drive, Madison, WI 53717.

O. The Trust is a vehicle for obtaining group insurance plans in which employers join together as a single policyholder for the purchase and maintenance of group insurance policies.

P. The Trust's Administrator shall provide participating employers the necessary information for applicable State and Federal compliance reporting requirements.

Q. The signatures below constitute acceptance of the undersigned employer as a participating member of the Trust.

Signed into effect this 31st day of August, 2016

Katherine K Brandt

Signature of Authorized Employee of Employer

Katherine K Brandt

Printed Name & Title of Authorized Employee Marinette County Clerk

Signature of Authorized Employee of Employer

Printed Name & Title of Authorized Employee

Administrator:
National Insurance Services of Wisconsin, Inc.

By: Bruce A. Miller

Bruce A. Miller, President
August 26, 2016

AGENDA

THE IHC GROUP
Independence Holding Company

NOTICE OF PRIVACY PRACTICES AND PROTECTION

This Privacy Notice is provided for your information -- keep a copy of it for your records. No response is required or requested.

Customer Privacy Is Our Business - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

What Information We Collect And How We Collect It - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

How Information Is Protected - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

Disclosure - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- Affiliates – we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- Agents and Brokers – we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- Joint Marketing – we may provide information to non-affiliated third parties to jointly market insurance products or services.
- Lending Institutions – we may provide information to non-affiliated lending institutions, such as banks and credit unions, to offer products and services we provide, and to provide business services for us.
- Government Entities – we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- Servicing organizations - we may provide information to servicing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

About this Privacy Notice - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

This Privacy Notice is distributed on behalf of the following Independence Holding Company entities and their affiliated organizations:

- **Standard Security Life Insurance Company of New York**
- **Madison National Life Insurance Company, Inc.**
- **Independence American Insurance Company**

For additional information, contact us at:

Attn: Privacy Committee
Post Office Box 5008
Madison, WI 53705

AGENDA

NATIONAL INSURANCE SERVICES OF WISCONSIN INSURANCE TRUST
JOINDER AGREEMENT FOR
LONG-TERM DISABILITY INSURANCE

Marinette County (the "Employer") hereby requests application for participation in National Insurance Services of Wisconsin Insurance Trust (the "Trust") for group long-term disability insurance benefits under a master group policy underwritten by Madison National Life Insurance Company, Inc. (the "Insurer"). The "Group Policy" means only the provisions of the master group policy that apply to the Employer, based upon the coverage requested under this Joinder Agreement.

A. Administrative

1. Employer:	Marinette County 1926 Hall Ave Marinette, WI 54143
2. Plan Number:	1580
3. Nature of Business:	Government
4. Frequency of Billing:	Monthly
5. Original Plan Effective Date:	September 1, 2016
6. Prior Carrier:	NONE - VIRGIN COVERAGE

B. Class and Benefit Summary

Class Number:	01
Eligible Class:	All Eligible WPPA Employees
Employer Premium Contribution:	100%
Initial Premium Rate:	0.59% of covered payroll
Initial Premium Rate Guarantee:	36 months until September 1, 2019
Elimination Period:	90 consecutive calendar days
Minimum Hourly Work Requirement:	17 hours per week
Waiting Period:	30 days
Evidence of Insurability:	Required for Late Enrollees, Increases and amounts exceeding the Guarantee Issue
New Employee Eligibility Date:	First of month following completion of the Waiting Period
Minimum Participation Required:	100%

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Class Number:	01
Eligible Class:	All Eligible WPPA Employees
Leaves and Sabbaticals:	Coverage with premium payment while on FMLA leave Coverage with premium payment for up to 1 month while on Paid or Unpaid Leave Coverage with premium payment for up to 1 month while on Layoff Coverage with premium payment for up to 3 months while on Paid Vacation
Definition of Disability:	Zero Day
Own Occupation Period:	24 months following the end of the Elimination Period
Any Occupation Period:	From the end of the Own Occupation Period to the end of the Maximum Benefit Period
Cumulative Elimination Period:	5 days for every 30 days of Elimination Period
Recurrent Disability:	6 months
Predisability Earnings:	Base pay only
Maximum Monthly Covered Salary:	$5,416
LTD Benefit Percentage:	66-2/3%
Maximum Monthly Benefit:	$3,611
Guarantee Issue:	$3,611
Work Incentive Period:	First 12 months of Disability with Work Earnings
Social Security Integration:	Full Family
Freeze Type:	General Freeze
Pre-Existing Condition Exclusion:	3 months/12 months
Mental Disorder Limitation:	24 Months Lifetime unless hospital confined
Substance Abuse Limitation:	24 Months Lifetime unless hospital confined
Claim Payment Method:	Monthly
LTD Benefit Calculation:	Standard / Non-Contract Day
Rehabilitation Benefit:	Included

