

CUNNINGHAM TOWNSHIP BOARD

Monday, November 13, 2023

6 p.m.

400S. Vine Street, Urbana, IL 61801

AGENDA

1. ROLL CALL

2. APPROVAL OF MINUTES

3. ADDITIONS TO THE AGENDA

4. PUBLIC PARTICIPATION

5. COMMITTEE TO VERIFY BILLS

a. Town Fund

b. General Assistance Fund

6. REPORTS OF OFFICERS

7. UNFINISHED BUSINESS

8. NEW BUSINESS

a. Resolution No. T-2023-11-012R: A Resolution Authorizing the Supervisor to Sign a contract with FLEX for FSA and LSA Benefits

b. Resolution No. T-2023-11-013R: A Resolution Authorizing the Supervisor to Sign a contract with Blue Cross and Blue Shield for Health Insurance Benefits

c. Resolution No. T-2023-11-014R: A Resolution Authorizing the Supervisor to Sign an agreement with the City of Urbana for a Grant Supporting Municipalities for Asylum Seeker Services (SMAS)

d. Decennial Committee

- i. Call to Order and Roll Call
- ii. Public Input
- iii. Research Discussion

9. ADJOURNMENT

Cunningham Township Income and Expenses by Division

October 6 through November 3, 2023

| | Supervisor Unres... (Town Fund) | Assessor Unrestr... (Town Fund) | Total Town Fund | GA Fund | TOTAL |
|---|------------------------------------|------------------------------------|------------------|-------------------|-------------------|
| Ordinary Income/Expense | | | | | |
| Income | | | | | |
| 4009 · TAXES | | | | | |
| 4010 · Property Tax | 35,192.45 | 0.00 | 35,192.45 | 48,599.10 | 83,791.55 |
| 4012 · PPRT - Personal Property Tax | 6,102.12 | 0.00 | 6,102.12 | 6,102.12 | 12,204.24 |
| Total 4009 · TAXES | 41,294.57 | 0.00 | 41,294.57 | 54,701.22 | 95,995.79 |
| 4020 · GRANTS | 0.00 | 0.00 | 0.00 | 151,450.75 | 151,450.75 |
| 4030 · SSI Reimbursements | 0.00 | 0.00 | 0.00 | 10,370.00 | 10,370.00 |
| 4035 · DONATIONS AND GIFTS | | | | | |
| 4036 · Solidarity Gardens | 0.00 | 0.00 | 0.00 | 51.99 | 51.99 |
| 4038 · Angel Donor - Paypal | 0.00 | 0.00 | 0.00 | 1,922.58 | 1,922.58 |
| 4039 · Angel Donor - Cash and Checks | 0.00 | 0.00 | 0.00 | 700.00 | 700.00 |
| Total 4035 · DONATIONS AND GIFTS | 0.00 | 0.00 | 0.00 | 2,674.57 | 2,674.57 |
| 4050 · OTHER INCOME | | | | | |
| 4041 · Interest Income | 1,873.73 | 0.00 | 1,873.73 | 1,873.72 | 3,747.45 |
| Total 4050 · OTHER INCOME | 1,873.73 | 0.00 | 1,873.73 | 1,873.72 | 3,747.45 |
| Total Income | 43,168.30 | 0.00 | 43,168.30 | 221,070.26 | 264,238.56 |
| Gross Profit | 43,168.30 | 0.00 | 43,168.30 | 221,070.26 | 264,238.56 |
| Expense | | | | | |
| 6000 · SALARIES | 10,298.92 | 14,194.66 | 24,493.58 | 33,559.37 | 58,052.95 |
| 6030 · PERSONNEL OTHER EXPENSES | 3,506.97 | 1,786.96 | 5,293.93 | 9,576.52 | 14,870.45 |
| 6100 · ADMINISTRATION | | | | | |
| 6110 · Training / Travel | 51.55 | 0.00 | 51.55 | 481.96 | 533.51 |
| 6215 · Admin Services | 108.00 | 0.00 | 108.00 | 447.00 | 555.00 |
| 6240 · Computer Service/Software | 116.23 | 594.00 | 710.23 | 228.23 | 938.46 |
| 6283 · Janitorial | 250.00 | 200.00 | 450.00 | 250.00 | 700.00 |
| 6310 · Supplies | 305.33 | 0.00 | 305.33 | 665.10 | 970.43 |
| 6340 · Postage | 0.00 | 0.00 | 0.00 | 324.38 | 324.38 |
| 6350 · Printing / Publishing | 40.63 | 0.00 | 40.63 | 40.63 | 81.26 |
| 6411 · Equipment Purchase | 43.72 | 0.00 | 43.72 | 1,304.75 | 1,348.47 |
| 6420 · Bldg Repairs/Maintenance | 149.55 | 0.00 | 149.55 | 290.00 | 439.55 |
| 6430 · Utilities | 532.34 | 188.13 | 720.47 | 578.51 | 1,298.98 |
| 6520 · Vehicle Maintenance | 0.00 | 0.00 | 0.00 | 119.02 | 119.02 |
| 6522 · Misc Expenses | 19.90 | 0.00 | 19.90 | 19.90 | 39.80 |
| Total 6100 · ADMINISTRATION | 1,617.25 | 982.13 | 2,599.38 | 4,749.48 | 7,348.86 |
| 6700 · PROGRAMS | | | | | |
| 6720 · General Assistance | 0.00 | 0.00 | 0.00 | 23,764.05 | 23,764.05 |
| 6730 · Housing Assistance | 0.00 | 0.00 | 0.00 | 31,001.81 | 31,001.81 |
| 6799 · Other Assistance | | | | | |
| 6728 · Outside Services | 0.00 | 0.00 | 0.00 | 347.70 | 347.70 |
| 6729 · Transportation Assistance | 0.00 | 0.00 | 0.00 | 780.00 | 780.00 |
| 6736 · Homeless Supplies | 0.00 | 0.00 | 0.00 | 550.57 | 550.57 |
| 6737 · Program Supplies - Other | 0.00 | 0.00 | 0.00 | 2,628.80 | 2,628.80 |
| 6738 · Food Assistance | 0.00 | 0.00 | 0.00 | 500.00 | 500.00 |
| 6739 · Program Utilities | 0.00 | 0.00 | 0.00 | 1,539.65 | 1,539.65 |
| 6779 · Utility Assistance | 0.00 | 0.00 | 0.00 | 7,597.50 | 7,597.50 |
| 6770 · Angel Donor Expenses | 0.00 | 0.00 | 0.00 | 473.30 | 473.30 |
| 6795 · Intern/Volunteer Program | 0.00 | 0.00 | 0.00 | 600.00 | 600.00 |
| 6797 · Event Expenses | 17.75 | 0.00 | 17.75 | 539.43 | 557.18 |
| 6798 · Other Grants | 1,257.51 | 0.00 | 1,257.51 | 0.00 | 1,257.51 |
| Total 6799 · Other Assistance | 1,275.26 | 0.00 | 1,275.26 | 15,556.95 | 16,832.21 |
| Total 6700 · PROGRAMS | 1,275.26 | 0.00 | 1,275.26 | 70,322.81 | 71,598.07 |
| Total Expense | 16,698.40 | 16,963.75 | 33,662.15 | 118,208.18 | 151,870.33 |
| Net Ordinary Income | 26,469.90 | -16,963.75 | 9,506.15 | 102,862.08 | 112,368.23 |
| Net Income | 26,469.90 | -16,963.75 | 9,506.15 | 102,862.08 | 112,368.23 |

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Cash Basis

Cunningham Township
Bills and Payroll
 October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|--|---------------------|-------------------------------------|-------------|
| Ordinary Income/Expense | | | |
| Income | | | |
| 4009 · TAXES | | | |
| 4010 · Property Tax | | | |
| 10/26/2023 | CHAMPAIGN COUNTY | Property Tax 5th Distribution | 35,192.45 |
| 10/26/2023 | CHAMPAIGN COUNTY | Property Tax 5th Distribution | 48,599.10 |
| Total 4010 · Property Tax | | | 83,791.55 |
| 4012 · PPRT - Personal Property Tax | | | |
| 10/13/2023 | STATE OF ILLINOIS | Personal Property Tax October | 6,102.12 |
| 10/13/2023 | STATE OF ILLINOIS | Personal Property Tax October | 6,102.12 |
| Total 4012 · PPRT - Personal Property Tax | | | 12,204.24 |
| Total 4009 · TAXES | | | 95,995.79 |
| 4020 · GRANTS | | | |
| 11/02/2023 | CITY OF URBANA. | Urbana Home ARPA 09/01/23 -09/30/23 | 151,450.75 |
| Total 4020 · GRANTS | | | 151,450.75 |
| 4030 · SSI Reimbursements | | | |
| 10/18/2023 | STATE OF ILLINOIS | SSI Reimbursement EB | 7,060.00 |
| 11/02/2023 | STATE OF ILLINOIS | SSI Reimbursement MZ | 3,310.00 |
| Total 4030 · SSI Reimbursements | | | 10,370.00 |
| 4035 · DONATIONS AND GIFTS | | | |
| 4036 · Solidarity Gardens | | | |
| 11/02/2023 | CHYNOWETH, DANIELLE | Solidarity Gardens Donation | 51.99 |
| Total 4036 · Solidarity Gardens | | | 51.99 |
| 4038 · Angel Donor - Paypal | | | |
| 11/02/2023 | Amy Clay | Angel Fund Donation | 5.00 |
| 11/02/2023 | Kirstin Wilcox | Angel Fund Donation | 25.00 |
| 11/02/2023 | Chelsey Clark | Recurring Donation | 25.00 |
| 11/02/2023 | Jason Quackenbush | Angel Fund Donation | 50.00 |
| 11/02/2023 | Deborah Rugg | Angel Fund Donation | 50.00 |
| 11/02/2023 | Aman Aulakh | Recurring Donation | 100.00 |
| 11/02/2023 | Brian Dunn | Recurring Donation | 5.00 |
| 11/02/2023 | Lauren Quinn | Recurring Donation | 10.00 |
| 11/02/2023 | Tom Ackerman | Recurring Donation | 40.00 |
| 11/02/2023 | Robert Burger | Angel Fund Donation | 40.00 |
| 11/02/2023 | Michael Feltes | Recurring Donation | 10.00 |
| 11/02/2023 | Susan Hopkins | Recurring Donation | 100.00 |
| 11/02/2023 | Megan Kuhlenschmidt | Recurring Donation | 10.00 |
| 11/02/2023 | Michael Folk | Recurring Donation | 500.00 |
| 11/02/2023 | Jennifer Roth | Recurring Donation | 25.00 |
| 11/02/2023 | Stacey Robinson | Recurring Donation | 20.00 |
| 11/02/2023 | Jon Hoekstra | Recurring Donation | 4.00 |
| 11/02/2023 | Chelsey Clark | Recurring Donation | 25.00 |
| 11/02/2023 | Aman Aulakh | Recurring Donation | 100.00 |
| 11/02/2023 | Brian Dunn | Recurring Donation | 5.00 |
| 11/02/2023 | Lauren Quinn | Recurring Donation | 10.00 |
| 11/02/2023 | Tom Ackerman | Recurring Donation | 40.00 |
| 11/02/2023 | Michael Feltes | Recurring Donation | 10.00 |
| 11/02/2023 | Susan Hopkins | Recurring Donation | 100.00 |
| 11/02/2023 | Megan Kuhlenschmidt | Recurring Donation | 10.00 |
| 11/02/2023 | Michael Folk | Recurring Donation | 500.00 |
| 11/02/2023 | Jennifer Roth | Recurring Donation | 25.00 |
| 11/02/2023 | Stacey Robinson | Recurring Donation | 20.00 |
| 11/02/2023 | Jon Hoekstra | Recurring Donation | 4.00 |
| 11/02/2023 | Chelsey Clark | Recurring Donation | 25.00 |
| 11/02/2023 | Aman Aulakh | Recurring Donation | 100.00 |
| 11/02/2023 | Brian Dunn | Recurring Donation | 5.00 |
| 11/02/2023 | PAYPAL | Paypal Fees | -75.42 |

