PASSED: FEBRUARY 8, 2021

RELATING TO THE TRANSFER OF THE NATIONWIDE PEHP-Z CONTRACT TO THE ILLINOIS PUBLIC PENSION FUND ASSOCIATION (IPPFA) RETIREE HEALTHCARE FUNDING PLAN AND TRUST (501c9).

WHEREAS, the City of DeKalb is an Illinois unit of government organized as a Home Rule Municipality; and

WHEREAS, the City of DeKalb has already established a 501c9 Trust; and

WHEREAS, IPPFA, on behalf of sponsoring entities that adopt and maintain the Plan, has provided for coordinated investment management and administrative services for the accumulation phase of the Plan through an Administrative Services Agreement, here to (the "Services Agreement"), pursuant to which Transamerica Retirement Solutions (the "Service Agent") has been appointed to provide certain record keeping and administrative services with respect to the Plan, as specified in the Services Agreement, and to provide investment management under a Group Mutual Fund Agreement; and

WHEREAS, the Sponsoring Entity has employees rendering valuable services to the Sponsoring Entity and has, upon due deliberation, concluded that it would be prudent and appropriate to adopt and administer the Plan on behalf of such employees of Sponsoring Entity who are subject to a Collective Bargaining Agreement with the Sponsoring Entity (as specified in schedule A of the Specifications) that requires inclusion in the Plan or have been designated as a covered class by the employer (as specified in schedule A of the Specifications) in order to allow such employees to provide for their retirement security and to serve the interest of the Sponsoring Entity in attracting and retaining competent personnel; and

**WHEREAS**, the City of DeKalb is empowered by the laws, rules and regulations of the State of Illinois to take on its behalf the actions contemplated by this Resolution;

THEREFORE, BE IT RESOLVED, that the City of DeKalb hereby authorizes the transfer of the Nationwide PEHP-Z Contract Number <u>D3QSII</u> to the 501c9 Plan and Trust with Transamerica as the record keeper; and

**BE IT FURTHER RESOLVED,** that the Sponsoring Entity hereby appoints State Street Bank and Trust as passive trustee of the plan pursuant to its master trustee agreement with Transamerica Retirement Solutions; and

**BE IT FURTHER RESOLVED,** that the City Manager be authorized to execute any and all documents needed to complete this transfer; and

**BE IT FURTHER RESOLVED,** that the City Clerk or Executive Assistant be authorized and directed to attest the Mayor's signature, and this Resolution shall be in full force and effect from and after its passage and approval as provided by law.

PASSED BY THE CITY COUNCIL of the City of DeKalb, Illinois at a Regular meeting thereof held on the 8<sup>th</sup> day of February 2021 and approved by me as Mayor on the same day. Passed by an 8-0 roll call vote. Aye: Morris, Finucane (Remote), Smith, Perkins, McAdams, Verbic, Faivre, Mayor Smith. Nay: None.

ATTEST:

**RUTH A. SCOTT, Executive Assistant** 

JERRY SM

# SPECIFICATIONS OF YOUR RETIREE HEALTHCARE FUNDING PLAN

CITY OF DEKALB

Effective: 02/08/2021

### CITY OF DEKALB

# RETIREE HEALTH CARE FUNDING PLAN

## **SPECIFICATIONS**

# TABLE OF CONTENTS

1.	SPONSORING ENTITY IDENTIFICATION	
2.	PLAN AND TRUST IDENTIFICATION	1
3.	DEFINITIONS	1
4.	ELIGIBILITY REQUIREMENTS	2
5.	CONTRIBUTIONS AND ACCOUNTS	2
6.	MEDICAL BENEFITS	2
7.	EARNED BENEFITS AND FORFEITURES	3

#### CITY OF DEKALB

#### RETIREE HEALTH CARE FUNDING PLAN

#### **SPECIFICATIONS**

The undersigned hereby adopts the City of DeKalb Retiree Healthcare Funding Plan ("Plan") and the City of DeKalb Retiree Healthcare Funding Trust ("Trust") for the benefit of Eligible Employees, their Dependents and Beneficiaries under the provisions of these specifications. The definitions set forth in the Plan and Trust shall apply herein unless the context requires otherwise.

1.	SPONSORING ENTITY IDENTIFICATION						
	Nam	e and Address: City of DeKalb  164 E. Lincoln Highway  DeKalb, IL 60115					
	(a)	Contact Person: Josh Boldt					
		Phone No.: 815-748-2392  Email: joshua.boldt@cityofdekalb.com					
	(b)	Trust Type: Section 115 Plan					
	(c)	Tax Identification No.: 36-6005843					
	Prede	ecessor Sponsoring Entity: None					
2.	PLAN AND TRUST IDENTIFICATION						
	(a) (b) (c)	Name of Trust: CITY OF DEKALB RETIREE HEALTHCARE FUNDING TRUST					
3.	DEFINITIONS						
	(a)	Plan Administrator. The Plan Administrator of the Plan shall be Babbitt Municipalities Inc/ Joel J. Babbitt.					
	(b)	Effective Date. The Effective Date of the Plan is					
	(c)	Compensation. Compensation (as defined in the Plan) shall be determined on the basis of the calendar year.					

- (d) Separation of Service. Per 40 ILCS 5/ Articles 3, 4, & 7
- (e) Plan Year. The Plan Year shall be the 12-month period commencing on January 1 and ending on December 31.
- (f) Coverage Period. The period for which Participant elections, if applicable, are valid under this Plan shall be the calendar year.

#### 4. ELIGIBILITY REQUIREMENTS

(a) Covered Group Requirement. Entry Date. An Employee's Entry Date shall be the following date an Employee meets the eligibility requirements.

#### 5. **CONTRIBUTIONS**

Contributions. Contributions shall be made pursuant to the collective bargaining and/or agreements covering Employees. (As shown on Exhibit A.)

#### 6. MEDICAL BENEFITS

A Participant may be eligible to be reimbursed for the payment of medical benefits (as specified in the Plan) or for the purchase of insurance made available under the Plan.

(a) Following retirement, a Participant may, as specified in writing by the Trustee, be eligible to be reimbursed for the following benefits as permitted by applicable law:

#### **Premiums**

- Medicare Part B coverage (or other Medicare premiums)
- Medicare-supplement ("Medigap") insurance
- COBRA continuation coverage
- Other health insurance approved by the Administrator, including any postretirement medical plan sponsored by the Sponsoring Entity
- Dental coverage
- Vision care coverage
- Prescription drug coverage
- Qualified long-term care insurance

As permitted by the Plan and applicable law, reimbursement of out-of-pocket medical expenses such as deductibles, co-pays, prescription drugs, eyeglasses, dental work, hearing aids, etc.

#### 7. EARNED BENEFITS AND FORFEITURES

(a) Earning of Benefit Rights. Benefits shall be earned pursuant to written rules established by the Trustee.

## SPONSORING ENTITY

These Specifications and the corresponding provisions	s of the Plan and Trust documents are approved
and adopted by the Sponsoring Entity on	<u>~</u> 20 <u>21</u> .

Signature:	John 1	Stell		
Title:	Assistant	City	Manager	

## **EXHIBIT A**

# SCHEDULE OF SPONSORING ENTITY CONTRIBUTIONS

See Collective Bargaining Agreement with IAFF Local 1236