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Maximum Benefit Period:

Age at Disablement	Benefit Duration*
61 or younger	to age 65
62	3-1/2 years
63	3 years
64	2-1/2 years
65	2 years
66	1-3/4 years
67	1-1/2 years
68	1-1/4 years
69 or older	1 year
*To the later of: 1) the specified length of time as stated above, or 2) the day before attaining the Social Security Normal Retirement Age under the United States Social Security Act, as revised.	

C. Payment of Premiums

1. **Premium Due Date.** Premium is due on the 1st of the month to which coverage for such premium applies (e.g., premium for coverage in October would be due October 1st).

2. The premium due on each Premium Due Date is the sum of the premiums for all Insured Persons under the Group Policy. Premium rates for each Employer covered under the Group Policy are shown in the Employer's Joinder Agreement.

3. The Employer determines the amount, if any, of each Insured Person's contribution toward the cost of insurance.

4. Each premium is payable on or before its Premium Due Date directly to the Insurer at their home office.

5. Premium is due for an Insured Person for each month in which such employee is covered under the Group Policy. The Employer must notify the Insurer immediately whenever an employee becomes eligible or ceases to be eligible for coverage. Effective dates of coverage or termination dates which occur mid-month will be billed as follows:

   a) If the effective date of coverage is between the 1st of the month and 15th of the month, premium for an entire month will be due to the Insurer. If the effective date of coverage is between the 16th of the month and the end of the month the Employer will be billed for the next full month of coverage. The Insurer does not prorate premium.

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b) If the date coverage ends is between the 1st of the month and the 15th of the month, no premium will be due for that month. If the date of termination is between the 16th of the month and the end of the month the Employer will be responsible for an entire month's premium.

6. All premiums will be based upon information provided by the Employer in the Census Reports.

D. Changes in Premium Rates.

1. Special Circumstances. The Insurer may change premium rates, to be effective on the next Premium Due Date, if any of the following occur:
   a) A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
   b) One or more changes occur in the factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to the Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification.
   c) The premium contribution arrangement for insured employees changes or varies from that stated in the Employer's Joinder Agreement when issued or last renewed.
   d) Plan design changes are requested by the Employer.
   e) The Insurer and the Employer mutually agree to change premium rates.

2. In all other cases, and subject to a period for which the Insurer has provided the Employer with a written rate guarantee, the Insurer may change premium rates upon 60 days advance written notice to the Employer. Any such change in premium rates may be made effective on any Premium Due Date, but no such change will be made more than once in any Contract Year. Contract Years means successive 12-month periods computed from the end of the initial rate guarantee period, or from a time agreed to in writing by the Employer and Insurer.

E. Premium Adjustments. Premium adjustments involving a return of unearned premiums to an Employer will be limited to the 12 months just before the date the Insurer receives a request for premium adjustment.

F. Information Required from Employer
1. The Employer will furnish all information reasonably necessary to administer the Group Policy, including but not limited to the following:
   a) At least one Census Report during each plan year, no later than six months prior to the next plan renewal date. The Census Report means a written report providing the following information for each Employee insured under the Group Policy: name, social security number, date of birth, gender, occupational class, annual Pre-disability Earnings as defined under the Group Policy and the amount of coverage.
   b) A list of all eligible employees and documentation supporting employee eligibility under the Group Policy.
   c) Information about employees who become eligible, whose amounts of coverage change and/or whose coverage ends.
   d) Occupational information and any other information that may be required to manage a claim.