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Cash Basis

Cunningham Township

Bills and Payroll

October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|------------|---|--------------------------|-------------|
| | Total 4038 · Angel Donor - Paypal | | 1,922.58 |
| | 4039 · Angel Donor - Cash and Checks | | |
| 10/13/2023 | Mary Barrineau & Jeff Unger | Angel Donation | 500.00 |
| 10/13/2023 | ANON - Whitney Street | Angel Donation recurring | 100.00 |
| 11/02/2023 | ANON - Whitney Street | Recurring Angel Donation | 100.00 |
| | Total 4039 · Angel Donor - Cash and Checks | | 700.00 |
| | Total 4035 · DONATIONS AND GIFTS | | 2,674.57 |
| | 4050 · OTHER INCOME | | |
| | 4041 · Interest Income | | |
| 10/31/2023 | BUSEY BANK | Interest | 1,873.73 |
| 10/31/2023 | BUSEY BANK | Interest | 1,873.72 |
| | Total 4041 · Interest Income | | 3,747.45 |
| | Total 4050 · OTHER INCOME | | 3,747.45 |
| | Total Income | | 264,238.56 |
| | Gross Profit | | 264,238.56 |
| | Expense | | |
| | 6000 · SALARIES | | |
| | 6010 · SUPERVISOR'S SALARY | | |
| 10/13/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 2,695.00 |
| 10/27/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 2,695.00 |
| | Total 6010 · SUPERVISOR'S SALARY | | 5,390.00 |
| | 6011 · ASSESSOR'S SALARY | | |
| 10/13/2023 | Ivana Owona | Direct Deposit | 2,695.00 |
| 10/27/2023 | Ivana Owona | Direct Deposit | 2,695.00 |
| | Total 6011 · ASSESSOR'S SALARY | | 5,390.00 |
| | 6012 · CLERK'S SALARY | | |
| 10/13/2023 | PHYLLIS D CLARK | Direct Deposit | 144.46 |
| 10/27/2023 | PHYLLIS D CLARK | Direct Deposit | 144.46 |
| | Total 6012 · CLERK'S SALARY | | 288.92 |
| | 6013 · SALARIES - OTHERS | | |
| 10/13/2023 | Jada Harris | Direct Deposit | 1,540.00 |
| 10/13/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 316.33 |
| 10/13/2023 | WAYNE T WILLIAMS | Direct Deposit | 1,500.00 |
| 10/13/2023 | William Harris | Direct Deposit | 1,075.00 |
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 2,094.02 |
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 215.98 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 147.00 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 1,031.80 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 294.00 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 1,337.05 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 146.25 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 159.25 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 1,212.20 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 221.05 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 1,313.37 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 50.23 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 143.50 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 2,025.10 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 231.00 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 53.90 |
| 10/13/2023 | JEN STRAUB | Direct Deposit | 137.50 |
| 10/13/2023 | JEN STRAUB | Direct Deposit | 1,077.63 |
| 10/13/2023 | Jenny Goodwine | Direct Deposit | 294.00 |
| 10/13/2023 | Jenny Goodwine | Direct Deposit | 976.15 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 159.25 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 953.98 |

Cunningham Township
Bills and Payroll
October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|--|----------------------------|---|-------------|
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 58.39 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 58.39 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 164.50 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 1,526.33 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 23.50 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 154.00 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 1,357.77 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 28.23 |
| 10/13/2023 | Melissa Stone | | 173.75 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 1,449.43 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 154.00 |
| 10/27/2023 | Jada Harris | Direct Deposit | 1,540.00 |
| 10/27/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 258.33 |
| 10/27/2023 | WAYNE T WILLIAMS | Direct Deposit | 1,500.00 |
| 10/27/2023 | William Harris | Direct Deposit | 1,075.00 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 1,799.11 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 197.76 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 313.13 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 1,438.85 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 73.50 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 1,087.77 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 195.00 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 136.50 |
| 10/27/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 1,387.75 |
| 10/27/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 204.75 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 1,330.45 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 37.58 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 74.48 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 2,227.50 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 82.50 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 465.67 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 22.00 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 198.00 |
| 10/27/2023 | Jenny Goodwine | Direct Deposit | 1,324.05 |
| 10/27/2023 | Jenny Goodwine | Direct Deposit | 73.50 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 957.78 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 58.77 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 58.77 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 1,330.10 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 329.00 |
| 10/27/2023 | MARTEL MILLER | Direct Deposit | 1,650.73 |
| 10/27/2023 | Melissa Stone | | 145.00 |
| 10/27/2023 | SHAYA . ROBINSON | Direct Deposit | 1,556.87 |
| Total 6013 · SALARIES - OTHERS | | | 46,984.03 |
| Total 6000 · SALARIES | | | 58,052.95 |
| 6030 · PERSONNEL OTHER EXPENSES | | | |
| 6009 · PAYROLL EXPENSES | | | |
| 10/12/2023 | QuickBooks Payroll Service | Fee for 5 direct deposit(s) at \$1.75 each | 8.75 |
| 10/12/2023 | QuickBooks Payroll Service | Fee for 3 direct deposit(s) at \$1.75 each | 5.25 |
| 10/12/2023 | QuickBooks Payroll Service | Fee for 13 direct deposit(s) at \$1.75 each | 22.75 |
| 10/26/2023 | QuickBooks Payroll Service | Fee for 1 direct deposit(s) at \$1.75 each | 1.75 |
| 10/26/2023 | QuickBooks Payroll Service | Fee for 5 direct deposit(s) at \$1.75 each | 8.75 |
| 10/26/2023 | QuickBooks Payroll Service | Fee for 3 direct deposit(s) at \$1.75 each | 5.25 |
| 10/26/2023 | QuickBooks Payroll Service | Fee for 13 direct deposit(s) at \$1.75 each | 22.75 |
| Total 6009 · PAYROLL EXPENSES | | | 75.25 |
| 6040 · HEALTH INSURANCE | | | |
| 10/13/2023 | Jada Harris | Direct Deposit | 302.58 |
| 10/13/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 721.89 |
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 590.64 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 302.58 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 317.11 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 303.79 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 328.91 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 551.23 |

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11/08/23

Cash Basis

Cunningham Township

Bills and Payroll

October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|-------------------------------|----------------------------|-----------------------------|-------------|
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 303.79 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 850.25 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 367.33 |
| 10/27/2023 | Jada Harris | Direct Deposit | 302.58 |
| 10/27/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 721.88 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 590.63 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 302.58 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 317.10 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 303.79 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 328.90 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 551.23 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 303.79 |
| 10/27/2023 | MARTEL MILLER | Direct Deposit | 850.25 |
| 10/27/2023 | SHAYA . ROBINSON | Direct Deposit | 367.33 |
| 11/01/2023 | Key Benefit Administrators | Health Insurance Admin Fees | 21.66 |
| 11/01/2023 | Key Benefit Administrators | Health Insurance Admin Fees | 21.67 |
| 11/01/2023 | Key Benefit Administrators | Health Insurance Admin Fees | 21.67 |
| Total 6040 · HEALTH INSURANCE | | | 9,945.16 |
| 6050 · IMRF | | | |
| 10/13/2023 | Ivana Owona | Direct Deposit | 23.45 |
| 10/13/2023 | Jada Harris | Direct Deposit | 13.40 |
| 10/13/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 23.45 |
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 20.10 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 12.81 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 12.90 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 13.85 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 13.11 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 20.10 |
| 10/13/2023 | JEN STRAUB | Direct Deposit | 10.57 |
| 10/13/2023 | Jenny Goodwine | Direct Deposit | 11.05 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 10.70 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 14.91 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 13.40 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 13.95 |
| 10/27/2023 | Ivana Owona | Direct Deposit | 23.45 |
| 10/27/2023 | Jada Harris | Direct Deposit | 13.40 |
| 10/27/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 23.45 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 20.10 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 13.16 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 12.35 |
| 10/27/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 13.85 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 12.55 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 20.10 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 5.97 |
| 10/27/2023 | Jenny Goodwine | Direct Deposit | 12.16 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 9.36 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 14.43 |
| 10/27/2023 | MARTEL MILLER | Direct Deposit | 14.36 |
| 10/27/2023 | SHAYA . ROBINSON | Direct Deposit | 13.54 |
| 10/31/2023 | | Rounding Adjustment | -0.01 |
| Total 6050 · IMRF | | | 449.97 |
| 6060 · FICA | | | |
| 10/13/2023 | Ivana Owona | Direct Deposit | 163.99 |
| 10/13/2023 | Ivana Owona | Direct Deposit | 38.36 |
| 10/13/2023 | Jada Harris | Direct Deposit | 95.48 |
| 10/13/2023 | Jada Harris | Direct Deposit | 22.33 |
| 10/13/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 19.61 |
| 10/13/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 4.59 |
| 10/13/2023 | WAYNE T WILLIAMS | Direct Deposit | 83.95 |
| 10/13/2023 | WAYNE T WILLIAMS | Direct Deposit | 19.64 |
| 10/13/2023 | William Harris | Direct Deposit | 66.65 |
| 10/13/2023 | William Harris | Direct Deposit | 15.59 |
| 10/13/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 160.12 |
| 10/13/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 37.44 |
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 139.99 |

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11/08/23

Cash Basis

Cunningham Township
Bills and Payroll
October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|------------|-----------------------|----------------|-------------|
| 10/13/2023 | Nicole Philyaw | Direct Deposit | 32.74 |
| 10/13/2023 | PHYLLIS D CLARK | Direct Deposit | 8.96 |
| 10/13/2023 | PHYLLIS D CLARK | Direct Deposit | 2.10 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 90.47 |
| 10/13/2023 | Brittany Tuten | Direct Deposit | 21.16 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 91.12 |
| 10/13/2023 | Destiny Coffey | Direct Deposit | 21.31 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 98.73 |
| 10/13/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 23.09 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 88.00 |
| 10/13/2023 | Ioline Regibeau | Direct Deposit | 20.58 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 139.99 |
| 10/13/2023 | JAZMINE HERNANDEZ | Direct Deposit | 32.74 |
| 10/13/2023 | JEN STRAUB | Direct Deposit | 75.34 |
| 10/13/2023 | JEN STRAUB | Direct Deposit | 17.62 |
| 10/13/2023 | Jenny Goodwine | Direct Deposit | 78.75 |
| 10/13/2023 | Jenny Goodwine | Direct Deposit | 18.42 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 71.21 |
| 10/13/2023 | KYLE PATTERSON | Direct Deposit | 16.65 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 103.89 |
| 10/13/2023 | LILYIA GARCIA | Direct Deposit | 24.30 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 95.48 |
| 10/13/2023 | MARTEL MILLER | Direct Deposit | 22.33 |
| 10/13/2023 | Melissa Stone | | 10.78 |
| 10/13/2023 | Melissa Stone | | 2.52 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 96.95 |
| 10/13/2023 | SHAYA . ROBINSON | Direct Deposit | 22.68 |
| 10/13/2023 | Zane Schneider | Direct Deposit | 9.30 |
| 10/13/2023 | Zane Schneider | Direct Deposit | 2.17 |
| 10/13/2023 | Trinity Lewis | Direct Deposit | 9.30 |
| 10/13/2023 | Trinity Lewis | Direct Deposit | 2.18 |
| 10/27/2023 | Ivana Owona | Direct Deposit | 163.99 |
| 10/27/2023 | Ivana Owona | Direct Deposit | 38.35 |
| 10/27/2023 | Jada Harris | Direct Deposit | 95.48 |
| 10/27/2023 | Jada Harris | Direct Deposit | 22.33 |
| 10/27/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 16.01 |
| 10/27/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 3.75 |
| 10/27/2023 | WAYNE T WILLIAMS | Direct Deposit | 83.96 |
| 10/27/2023 | WAYNE T WILLIAMS | Direct Deposit | 19.63 |
| 10/27/2023 | William Harris | Direct Deposit | 66.65 |
| 10/27/2023 | William Harris | Direct Deposit | 15.58 |
| 10/27/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 160.11 |
| 10/27/2023 | DANIELLE L. CHYNOWETH | Direct Deposit | 37.45 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 139.98 |
| 10/27/2023 | Nicole Philyaw | Direct Deposit | 32.74 |
| 10/27/2023 | PHYLLIS D CLARK | Direct Deposit | 8.95 |
| 10/27/2023 | PHYLLIS D CLARK | Direct Deposit | 2.09 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 92.93 |
| 10/27/2023 | Brittany Tuten | Direct Deposit | 21.73 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 87.16 |
| 10/27/2023 | Destiny Coffey | Direct Deposit | 20.38 |
| 10/27/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 98.74 |
| 10/27/2023 | ELIZABETH PERRACHIONE | Direct Deposit | 23.09 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 84.00 |
| 10/27/2023 | Ioline Regibeau | Direct Deposit | 19.64 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 139.98 |
| 10/27/2023 | JAZMINE HERNANDEZ | Direct Deposit | 32.74 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 42.51 |
| 10/27/2023 | JEN STRAUB | Direct Deposit | 9.94 |
| 10/27/2023 | Jenny Goodwine | Direct Deposit | 86.64 |
| 10/27/2023 | Jenny Goodwine | Direct Deposit | 20.27 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 61.62 |
| 10/27/2023 | KYLE PATTERSON | Direct Deposit | 14.41 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 100.48 |
| 10/27/2023 | LILYIA GARCIA | Direct Deposit | 23.50 |
| 10/27/2023 | MARTEL MILLER | Direct Deposit | 102.34 |
| 10/27/2023 | MARTEL MILLER | Direct Deposit | 23.94 |
| 10/27/2023 | Melissa Stone | | 8.99 |

Cunningham Township
Bills and Payroll
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| Date | Name | Memo | Paid Amount |
|---|------------------------------|---|-------------|
| 10/27/2023 | Melissa Stone | | 2.10 |
| 10/27/2023 | SHAYA . ROBINSON | Direct Deposit | 94.07 |
| 10/27/2023 | SHAYA . ROBINSON | Direct Deposit | 22.00 |
| 10/27/2023 | Trinity Lewis | Direct Deposit | 9.30 |
| 10/27/2023 | Trinity Lewis | Direct Deposit | 2.17 |
| 10/27/2023 | Zane Schneider | Direct Deposit | 9.30 |
| 10/27/2023 | Zane Schneider | Direct Deposit | 2.18 |
| Total 6060 · FICA | | | 4,381.80 |
| 6070 · UNEMPLOYMENT COMP INS | | | |
| 10/13/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 2.69 |
| 10/13/2023 | WAYNE T WILLIAMS | Direct Deposit | 8.13 |
| 10/13/2023 | Melissa Stone | | 1.48 |
| 10/13/2023 | Zane Schneider | Direct Deposit | 1.27 |
| 10/27/2023 | TANMAYSINGH R RAJPUT | Direct Deposit | 2.19 |
| 10/27/2023 | Melissa Stone | | 1.23 |
| 10/27/2023 | Zane Schneider | Direct Deposit | 1.28 |
| Total 6070 · UNEMPLOYMENT COMP INS | | | 18.27 |
| Total 6030 · PERSONNEL OTHER EXPENSES | | | 14,870.45 |
| 6100 · ADMINISTRATION | | | |
| 6110 · Training / Travel | | | |
| 10/19/2023 | UNIVERSITY OF ILLINOIS | Social Work class Shaya | 10.00 |
| 10/23/2023 | Epiphany Farms | 2023 Housing Matters Conf | 49.55 |
| 10/23/2023 | Epiphany Farms | 2023 Housing Matters Conf Jenny | 49.55 |
| 10/23/2023 | Epiphany Farms | 2023 Housing Matters Conf Brittany | 49.55 |
| 10/23/2023 | Epiphany Farms | 2023 Housing Matters Conf Shaya | 49.55 |
| 10/23/2023 | UNIVERSITY OF ILLINOIS | Social Work class Lilyia | 30.00 |
| 10/23/2023 | Chateau Bloomington | 2023 Housing Matters Conf | 2.00 |
| 10/27/2023 | Alliance to End Homelessness | Training Destiny | 30.00 |
| 11/01/2023 | BRITTANY TUTEN. | Mileage Reimbursement | 123.14 |
| 11/01/2023 | JENNY GOODWINE. | Mileage Reimbursement | 65.50 |
| 11/01/2023 | SHAYA ROBINSON. | Reimburse Training Travel | 74.67 |
| Total 6110 · Training / Travel | | | 533.51 |
| 6215 · Admin Services | | | |
| 10/10/2023 | Dropbox Sign - hellosign | signature software | 20.00 |
| 10/31/2023 | BUSEY BANK | Positive Pay Fee | 20.00 |
| 10/31/2023 | BUSEY BANK | Positive Pay Fee | 20.00 |
| 11/02/2023 | INDEED | Job listing | 407.00 |
| 11/02/2023 | INDEED | Job listing | 88.00 |
| Total 6215 · Admin Services | | | 555.00 |
| 6240 · Computer Service/Software | | | |
| 10/19/2023 | Microsoft | MSFT 365 | 20.45 |
| 10/19/2023 | Microsoft | MSFT 365 | 20.44 |
| 10/19/2023 | Microsoft | MSFT 365 | 69.00 |
| 10/19/2023 | Microsoft | MSFT 365 | 69.00 |
| 10/24/2023 | Mailchimp | Email Platform Subscription | 16.78 |
| 10/24/2023 | Mailchimp | Email Platform Subscription | 16.79 |
| 10/31/2023 | GOOGLE | Google Workspace | 144.00 |
| 11/01/2023 | CHAMPAIGN CO GIS CONSORTIUM | GIS Application Extension Agreement 7/1/23 -6/30/24 | 450.00 |
| 11/02/2023 | INTUIT | Quickbooks Time | 10.00 |
| 11/02/2023 | INTUIT | Quickbooks Time | 122.00 |
| Total 6240 · Computer Service/Software | | | 938.46 |
| 6283 · Janitorial | | | |
| 11/01/2023 | JJB Cleaning LLC | Office Cleaning | 250.00 |
| 11/01/2023 | JJB Cleaning LLC | Office Cleaning | 250.00 |
| 11/01/2023 | JJB Cleaning LLC | Office Cleaning | 200.00 |
| Total 6283 · Janitorial | | | 700.00 |
| 6310 · Supplies | | | |
| 10/06/2023 | Amazon | Office Supplies | 19.99 |