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e) Notification of an Employer's change in legal status, expansion of business, dissolution, merger, buyout or any other significant business operational change.
f) Notice of any additional eligible employee segment(s).
g) Any other information that may be reasonably required.

2. The Employer must provide such information to the Insurer or its agents in a regular and timely manner as may be reasonably specified by the Insurer and/or its agents. The Insurer and its agents have the right at all reasonable times to inspect the payroll and other records of the Employer which relate to insurance under the Group Policy.

G. Grace Period and Termination for Nonpayment

1. If a premium is not paid on or before its Premium Due Date, it may be paid during the Grace Period. The coverage under the Group Policy will remain in force during the Grace Period.

2. Grace Period means the 31 days following the Premium Due Date.

3. If the premium for coverage is not paid during the Grace Period, the coverage under the Group Policy will terminate automatically at the end of the Grace Period.

4. The Employer is liable for premium for coverage during the Grace Period. The Insurer may charge interest at the legal rate for any premium which is not paid during the Grace Period, beginning with the first day after the Grace Period.

H. Termination for Other Reasons

1. The Policyowner may terminate the Group Policy and the Employer may terminate coverage under the Group Policy by giving the Insurer at least 31 days written notice. The effective date of termination will be the later of:
   a) The date stated in the notice; or
   b) The Premium Due Date immediately following date the Insurer receives the notice.

2. The Insurer may terminate coverage under the Group Policy as follows:
   a) On any Premium Due Date if the number of persons insured is less than the minimum participation number or less than the minimum participation percentage provided for under Employer's Joinder Agreement.
   b) On any Premium Due Date if the Insurer determines that the Employer has failed to promptly furnish any necessary information requested or has failed to perform any other obligations relating to the Group Policy or coverage under the Group Policy.
   c) On any Premium Due Date by giving the Employer at least 31 days advance written notice.
   d) On the date the Employer breaches any part of the Entire Contract.

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I. Certificates. The Insurer will prepare Group Long Term Disability Certificates of Coverage setting forth the main features of the Group Policy applicable to each Insured Person. The Insurer and Employer may agree to distribute the Certificates to Insured Persons in paper format, or to make the document available and accessible for review by Insured Persons on the Employer's website. The Employer will be responsible for providing sufficient notice to the Insured Person of the existence and availability of the Certificate, including instructions on how to view the document, and a statement that a paper copy of the document will be made available upon request. Upon receiving such a request from either the Employer or Insured Person, the Insurer will provide a written copy of the Certificate to the Employer for distribution to the Insured Person. If the terms of the Certificate of Coverage differ from the terms of the Employer's coverage under the Group Policy, the latter will govern.

J. Agency and Release. Individuals selected by the Employer to secure coverage under the Group Policy or to perform their administrative function under it, represent and act on behalf of the person selecting them and do not represent or act on behalf of Madison National Life Insurance Company. The Policyowner, Employer and such individuals have no authority to alter, expand or extend the Insurer's liability or to waive, modify or compromise any defense or right the Insurer may have under the Group Policy. The Policyowner and Employer hereby release, hold harmless and indemnify Madison National Life Insurance Company from any liability arising from or related to any negligence, error, omission, misrepresentation or dishonesty of the Policyowner or Employer respectively, or any of their respective representatives, agents or employees.

K. Notice of Suit. The Policyowner and Employer shall promptly give the Insurer written notice of any lawsuit or other legal proceedings arising under the Group Policy.

L. Entire Contract and Changes

1. The Group Policy, the Group Long Term Disability Insurance Certificate of Coverage, the Employer Joinder Agreement, the applications of the Policyowner, Employers and employees and any applicable riders, addenda and/or amendments constitute the Entire Contract.

2. The Group Policy may be changed in whole or in part. No change in the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Policyowner for attachment to the Group Policy. No change in an Employer's coverage under the Group Policy will be valid unless it is approved in writing by one of the Insurer's executive officers and given to the Employer for attachment to their Joinder Agreement. No agent has authority to change the Group Policy or an Employer's coverage under the Group Policy or to waive any provisions thereof.