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Cash Basis

Cunningham Township

Bills and Payroll

October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|--|----------------------------|------------------------------|-------------|
| 10/06/2023 | WALMART | Office Supplies | 74.36 |
| 10/10/2023 | SAMS CLUB #8197 | Supplies | 146.18 |
| 10/10/2023 | SAMS CLUB #8197 | Supplies | 146.17 |
| 10/25/2023 | Amazon | Office Supplies | 40.06 |
| 10/27/2023 | Amazon | Office Supplies | 95.98 |
| 10/30/2023 | Amazon | Office Supplies | 36.99 |
| 10/30/2023 | Amazon | Office Supplies | 15.94 |
| 10/30/2023 | Amazon | Office Supplies | 22.65 |
| 10/30/2023 | Amazon | Office Supplies | 19.99 |
| 10/30/2023 | Amazon | EH Supplies - fobs | 16.41 |
| 11/02/2023 | Amazon | Office Supplies | -19.99 |
| 11/03/2023 | SAMS CLUB #8197 | Supplies | 159.15 |
| 11/03/2023 | SAMS CLUB #8197 | Supplies | 159.15 |
| 11/03/2023 | Amazon | Office Supplies | 37.40 |
| Total 6310 · Supplies | | | 970.43 |
| 6340 · Postage | | | |
| 11/01/2023 | USPS | Stamps | 324.38 |
| Total 6340 · Postage | | | 324.38 |
| 6350 · Printing / Publishing | | | |
| 11/01/2023 | Watts Copy Systems | Printing charges | 40.63 |
| 11/01/2023 | Watts Copy Systems | Printing charges | 40.63 |
| Total 6350 · Printing / Publishing | | | 81.26 |
| 6411 · Equipment Purchase | | | |
| 10/11/2023 | Amazon | Computer Equipment | 986.04 |
| 10/12/2023 | Amazon | Computer Equipment | 274.98 |
| 11/01/2023 | Watts Copy Systems | Copier lease | 43.73 |
| 11/01/2023 | Watts Copy Systems | Copier lease | 43.72 |
| Total 6411 · Equipment Purchase | | | 1,348.47 |
| 6420 · Bldg Repairs/Maintenance | | | |
| 6421 · Bldg Repairs / Maint | | | |
| 10/20/2023 | MENARDS | Replace broken bathroom sink | 214.54 |
| 10/25/2023 | MENARDS | Return bathroom sink | -129.99 |
| 11/01/2023 | ALEX LANDSCAPING | Lawn Care - EH | 100.00 |
| 11/01/2023 | ALEX LANDSCAPING | Lawn Care - CTSO | 50.00 |
| 11/01/2023 | ALEX LANDSCAPING | Lawn Care - CTSO | 50.00 |
| 11/01/2023 | ALEX LANDSCAPING | Lawn Care - Wood St | 100.00 |
| 11/01/2023 | AMERICAN PEST CONTROL INC. | Pest Control Service Oct | 15.00 |
| 11/01/2023 | AMERICAN PEST CONTROL INC. | Pest Control Service Oct | 15.00 |
| 11/01/2023 | JEFF TRAINOR | Grounds maintenance | 25.00 |
| Total 6421 · Bldg Repairs / Maint | | | 439.55 |
| Total 6420 · Bldg Repairs/Maintenance | | | 439.55 |
| 6430 · Utilities | | | |
| 10/07/2023 | TING | Case manager phone | 28.17 |
| 10/13/2023 | I3 Broadband | Internet | 82.47 |
| 10/13/2023 | I3 Broadband | Internet | 82.47 |
| 10/20/2023 | IL AMERICAN WATER CO | CTSO Water | 28.75 |
| 10/20/2023 | IL AMERICAN WATER CO | CTSO Water | 28.75 |
| 10/24/2023 | AMEREN ILLINOIS | 205 W Green | 210.95 |
| 10/24/2023 | AMEREN ILLINOIS | 205 W Green | 210.95 |
| 11/01/2023 | Fax.Plus | Fax Service | 17.99 |
| 11/01/2023 | VOLO | Internet | 59.95 |
| 11/01/2023 | DALE LEVITT DISPOSAL | Trash service Nov -Jan | 82.00 |
| 11/01/2023 | DALE LEVITT DISPOSAL | Trash service Nov -Jan | 82.00 |
| 11/03/2023 | OOMA INC | Phone Service | 128.17 |
| 11/03/2023 | OOMA INC | Phone Service | 128.18 |
| 11/03/2023 | OOMA INC | Phone Service | 128.18 |
| Total 6430 · Utilities | | | 1,298.98 |
| 6520 · Vehicle Maintenance | | | |

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Cash Basis

Cunningham Township
Bills and Payroll
 October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|--|-------------------|-------------------------------------|-------------------|
| 10/07/2023 | SAMS CLUB #8197 | Fuel for Street Outreach Car | 27.00 |
| 10/19/2023 | SAMS CLUB #8197 | Fuel for Street Outreach Car | 26.00 |
| 10/23/2023 | SAMS CLUB #8197 | Fuel for Street Outreach Car | 23.01 |
| 10/26/2023 | CIRCLE K | Fuel for Street Outreach Car | 20.00 |
| 11/01/2023 | SAMS CLUB #8197 | Fuel for Street Outreach Car | 23.01 |
| Total 6520 · Vehicle Maintenance | | | 119.02 |
| 6522 · Misc Expenses | | | |
| 10/17/2023 | Hinckley Springs | Water Cooler | 19.90 |
| 10/17/2023 | Hinckley Springs | Water Cooler | 19.90 |
| Total 6522 · Misc Expenses | | | 39.80 |
| Total 6100 · ADMINISTRATION | | | 7,348.86 |
| 6700 · PROGRAMS | | | |
| 6799 · Other Assistance | | | |
| 6795 · Intern/Volunteer Program | | | |
| 10/13/2023 | Zane Schneider | Direct Deposit | 150.00 |
| 10/13/2023 | Trinity Lewis | Direct Deposit | 150.00 |
| 10/27/2023 | Trinity Lewis | Direct Deposit | 150.00 |
| 10/27/2023 | Zane Schneider | Direct Deposit | 150.00 |
| Total 6795 · Intern/Volunteer Program | | | 600.00 |
| 6797 · Event Expenses | | | |
| 10/13/2023 | JESSICA BLACK. | Event Planning | 118.80 |
| 10/14/2023 | SCHNUCKS URBANA | CTSO Healing Harvest Event | 26.97 |
| 10/14/2023 | Costco | Event Supplies | 52.48 |
| 10/16/2023 | SCHNUCKS URBANA | CTSO Healing Harvest Event | 38.78 |
| 10/18/2023 | Dunkin Donuts | Staff Appreciation | 17.75 |
| 10/27/2023 | JESSICA BLACK. | Event Planning | 302.40 |
| Total 6797 · Event Expenses | | | 557.18 |
| 6798 · Other Grants | | | |
| 11/01/2023 | SOLA GRATIA FARMS | Reimburse Munro & Barkley Wages Sep | 1,257.51 |
| Total 6798 · Other Grants | | | 1,257.51 |
| Total 6799 · Other Assistance | | | 2,414.69 |
| Total 6700 · PROGRAMS | | | 2,414.69 |
| Total Expense | | | 82,686.95 |
| Net Ordinary Income | | | 181,551.61 |
| Net Income | | | 181,551.61 |

Cash Basis

Cunningham Township
General Assistance Personal Allowances
October 6 through November 3, 2023

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Cash Basis

Cunningham Township
Additional Assistance
October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|--|--------------------------|--------------------------------|-------------|
| Ordinary Income/Expense | | | |
| Expense | | | |
| 6700 · PROGRAMS | | | |
| 6730 · Housing Assistance | | | |
| 6732 · RA Homeless Prevention | | | |
| 10/17/2023 | LI PARKSIDE APARTM... | RA Arrears DM | 1,998.75 |
| 10/17/2023 | TOWN & COUNTRY A... | RA Arrears MB | 718.95 |
| 11/02/2023 | DAVID MILLER | RA Arrears XG | 3,202.86 |
| 11/02/2023 | HOUSING AUTHORIT... | RA Arrears AG | 565.00 |
| 11/02/2023 | Prime Property Group | RA Arrears KP | 1,325.00 |
| 11/02/2023 | Clark Properties 217 LLC | RA Arrears TS | 2,547.74 |
| 11/02/2023 | THOMAS RENTALS, L... | RA Arrears JY | 2,698.57 |
| 11/02/2023 | RENT CHAMPAIGN | RA Arrears RJ | 3,252.50 |
| 11/02/2023 | AUSTIN RENTALS | RA Arrears CP | 259.00 |
| 11/02/2023 | SUNNYCREST MANO... | RA Arrears SN | 184.00 |
| 11/02/2023 | URBANA PARC LLC | RA Arrears SV | 574.44 |
| Total 6732 · RA Homeless Prevention | | | 17,326.81 |
| 6733 · RA Move-in Assistance | | | |
| 10/18/2023 | SUNNYCREST MANO... | RA Move-In RD Rent | 68.00 |
| 10/18/2023 | SUNNYCREST MANO... | RA Move-In RD Security Deposit | 167.00 |
| 11/02/2023 | HATTIE PAULK | RA Move-In AF Security Deposit | 1,000.00 |
| 11/02/2023 | HATTIE PAULK | RA Move-In AF Rent | 1,000.00 |
| 11/02/2023 | THANH PHAM | RA Move-In JL Security Deposit | 525.00 |
| 11/02/2023 | THANH PHAM | RA Move-In JL Rent | 525.00 |
| 11/02/2023 | JSJ Property Managem... | RA Move-In JA Security Deposit | 795.00 |
| 11/02/2023 | JSJ Property Managem... | RA Move-In JA Rent | 795.00 |
| Total 6733 · RA Move-in Assistance | | | 4,875.00 |
| 6734 · Tenant Based Rent Assist | | | |
| 10/26/2023 | ASPEN COURT | RRH Rent MW November | 700.00 |
| 10/26/2023 | URBANA ESTATES | RRH Rent JJ November | 300.00 |
| 10/26/2023 | DAVID MILLER | RRH Rent PR November | 300.00 |
| 10/26/2023 | PRAIRIE GREEN I | RRH Rent AM November | 750.00 |
| Total 6734 · Tenant Based Rent Assist | | | 2,050.00 |
| 6735 · Emergency Housing Hotels | | | |
| 10/31/2023 | RODEWAY INN | Emergency hotel housing DD | 1,350.00 |
| 10/31/2023 | RODEWAY INN | Emergency hotel housing MS | 1,350.00 |
| 10/31/2023 | RODEWAY INN | Emergency hotel housing PS | 1,350.00 |
| 10/31/2023 | RODEWAY INN | Emergency hotel housing EL | 1,350.00 |
| 10/31/2023 | RODEWAY INN | Emergency hotel housing JJ | 1,350.00 |
| Total 6735 · Emergency Housing Hotels | | | 6,750.00 |
| Total 6730 · Housing Assistance | | | 31,001.81 |
| 6799 · Other Assistance | | | |
| 6728 · Outside Services | | | |
| 11/01/2023 | MAATUKA AL-HEETI E... | Attorney services for client | 330.00 |
| 11/01/2023 | PROPRIO LS, LLC | Translation Services | 17.70 |
| Total 6728 · Outside Services | | | 347.70 |
| 6729 · Transportation Assistance | | | |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |

Cunningham Township
Additional Assistance
October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|------------|--|--|-------------|
| 11/01/2023 | MTD | Annual Bus Pass for Client | 60.00 |
| | Total 6729 · Transportation Assistance | | 780.00 |
| | 6736 · Homeless Supplies | | |
| 10/13/2023 | Rural King | Street Outreach Supplies | 129.85 |
| 10/19/2023 | ROSS | Street Outreach Supplies | 49.99 |
| 11/01/2023 | Amazon | Street Outreach Supplies | 34.20 |
| 11/02/2023 | Amazon | Street Outreach Supplies | 336.53 |
| | Total 6736 · Homeless Supplies | | 550.57 |
| | 6737 · Program Supplies - Other | | |
| 10/06/2023 | Amazon | Emergency Housing Supplies | 19.98 |
| 10/10/2023 | WALMART | Emergency Housing Supplies | 83.36 |
| 10/11/2023 | Amazon | ETH School Supplies | 15.99 |
| 10/11/2023 | Amazon | ETH School Supplies | 206.99 |
| 10/17/2023 | Amazon | ETH School Supplies | 92.71 |
| 10/18/2023 | TENNESSEE VITAL R... | Birth Certificate for participant | 15.00 |
| 10/19/2023 | DOLLAR TREE | Family Housing Supplies | 171.25 |
| 10/25/2023 | Amazon | Family Housing Supplies | 49.98 |
| 10/26/2023 | Amazon | Family Housing Supplies | 191.72 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 39.31 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 247.50 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 248.54 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 498.05 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 249.34 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 484.08 |
| 11/01/2023 | MARION COUNTY PU... | Vital Record Request for Participant | 15.00 |
| | Total 6737 · Program Supplies - Other | | 2,628.80 |
| | 6738 · Food Assistance | | |
| 11/01/2023 | CHANNING MURRAY ... | ETH Meal Kits | 500.00 |
| | Total 6738 · Food Assistance | | 500.00 |
| | 6739 · Program Utilities | | |
| 10/21/2023 | GFL Environmental | Trash service California properties | 118.69 |
| 10/24/2023 | AMEREN ILLINOIS | 208 E California #4 | 123.44 |
| 10/24/2023 | AMEREN ILLINOIS | 208 E California #2 | 46.64 |
| 10/24/2023 | AMEREN ILLINOIS | 206 E California #4 | 220.21 |
| 10/24/2023 | AMEREN ILLINOIS | 206 E California #3 | 218.45 |
| 10/24/2023 | AMEREN ILLINOIS | 206 E California #2 | 141.97 |
| 10/24/2023 | AMEREN ILLINOIS | 206 E California #1 | 42.27 |
| 10/25/2023 | AMEREN ILLINOIS | 208 E California #3 | 166.89 |
| 10/25/2023 | AMEREN ILLINOIS | 208 E California #1 | 89.44 |
| 10/26/2023 | IL AMERICAN WATER ... | 206 E California #2 | 85.92 |
| 10/26/2023 | IL AMERICAN WATER ... | 206 E California #3 | 39.50 |
| 10/26/2023 | IL AMERICAN WATER ... | 206 E California #4 | 85.92 |
| 10/26/2023 | IL AMERICAN WATER ... | 208 E California #1 | 25.66 |
| 10/26/2023 | IL AMERICAN WATER ... | 208 E California #2 | 72.46 |
| 10/26/2023 | IL AMERICAN WATER ... | 208 E California #3 | 28.91 |
| 10/26/2023 | IL AMERICAN WATER ... | 208 E California #4 | 33.28 |
| | Total 6739 · Program Utilities | | 1,539.65 |
| | 6779 · Utility Assistance | | |
| 10/06/2023 | AMEREN ILLINOIS | Utility payment for SC | 429.00 |
| 10/11/2023 | AMEREN ILLINOIS | Utility payment for SL | 439.42 |
| 10/13/2023 | AMEREN ILLINOIS | Utility payment for TS | 600.00 |
| 10/13/2023 | AMEREN ILLINOIS | Utility payment for SA | 627.18 |
| 10/14/2023 | AMEREN ILLINOIS | Utility payment for TP | 277.03 |
| 10/17/2023 | AMEREN ILLINOIS | Utility payment for JP | 588.49 |
| 10/17/2023 | AMEREN ILLINOIS | Utility payment for EB | 294.39 |
| 10/18/2023 | IL AMERICAN WATER ... | Utility payment for client | 215.94 |
| 10/21/2023 | AMEREN ILLINOIS | Utility payment for TD | 721.00 |
| 10/24/2023 | AMEREN ILLINOIS | Utility payment for MG | 291.00 |
| 10/26/2023 | AMEREN ILLINOIS | Utility payment for JT | 628.16 |
| 10/28/2023 | AMEREN ILLINOIS | Utility payment for SR | 493.62 |

Cunningham Township
Additional Assistance
October 6 through November 3, 2023

| Date | Name | Memo | Paid Amount |
|------------------------------------|---------------------|--|-------------------|
| 10/28/2023 | AMEREN ILLINOIS | Utility payment for WK | 499.68 |
| 10/28/2023 | AMEREN ILLINOIS | Utility payment for AP | 524.51 |
| 10/28/2023 | AMEREN ILLINOIS | Utility payment for AN | 353.08 |
| 10/28/2023 | AMEREN ILLINOIS | Utility payment for DM | 359.00 |
| 11/02/2023 | AMEREN ILLINOIS | Utility payment for JJ | 256.00 |
| Total 6779 · Utility Assistance | | | 7,597.50 |
| 6770 · Angel Donor Expenses | | | |
| 10/16/2023 | U-Haul | Pay off storage unit for access for cli... | 385.88 |
| 11/01/2023 | Salt and Light | Client Assistance - Housewarming pr... | 22.57 |
| 11/01/2023 | Urbana Free Library | Copies/Notary/Fax July - Sept 2023 | 64.85 |
| Total 6770 · Angel Donor Expenses | | | 473.30 |
| 6797 · Event Expenses | | | |
| 10/13/2023 | JESSICA BLACK. | Event Planning | 118.80 |
| 10/14/2023 | SCHNUCKS URBANA | CTSO Healing Harvest Event | 26.97 |
| 10/14/2023 | Costco | Event Supplies | 52.48 |
| 10/16/2023 | SCHNUCKS URBANA | CTSO Healing Harvest Event | 38.78 |
| 10/18/2023 | Dunkin Donuts | Staff Appreciation | 17.75 |
| 10/27/2023 | JESSICA BLACK. | Event Planning | 302.40 |
| Total 6797 · Event Expenses | | | 557.18 |
| 6798 · Other Grants | | | |
| 11/01/2023 | SOLA GRATIA FARMS | Reimburse Munro & Barkley Wages ... | 1,257.51 |
| Total 6798 · Other Grants | | | 1,257.51 |
| Total 6799 · Other Assistance | | | 16,232.21 |
| Total 6700 · PROGRAMS | | | 47,234.02 |
| Total Expense | | | 47,234.02 |
| Net Ordinary Income | | | -47,234.02 |
| Net Income | | | -47,234.02 |



Cunningham Township
Danielle Chynoweth, Supervisor
205 WEST GREEN ST • URBANA, IL 61801
(217) 384-4144 • FAX: (217) 367-7063
WWW.CUNNINGHAMTOWNSHIP.ORG

Cunningham Township Supervisor's Memo Nov. 13, 2023

Town Bills Report

- Town Fund: \$33,662.15
- General Assistance Fund: \$118,208.18
- TOTAL expenditures: \$151,870.33

INCOME SUPPORT

General Assistance

A monthly grant for Urbana residents who are disabled or out of work – with supportive services to stabilize housing & health, seek & train for work, apply for disability or TANF.