M. Effect on Workers' Compensation, State Disability Insurance. The coverage provided under the Group Policy is not a substitute for coverage under a Workers' Compensation or state disability income benefit law and does not relieve the Employer of any obligation to provide such coverage.

N. The undersigned Employer adopts and agrees to be bound by the terms and conditions of National Insurance Services of Wisconsin Insurance Trust Trust Agreement, as amended from time to time (the "Trust Agreement") and master group policy. Copies of these documents are available for employer review at Madison National Life Insurance Company, 1241 John Q. Hammons Drive, Madison, WI 53717.

AGENDA

O. The Trust is a vehicle for obtaining group insurance plans in which employers join together as a single policyholder for the purchase and maintenance of group insurance policies.

P. The Trust's Administrator shall provide participating employers the necessary information for applicable State and Federal compliance reporting requirements.

Q. The signatures below constitute acceptance of the undersigned employer as a participating member of the Trust.

Signed into effect this 31st day of August, 2016.

Katherine K Brandt — Katherine K Brandt

Signature of Authorized Employee of Employer — Printed Name & Title of Authorized Employee Marinette County Clerk

Signature of Authorized Employee of Employer — Printed Name & Title of Authorized Employee

Administrator:
National Insurance Services of Wisconsin, Inc.

By: Bruce A Miller

Bruce A. Miller, President
August 26, 2016

AGENDA

THE IHC GROUP
Independence Holding Company

NOTICE OF PRIVACY PRACTICES AND PROTECTION

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Customer Privacy Is Our Business - We value our relationship with our customers and are dedicated to providing them with exceptional service and competitive product offers. As part of our dedication to servicing their insurance needs, we are committed to protecting the confidentiality of nonpublic personal information about our customers. This Privacy Notice will help you understand what type of information we collect about insured individuals, how the information we collect is used, and what measures we take to protect that information.

What Information We Collect And How We Collect It - Depending on the type of product, we collect nonpublic personal information about insured individuals that may include:

- address,
- telephone number,
- social security number,
- account information,
- income,
- employment,
- health status, and
- other personal information relevant to their coverage.

We collect such information primarily from information we receive from individuals on applications or other forms. We may also collect information through telephone conversations or other electronic means, such as internet "cookies" (data stored on a computer by an internet browser when you use the internet to access our website) that may be used to track website usage, remember passwords customers create, and provide customers with website content specific to their needs and interests. We may also obtain information from third parties such as employers, non-affiliated insurers, physicians, hospitals and other medical providers.

How Information Is Protected - We restrict access to nonpublic personal information to those employees who need to know that information to provide products or services to our customers. We maintain physical, electronic, and procedural safeguards that comply with federal and state regulations to guard such information. Information about insured individuals is accessed by our employees only when such access is necessary to conduct our business. For example, we may access information to offer other compatible products or services we provide, to process customer requests, and to administer our products or services. All employees are required to maintain the confidentiality of nonpublic personal information and to follow policies we establish to secure such confidentiality.

Additionally, we require third parties to whom we disclose nonpublic personal information, or who receive or handle such information on our behalf, to adhere to our standard of privacy protection and to establish information security procedures.

Disclosure - We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law. Information will only be disclosed for such purposes as conducting and auditing our business, administering the business of affiliated organizations, responding to requests from government authorities, or as authorized or requested by an insured individual. Such disclosures include, but are not limited to:

- Affiliates – we may provide information to affiliated companies to enable them to provide business services for us such as claims processing, underwriting, and maintenance of your accounts, and to offer products and services we provide.
- Agents and Brokers – we may provide information to enable agents and brokers to provide business services for us and to offer products and services we provide.
- Joint Marketing – we may provide information to non-affiliated third parties to jointly market insurance products or services.
- Lending Institutions – we may provide information to non-affiliated lending institutions, such as banks and credit unions, to offer products and services we provide, and to provide business services for us.
- Government Entities – we may provide information upon request from a State Department of Insurance or other government entity. The purpose for the request may be to prevent fraud, conduct an audit of our business practices, or for any other reason for which the government entity is legally permitted to request information.
- Servicing organizations - we may provide information to servicing organizations such as TPAs, reinsurers, attorneys, accountants, actuaries, underwriters, and other such organizations to enable them to provide business services for us.