- **General Assistance cases past month:**
 - 17 new applications submitted
 - 66 active
 - 39 on the disability track
 - 19 on the education and employment track
 - 2 on the TANF track
 - 5 are temporarily exempt from work requirements
 - 1 on the housing first track
 - 5 closed
 - 9 homeless
 - 34 identify as cis-male, 31 as cis-female, and 1 as non-binary
- **Social Security Support**
 - 11 assisted with SSA navigation this FY
 - This includes 1 new application submitted. Other current and former participants are at several differing stages of the disability application process. This includes: waiting for their case to be assigned to a disability examiner, scheduling consultative exams and arranging transportation, submitting reconsideration paperwork, and waiting for a hearing in front

of an administrative law judge.

- The Social Security Administration has suggested a proposed change (20 CFR Parts 404 – 416) redefining past relevant work (PRW) by reducing the relevant work period from 15 years to 5 years. This proposed change will improve the outcomes for those individuals with limited to no prior employment history to be approved for SSI and/or SSDI benefits. Our office is submitting a letter in support of these changes. (For more info: Federal Register / Vol. 88, No. 188 / Friday, September 29, 2023 / Proposed Rules).
- 4 awarded SSI/SSDI this FY
 - 2 of the 4 of those awarded have been on General Assistance for five years, showing how long of a process getting SSI/SSDI can be for participants.
 - *“It currently takes 220 days for claims to be decided, on average, which is more than 100 days longer than it did in 2019.”* ([Source](#))
- **Supportive Services Highlights**
 - 3 Referrals to other townships
 - A participant was awarded SSI and was thinking ahead as to how they could manage their finances. This participant was referred to Money Mentors, with the goal of getting them set up with a bank account and having their rent automatically deducted from their bank account.
 - Avicenna has a new vision clinic that provides free prescriptions – no ID or insurance required and we are working on connecting GA participants in need to this opportunity.
- **Housing First Payments**
 - 1 former GA participants had their rent paid to keep them housed.
 - 13 current GA participants had their rent paid from their GA check directly to their landlord.

HOUSING SUPPORT

Rental Assistance

Rental assistance for Urbana households behind on rent or homeless moving into housing.

- Last month served: 19 households received rental assistance last month
 - Arrears: 11

- Move in: 8
- \$102,819 spent this FY to date on RA out of \$178,000 budget which is 58%

Housing Advocacy

Housing advocacy for participants who are homeless or at risk of homelessness to access all available subsidized housing opportunities and move in.

Housing Navigation

- To date served: 528 participants representing 306 households helped to apply (since program start 7/ 2020).

143 households have moved in!

Housewarming Gifts

- Housewarming gifts are funded by private donations which are used to provide vouchers to formerly homeless households to buy furniture and housewares at Salt and Light in Urbana.
- To date served: 91 homeless households (since program start 2/2021)
- Last month served: 1 homeless household

Fair Housing Campaign

- 14 respondents to Housing Discrimination Survey
- Currently working with HOPE Fair Housing to create fair housing campaign and will be emailing with them survey results
- Development of flyers with fair housing resources is also currently in production to be distributed by CTSO

Bridge to Home

A continuum of services for homeless residents in Champaign County.

Street Outreach

Services include food, transportation to services, weather appropriate clothing and engagement events. Members of the public are encouraged to call CTSO for wellness checks during office hours on residents who may be homeless.

- To date served: 124 households representing 169 residents (since program start 9/2021)
- Last month served: 38 households representing 46 residents

School Outreach

Housing Case Manager who takes referrals from USD 116 and Crisis Nursery and screens for services (rental assistance, emergency housing, income assistance, food and other needs).

- To date served: 112 families referred (since program start 4/21/22)
- 4 families referred last month, 3 in need of rental assistance and 1 in emergency shelter seeking additional services.

Emergency Housing - Hotel

If no other shelter option exists, short term emergency housing will be considered as long as the resident is meeting with a case manager, pursuing goals, and seeking permanent housing.

- To date served: 27 households consisting of 33 individuals.
- Last month served: 4 households were sheltered in a hotel.
- Participants in our hotel program are able to have a safe place to be while they not only work toward permanent housing, but may also be undergoing serious medical procedures, working toward a gender-affirming life, or healing from past trauma - things otherwise exceptionally difficult to do while unsheltered.

Rapid Rehousing

CTSO provides housing stabilization and up to 12 months of rent for literally homeless individuals and families in Champaign County, referred by Centralized Intake for the Homeless.

- We are currently housing 4 households consisting of a mother and 2-4 children. All are very appreciative of our services and actively working towards financial independence and stability for their families.
- We have one asylum seeking family currently looking for housing.
- "I feel like I'm doing excellently, and it's because of this opportunity." said a participant at her update appointment this month.

Emergency Housing for Urbana families

Emergency Housing for families with children in Urbana schools of Crisis Nursery or residents with disabilities who are referred from CU at Home.

- To date served: 74 households including 84 adults and 137 children served (since program start July 2020)
- Last month served: 6 families.
 - 0 move outs last month
- 2 of our parents signed up for Adult education to finish high school diplomas and 1 parent has received a family voucher through our HACC partnership

UTILITY SUPPORT

Utility Support

Utility bill support for Urbana residents who face shut offs.

- We have seen a significant increase in demand since the price jump in utility bills
 - June: 63 turn ons
 - July: 41 turn ons
 - Aug: 50 turn ons
 - Sept: 58 turn ons
 - Oct: 21 turn ons
- To date served: 444 households with \$189,172.37 in assistance (since program start 11/2020)
- Thanks to Urbana HHI funds, CTSO has been able to continue to keep the power on for families who may otherwise face condemnation or eviction for loss of power.

Transportation Assistance

- To date served:
 - Annual: 149 total or \$8,940 (since MTD began to charge bus fare again 7/2021).
 - DASH: 71 passes, saving Township (\$4,300)
- Last month served:
 - Annual: 7 passes last month at \$60 each
 - Monthly: 1 pass at \$20 each
 - DASH: 1

Digital Inclusion Campaign

A campaign to supply low-income Urbana residents with smartphones, computers, tablets, and internet access.

- To date served: (since program start 5/2021)
 - #Total of benefits: 534
 - # Smart Phones and Lifeline service: 436
 - # Internet benefits: 18
 - # Laptops/tablets: 80

OTHER TANGIBLE NEEDS SUPPORT

Angel Donor Funds

Township facilitates Neighbors Helping Neighbors through tax deductible [charitable donations](#) made to our Angel Donor Fund program. 100% of all donated funds support the unmet needs of local residents and go directly to secure food, clothing, housing, power, transportation or other tangible needs on behalf of residents.

- Over the last several months, in addition to utility and transportation support, we were able to use Angel Donor funds to purchase copies of birth certificates, housewarmings, grocery carts, walking canes, diapers, planners, coats, work clothes, food, a wheel chair rental, beds, and other household necessities for our neighbors in need.
- Total Angel Donor funds received through October since December 21, 2018: \$278,602
- Total Angel Donor funds received in this fiscal year since July 1, 2023: \$7,079
- Total Angel Donor funds received through October designated as LGBTQ: \$5,268

FOOD SUPPORT

Bucket Brigade Food Delivery Service

A collaboration with The Hope Center, Wesley Food Pantry, Channing Murray Foundation, and United Way to provide a free weekly food pantry delivery service to low-income residents in Urbana who are unable to access walk-in food pantries.

- Food delivery is meant to be a temporary service to residents while CTSO works with residents to address underlying causes of food insecurity.
- **In the month of October, we served 98 households (up from 79 in September), which represents a 24% increase.**
 - 52 households served by Hope Center
 - 19 homeless households served by Channing Murray Foundation
 - 2 household served by Wesley Food pantry through RIDE United
 - In total, our Food Assistance efforts served: 136 adults, 83 children



- **October stats:**

- In addition to food delivery, we assisted 17 individuals at our door experiencing immediate food need
- Received 8 referrals from partner organizations PACE, Champaign County Healthcare Consumers, Life Links, First Followers, and the New American Welcome Center
- Connected 7 households with our Food Access Guides and/or connected them with other food pantries.
- *Since June 1, 2023, CTSO has served 359 households with food deliveries and door service!*

Events & Promotions

Join our French guests Jai Mal Partout, Patch Adams & the Gesundheit! Institute, Cunningham Township, the Community Data Clinic & the Independent Media Center



FRIENDSHIP CIRCUS

FREE Clowning & Circus Play

Saturday Nov. 18th

Independent Media Center

200 S. Broadway (south accessible entrance)



10am • Dress Up

@ IMC - Put on costumes, paint your face, & learn clowning with Patch Adams and the Gesundheit! Institute.

10:30am • Clown Around!

We will head over to the **Indoor Farmer's Market at Lincoln Square**. Join us to clown or watch. Bring an instrument!

Use your LINK card to turn \$1 into \$4 to buy fresh food at the Farmer's Market.

11:30am • "Circo Infinito" Play

Juggling, acrobatics, aerial performances.

Meet our friends Jai Mal Partout from France who do humanitarian clowning.

Free snacks, phone/internet sign ups, & assistance information throughout.
Accessible space. ASL Interpretation.

More info @ Township:
217-384-4144 | info@ctso.org

Cunningham Township Art Contest!

With Prizes!

due by December 31st, 2023

Cunningham Township is holding an art contest to select some new images to use for our thank you and congratulations cards!

Current and former township participants of all ages are welcome to participate.