We do not share, trade, sell, exchange or in any other way disclose nonpublic personal information except as stated above or to otherwise conduct the business of insurance.

About this Privacy Notice - The examples contained in this Privacy Notice are provided as illustrations and are not a comprehensive account of the rights of any party under applicable federal and state laws. The policies and protections indicated in this Privacy Notice will remain effective even after an individual's coverage is terminated, to the extent we retain information about that individual. We may change this Privacy Notice at any time and will inform you of any changes as required by law. Other applicable privacy protections may exist under state laws and we will comply with all applicable state laws when we disclose information about individual insureds.

This Privacy Notice is distributed on behalf of the following Independence Holding Company entities and their affiliated organizations:

- Standard Security Life Insurance Company of New York
- Madison National Life Insurance Company, Inc.
- Independence American Insurance Company

For additional information, contact us at:

Attn: Privacy Committee
Post Office Box 5008
Madison, WI 53705

AGENDA

YEAR/PERIOD: 2016/8 TO 2016/8

ACCOUNT/VENDOR	INVOICE	PO	YEAR/PR TYP S		CHECK RUN	CHECK	DESCRIPTION
51430000		HUMAN RESOURCES					
100-51-41-000-000-04-51430-000-52225-			TELEPHONE				
002809 CENTURYLINK	10257		2016 8 INV P	3.09			CENTURYLINK/SPEEDPA
			ACCOUNT TOTAL	3.09			
100-51-41-000-000-04-51430-000-52291-			PURCHASE OF SERVICE				
001353 LINDNER & MARSACK	134892/134893		2016 8 INV P	135.00	081116	3643	PURCHASE OF SERVICE
			ACCOUNT TOTAL	135.00			
100-51-41-000-000-04-51430-000-52411-			POSTAGE				
000096 UNITED MAILING SERVI	140734		2016 8 INV P	11.68	081116	3619	POSTAGE DUE
			ACCOUNT TOTAL	11.68			
100-51-41-000-000-04-51430-000-52426-			ADV BIDS NOTICES				
000263 PESHTIGO TIMES	9817		2016 8 INV P	116.90			Position Ads
005254 EAGLE-HERALD PUBLISH	9344		2016 8 INV P	291.33			Position Ads
			ACCOUNT TOTAL	408.23			
100-51-41-000-000-04-51430-000-52441-			EMPLOYMENT EXPENSE				
000387 DEPT OF ADMINISTRATI	505-0000011012		2016 8 INV P	180.00	082516	3851	Employment expenses
000584 SEARCH FIRST INFORMA	10217		2016 8 INV P	266.00			Background checks
000584 SEARCH FIRST INFORMA	10533		2016 8 INV P	120.00			Background checks
000584 SEARCH FIRST INFORMA	9819		2016 8 INV P	85.00			Background Checks -
				471.00			
000760 AURORA HEALTHCARE, I	10216		2016 8 INV P	526.00			Pre Employ drug/phy
000886 DOJ E PAY CONFERENCE	10531		2016 8 INV P	7.00			RECORDS CHECK
000886 DOJ E PAY CONFERENCE	10532		2016 8 INV P	10.00			Records Check
000886 DOJ E PAY CONFERENCE	9341		2016 8 INV P	7.00			RECORDS CHECK
000886 DOJ E PAY CONFERENCE	9342		2016 8 INV P	10.00			RECORDS CHECK
000886 DOJ E PAY CONFERENCE	9343		2016 8 INV P	7.00			RECORDS CHECK
000886 DOJ E PAY CONFERENCE	9818		2016 8 INV P	7.00			CCO Background
				48.00			
			ACCOUNT TOTAL	1,225.00			
			ORG 51430000 TOTAL	1,783.00			
52190000		CIVIL SERVICE COMMISSION					
100-52-08-000-000-01-52190-000-52441-			EMPLOYMENT EXPENSE				
000387 DEPT OF ADMINISTRATI	505-0000010996		2016 8 INV P	175.00	082516	3851	Employment expenses
			ACCOUNT TOTAL	175.00			