**Your
artwork
here!**

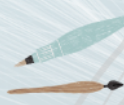
The contest will have **5 winners**, who will each receive **\$100** for rights to use their artwork on township materials, and **5 runners-up** who will each receive **\$20**.

Card designs can include the words "Thank you" or "Congratulations" or can be wordless. Photography, paintings, drawings, poetry, collage, and other mediums are welcome within a 5x7 format. Submit physical works in person or online.

To view submission requirements and submit your art:



or
<https://tinyurl.com/CTSOArtContest>



Dignity • Support • Respect



• Cunningham Township

217.384.4144 | info@ctso.org

Resolution No. T-2023-11-012R
A Resolution Authorizing the Cunningham Township Supervisor to
Sign a Contract with FLEX for FSA and LSA benefits

WHEREAS, Cunningham Township seeks to support the health and wellness of employees, providing health insurance benefits to the Township Supervisor, Township Assessor and the eligible employees of those offices; and

WHEREAS, it is in the best interests of the Township to provide the most health-beneficial and cost effective plan for employees; and

WHEREAS, establishing a Flexible Savings Account for the Township will allow employees to save on their health care costs;

WHEREAS, establishing a Lifestyle Spending Account for the Township to support employee wellness and health by incentivizing fitness and wellness activities;

NOW, THEREFORE, BE IT RESOLVED by the Township Board of the Town of Cunningham, that the Township Board authorizes the Township to Sign a contract for Flexible Spending Account for Health Insurance Coverage with Key Benefit Administrators.

APPROVED, this 13th day of November 2023 by the Township Board of Cunningham Township, County of Champaign, State of Illinois.

Darcy Sandefur, Town Clerk

Diane Wolfe Marlin, Chair



At Flex, we are experts in the design, delivery, administration, and support of Consumer-Driven Accounts (CDAs) at every stage of the employee life cycle. We provide advice, products, administrative services, and support to both employer and employee experience.

For over 30 years, we have been committed to delivering the highest standard of service and support at every stage of the employee life cycle. Our unique combination of products and services creates a "one-stop shop" for the customer service. Healthcare costs have skyrocketed, and the strains are being felt by every employee.

Now, more than ever, employees are using Consumer-Driven Accounts (CDAs) to keep costs manageable.

What makes Flex stand out from the rest?

Flex is one of the few organizations today that continues to provide rock solid human-to-human support. We have pinpointed the ideal mix of people and technology, and embedded high-touch, efficient support into every aspect of our service.

| | |
|------------------------|---------------------|
| Prepared for: | Cunningham Township |
| Prepared date: | 11/8/23 |
| Effective date: | 1/1/24 |

| FSA | |
|-------------------------|--------|
| Estimated annual total: | \$ 680 |

| LSA | |
|-------------------------|--------|
| Estimated annual total: | \$ 827 |

Flex provides a two-year rate guarantee

Additional Fees may apply:

- Monthly billing fees: \$10/mo (Waived if paying via ACH)
- Monthly minimum fees apply for FSA & Commuter, HRA and LSA - see each tab for additional details
- Additional fees will apply for multiple funding, billing, and remittance locations

Optional Eligibility File Feed Fees apply:

Employee Navigator Feed:

FSA, HRA, HSA, Commuter & LSA Products: \$0.22 per participant per month (PPPM) per product
COBRA: \$0.05 per eligible employee per month (PEPM)

Ease Feed:

HRA/FSA: \$0.50 per participant per month (PPPM) per product
HSA/Commuter - \$0.30 per participant per month (PPPM) per product
COBRA - \$0.07 per eligible employee per month (PEPM)

All Other Feeds:

\$250 setup fee/ \$125 renewal fee – applies once across all Flex products

Additional Special Notes:**FSA & Commuter**

- FSA pricing includes any combination of Health FSA, Limited Scope FSA, Dependent Care FSA
- Debit cards are always free for participants and dependents. No additional fees apply if a participant uses a debit card.
- FSA set-up and renewal fee include Non-discrimination testing, POP, plan documents, and enrollment.
- We charge the greater of the monthly minimum or the following calculation (PPPM fee):
Monthly Minimum: \$0.22 PPPM
Calculation: (Number of Participants x \$0.22 PPPM) / 12 Months
- Bundled Pricing available for employers purchasing both FSA and HRA - a 10% PPPM rate
- Optional claim integration \$0.50 PPPM
- Pricing includes one funding and billing location, additional fees will apply for multiple locations

LSA

- Debit cards are always free for participants and dependents. No additional fees apply if a participant uses a debit card.
- Estimated annual fees are based on the total number provided of eligible employees being enrolled. Final number of participants will determine final fees.
- Pricing includes one funding and billing location, additional fees will apply for multiple locations

Driven Health Products & Compliance Services at
es, and customer support to deliver an end-to-

it every step in the process for every stakeholder
it guarantees the integrity and uniformity of our
ryone.

its

human customer service. Over the years, we have
service into our culture and DNA.

onal detail.

product

re FSA, or Commuter administration

if card is lost or stolen.

and summary plan descriptions

x # of participants)

reduction will be applied.

funding and billing locations

if card is lost or stolen

ing enrolled. Actual fees will be dependent on

funding and billing locations

Flex Plans Employer Application



Section 1 of 7 Requested Flex Plans (Please check all that apply.)

☐ **Flexible Spending Account (FSA)**

Includes health care and dependent care FSA, POP, and 3 baseline Cafeteria Plan and FSA Dependent Care NDTs

☐ **Health Reimbursement Arrangement (HRA)**

- ☐ Standard HRA
- ☐ Individual Coverage HRA (ICHRA)
- ☐ Qualified Small Employer (QSEHRA)

☐ **Health Savings Account (HSA)**

Employer-based solution

☐ **Commuter Plan**

Transit & Parking Reimbursement

☐ **Lifestyle Accounts**

☐ **Federal COBRA Administration**

☐ **Direct Bill**

Premium Only Plan (POP)

- ☐ Stand-alone POP (Documentation Only)
Requires a \$275 one-time fee with application
- ☐ POP with Testing (Documentation Included)
Requires a \$375 first-year fee with application

Wrap Document Services

- ☐ One-time Wrap Document Preparation
Requires a \$400 one-time fee with application

Bundled POP and Wrap Document Services

- ☐ POP without Testing and Wrap Document Preparation
Requires a \$500 one-time fee with application
- ☐ POP with Testing and Wrap Document Preparation
Requires a \$600 one-time fee with application

☐ **Non-Discrimination Testing (NDT)**

Stand-alone Compliance Service - includes 6 tests

Section 2 of 7: Broker contact who will assist with implementation (If applicable, please complete in full.)

Brokerage Name: _____

Producer & Acct Manager: _____ NPN: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Email Address (s): _____

Section 3 of 7: Employer Information (Please complete in full.)

Company Name: _____

(Enter company name exactly as it appears on the most recent tax documents.)

Federal Employer ID No: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____ Fax: _____

The Employer/Organization entity is operating pursuant to the laws of the State of: _____

Primary Employer Contact Person: _____

Title: _____

Telephone: _____ Email Address: _____

Section 4 of 7: Onboarding / Implementation Contacts

Please advise the preferred contacts for Flex to reach out to for implementation.

- ☐ **Employer and Broker** - Flex will include **all** email contacts listed above unless otherwise noted. Additional or preferred contact email addresses can be listed here:
- ☐ **Broker Only** - Flex will include all **broker** contacts listed above unless otherwise noted. Additional or preferred contact email addresses can be listed here:
- ☐ **Employer Only** - Flex will include all **employer** contacts listed above unless otherwise notes. Additional or preferred contact email addresses can be listed here:

Section 5 of 7: Organization Type (Please select only one.)

- | | | |
|---|--|--|
| <input type="checkbox"/> Corporation | <input type="checkbox"/> Government Agency | <input type="checkbox"/> Sole Proprietorship |
| <input type="checkbox"/> Professional Corporation | <input type="checkbox"/> Sub-chapter S-Corporation | <input type="checkbox"/> LLC (Limited Liability Company) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Professional Association | <input type="checkbox"/> Other: _____ |

For FSA, POP and HRA: Only employees can participate in this plan. Sole Proprietors, Partners in a Partnership, more than 2% shareholders of a Sub-chapter S-Corporation (including their spouses, children, grandchildren and parents of employees of the S-Corporation) Outside Directors, Limited Partners and Partners/Owners of an LLC cannot participate.

Section 6 of 7: Additional Information (Please complete in full.)

Requested Effective Date: _____ Number of Eligible Employees: _____

Does this employer currently have an in-force plan? ☐ Yes ☐ No

Is this employer being transferred (mid-year) from another Administrator? ☐ Yes ☐ No

Will enrollment/educational meetings be required for Flex to conduct? ☐ Yes ☐ No

Section 7 of 7: Acknowledgement + Signature (Please complete in full.)

I agree and represent that by signing below I acknowledge that I understand the terms of the Flex Plans that I have indicated here within and agree to the non-refundable startup/annual fee for the first year of these services, even in the event of the withdrawal of this application.

Employer Name: _____ Name/Title: _____

Signature: _____ Date: _____

To Submit the Flex Plans Employer Application:

For faster processing, you can email or fax the completed application to:
E: fpsales@flexiblebenefit.com or F: 847-332-0320

Or mail completed application to:
Flexible Benefit Service LLC
8770 W. Bryn Mawr Avenue, Suite 1290W
Chicago, IL 60631
ATTN: Flex Plans Sales

Resolution No. T-202-11-013R

A Resolution Authorizing the Cunningham Township Supervisor to Sign a Contract with Blue Cross Blue Shield of Illinois for Health insurance Coverage for 2024

WHEREAS, Cunningham Township provides health insurance benefits to the Township Supervisor, Township Assessor and the eligible employees of those offices; and

WHEREAS, it is in the best interests of the Township to provide the most health and cost effective plan for employees; and

WHEREAS, the Supervisor has determined providing the Blue Cross Blue Shield PPO options provides the most effective and flexible options for the needs of Cunningham Township employees,

NOW, THEREFORE, BE IT RESOLVED by the Township Board of the Town of Cunningham, that the Township Board authorizes the Township Supervisor to sign a contract to secure Blue Cross Blue Shield health insurance coverage for Cunningham Township effective January 1, 2024.