AGENDA

YEAR/PERIOD: 2016/8 TO 2016/8

ACCOUNT/VENDOR	INVOICE	PO	YEAR/PR TYP S		CHECK RUN	CHECK	DESCRIPTION
			ORG 52190000 TOTAL	175.00			
54720000		VETERANS SERVICE OFFICE					
100-54-68-000-000-04-54720-000-52225-			TELEPHONE				
002809 CENTURYLINK	10257		2016 8 INV P	5.81			CENTURYLINK/SPEEDPA
			ACCOUNT TOTAL	5.81			
100-54-68-000-000-04-54720-000-52411-			POSTAGE				
000096 UNITED MAILING SERVI	140734		2016 8 INV P	25.13	081116	3619	POSTAGE DUE
			ACCOUNT TOTAL	25.13			
100-54-68-000-000-04-54720-000-52424-			DUES/REGISTRATION & TUITION				
000120 CVSO ASSOCIATION OF	CVSO conf Oct 2016		2016 8 INV P	260.00	082516	3843	CVSO dues and conf
			ACCOUNT TOTAL	260.00			
			ORG 54720000 TOTAL	290.94			
FUND 100 GENERAL FUND			TOTAL:	2,248.94			

** END OF REPORT - Generated by Chastidy Hubbard **

AGENDA

MINUTES

Personnel and Veterans Service

August 11, 2016
Jury Assembly Room
Lower Level, Courthouse Annex

MEMBERS PRESENT:	Supervisors Mark Anderson, Russ Bauer, Ken Keller, and Joe Policello
MEMBERS EXCUSED:	Supervisor Mike Behnke
OTHERS PRESENT:	Deputy County Clerk BobbieJean Borkowski, Human Resources Director Jennifer Holtger, HHSD Director Robin Elsner, County Administrator Shawn Henessee, Eagle Herald and Peshtigo Times

1. Call to order

Chair Joe Policello called the meeting to order at 9:30 a.m.

2. Agenda

Motion (Bauer/Keller) to approve agenda. Motion carried.

3. Public Comment

None

4. Minutes

Motion (Anderson/Bauer) to approve minutes of July 14, 2016. Motion carried.

5. Veterans Service Officer – Thomas F. Doyle

Motion (Anderson/Keller) to recommend County Board approve employment of Thomas F. Doyle as Veterans Service Officer, effective September 6, 2016, pending final clearance. Motion carried. Voting no – Supervisor Bauer Exhibit A

6. Eliminate Printer Tech Position and Create Maintenance Tech I Position

Motion (Bauer/Keller) to recommend Finance Committee and County Board eliminate the Printer Tech position and create a Maintenance Tech I position, with no posting and no probation, with adjusted pay equivalent to the Maintenance Tech I position effective immediately upon County Board approval. Motion carried. Exhibit B

AGENDA

7. Amendment 55 – Personnel Policies and Procedures

Motion (Keller/Bauer) to recommend County Board approve Personnel Policies and Procedures Manual Amendment 55 – Section 1.15 Licenses, Certifications and Background Checks. Motion carried. Exhibit C

8. Amendment 56 – Personnel Policies and Procedures

Motion (Anderson/Bauer) to recommend County Board approve Personnel Policies and Procedures Manual Amendment 56 – Section 1.12 Employment/Hiring (g) Recruitment. Motion carried. Exhibit D

9. Amendment 57 – Personnel Policies and Procedures

Motion (Keller/Anderson) to recommend County Board approve Personnel Policies and Procedures Manual Amendment 57 – Section 1.12 Employment/Hiring (j) Position Transition. Motion carried. Exhibit E

10. Human Resources Director's Report

Exhibit F

11. Schedule of Paid Invoices

Committee reviewed July Schedule of Paid Invoices.

12. Future Agenda Items

13. Adjournment

Motion (Bauer/Anderson) to adjourn at 10:34 a.m. Motion carried.

Next meeting date: Thursday, September 8, 2016 at 9:30 a.m.

BobbieJean Borkowski
Deputy County Clerk

Date approved/corrected:

AGENDA