Approved by the Township Board of the Town of Cunningham, Champaign County, Illinois, on this 13th day of November 2023.

Darcy Sandefur, Township Clerk

Diane Wolfe Marlin, Chair



BlueCross BlueShield
of Illinois

BENEFIT PLAN SELECTION (BPS) - ACA SMALL GROUP

Please complete & return this form in its entirety, including the required signatures

Section 1- Account Information:

| | | | |
|----------------------|---------------------|--------------------|----------|
| A. Employer Name: | Cunningham Township | B. SIC Code | 9111 |
| C. Account #: | 222188 | D. Effective Date: | 1/1/2024 |
| E. Anniversary Date: | 1/1/2024 | | |

- Only Individual cost shares are listed out for each plan.
- A group may select up to six health plan options.
- A group may select one dental plan or two dental plans if 10 or more are enrolled.
- For additional product detail, please utilize Summary of Benefits and Coverage (SBC) and Product Plan Grids

Billing Method Selection

Please select one of the following billing methods.

(For Existing Accounts: If no selection is made, your plans will default to their current billing method.)

- ☐ Composite Billing
- ☐ Age Billing

Section 2a- Renewing Groups Only: (*New Business update to Section 3)

| Current Plan: Please list current plan(s) below | Retaining Plan: | Replacing Plan: Please list replacement plan in space below. |
|--|---|---|
| 1. P503PPO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 2. G531PPO | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| 3. S532PPO | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | P5E1PPO |
| 4. S531PPO | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 5. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 6. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| 7. | <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Section 2b- Renewing Groups Only: (*New Business update to Section 3)

Adding Plan (Medical and/or Dental):

Please list new plan(s) below

| |
|----|
| 1. |
| 2. |
| 3. |
| 4. |
| 5. |
| 6. |
| 7. |
| 8. |

Section 3 - New Business

Group Number:

Please select plan designs (Up to a maximum of 6 plans)

| A. Blue Choice Preferred | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|------------------|------------------------|-------------------|----------------------------------|--------------------------|
| 2024 Plan ID | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy** | |
| Platinum | | | | | | | | |
| <input type="checkbox"/> P5E2BCE | \$250/\$500 | \$30/\$60 | 80%/50% | \$1500/Unlimited | \$400 | \$60 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| <input type="checkbox"/> P5E1BCE | \$500/\$1000 | \$20/\$40 | 90%/60% | \$1500/Unlimited | \$400 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| Gold | | | | | | | | |
| <input type="checkbox"/> G532BCE | \$1500/\$3000 | \$40/\$60 | 80%/50% | \$6250/Unlimited | \$400 | \$75 | \$15/\$25/\$70/\$120/\$250/\$350 | |
| <input type="checkbox"/> G531BCE | \$2500/\$5000 | \$20/\$60 | 80%/50% | \$5000/Unlimited | \$400 | \$75 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| <input type="checkbox"/> G530BCE | \$4000/\$8000 | \$50/\$70 | 100%/100% | \$5500/\$11000 | \$500 | \$75 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| Silver | | | | | | | | |
| <input type="checkbox"/> S532BCE ^{*2} | \$3600/\$7200 | \$60/\$80 | 60%/50% | \$9100/Unlimited | \$500 | \$80 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| <input type="checkbox"/> S531BCE | \$5000/\$10000 | \$45/\$65 | 70%/50% | \$9100/Unlimited | \$500 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| <input type="checkbox"/> S535BCE | \$7900/\$15800 | \$45/\$65 | 100%/100% | \$9000/\$18000 | \$500 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| Blue Choice Preferred HSA Plans | | | | | | | | |
| 2024 Plan ID | HSA Contr. | Deduct (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay | Urgent Care Copay | Non-Preferred Pharmacy** |
| Gold | | | | | | | | |
| <input type="checkbox"/> G533BCE | \$50-\$350 | \$3200/\$6400 | 90%/90% | 90%/60% | \$3700/Unlimited | DC/90% | DC/90% | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> G535BCE | \$350-\$700 | \$3200/\$6400 | 80%/80% | 80%/50% | \$5250/Unlimited | DC/80% | DC/80% | 80%/80%/70%/60%/60%/50% |
| Silver | | | | | | | | |
| <input type="checkbox"/> S534BCE | \$0-\$40 | \$5250/\$10500 | 100%/100% | 100%/100% | \$5250/\$10500 | DC/100% | DC/100% | 100% |
| <input type="checkbox"/> S5J1BCE | \$150-\$400 | \$6250/\$12500 | 100%/100% | 100%/100% | \$6250/\$12500 | DC/100% | DC/100% | 100% |
| Bronze | | | | | | | | |
| <input type="checkbox"/> B536BCE | \$0 | \$6950/\$13900 | 80%/80% | 80%/50% | \$7300/Unlimited | \$250 | DC/80% | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> B535BCE | \$0 | \$7200/\$14400 | 100%/100% | 100%/100% | \$7200/\$14400 | \$250 | DC/100% | 100% |
| <input type="checkbox"/> B5N1BCE | \$0 | \$7250/\$14500 | 70%/70% | 70%/50% | \$7500/Unlimited | \$1000 | DC/70% | 80%/80%/70%/60%/60%/50% |
| All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. Virtual Visits are available from a participating provider for certain non-emergency services **The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply. *1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance. *2 \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. | | | | | | | | |

| B. Blue Precision HMO | | | | | | | |
|---|-----------------|-----------------------------|---------------|-------------|---------------------------|----------------------|----------------------------------|
| 2024 Plan ID | Deductible (In) | Office Visit/ Specialist | Coins (In) | OPX (In) | ER Copay ^{*1} | Urgent Care Copay | Pharmacy |
| Platinum | | | | | | | |
| <input type="checkbox"/> P506PSN ^{*2} | \$0 | \$10/\$45 | 100% | \$1500 | \$300 | \$45 | \$0/\$10/\$50/\$100/\$150/\$250 |
| <input type="checkbox"/> P5J1PSN ^{*3} | \$0 | \$20/\$30 | 100% | \$2000 | \$300 | \$30 | \$0/\$10/\$50/\$100/\$150/\$250 |
| <input type="checkbox"/> P5E1PSN ^{*4} | \$1000 | \$25/\$50 | 80% | \$3000 | \$400 | \$50 | \$0/\$10/\$50/\$100/\$150/\$250 |
| Gold | | | | | | | |
| <input type="checkbox"/> G5J2PSN ^{*5} | \$0 | \$50/\$70 | 100% | \$5000 | \$500 | \$70 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> G532PSN ^{*4} | \$2750 | \$55/\$75 | 70% | \$9100 | \$1000 | \$75 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> G5N1PSN ^{*6} | \$0 | \$50/\$75 | 80% | \$6500 | \$500 | \$75 | \$10/\$20/\$50/\$100/\$250/\$350 |
| Silver | | | | | | | |
| <input type="checkbox"/> S531PSN ^{*6} | \$3250 | \$30/\$60 | 70% | \$9100 | \$500 | \$60 | \$10/\$20/\$50/\$100/\$250/\$350 |
| <input type="checkbox"/> S530PSN ^{*7} | \$7000 | \$55/\$75 | 70% | \$9100 | \$700 | \$75 | \$0/\$10/\$50/\$100/\$150/\$250 |
| All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. ^{*1} - ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance. ^{*2} - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$45 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. ^{*3} - \$250 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$60 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. ^{*4} - No deductible/coinsurance on capitated services: Imaging, Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. ^{*5} - \$400 copay and no deductible/coinsurance on Imaging (CT/PET Scans, MRIs). \$100 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery. ^{*6} - \$750 copay on Imaging (CT/PET/MRI) \$250 copay on other capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient surgery. ^{*7} - \$400 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. \$70 copay and no deductible/coinsurance on capitated services: Rehabilitative Speech/Occupational/Physical Therapy, Laboratory services, X-rays and Diagnostic Imaging, Outpatient Surgery | | | | | | | |

| C. Blue Options Tiered Network (Blue Options – BCO / PPO – PPO / OON – Out of Network) | | | | | | | | |
|---|-------------------------------------|----------------------------|----------------------------|--------------------------------|---------------------------------|---------------------------|----------------------|--------------------------------------|
| 2024 Plan ID | Deductible (BCO/ PPO/ OON) | PCP Copay (BCO/ PPO) | SPC Copay (BCO/ PPO) | Coins (BCO /PPO/ OON) | OPX (BCO/ PPO/ OON) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy ^{**} |
| Platinum | | | | | | | | |
| <input type="checkbox"/> P5N1OPT | \$250/ \$750/ \$1500 | \$15/\$30 | \$30/\$60 | 90%/ 70%/ 50% | \$2250/ \$6750/ Unlimited | \$200 | \$75 | \$20/\$30/\$70/\$120/\$250/\$350 |
| Gold | | | | | | | | |
| <input type="checkbox"/> G506OPT | \$750/ \$2000/ \$4000 | \$40/\$60 | \$60/\$100 | 80%/ 60%/ 50% | \$6750/ \$8500/ Unlimited | \$600 | \$75 | \$20/\$30/\$70/\$120/\$250/\$350 |
| <input type="checkbox"/> G508OPT | \$1500/ \$3750/ \$7500 | \$35/\$60 | \$50/\$100 | 90%/ 70%/ 50% | \$5850/ \$7850/ Unlimited | \$600 | \$75 | \$20/\$30/\$70/\$120/\$250/\$350 |
| <input type="checkbox"/> G507OPT | \$2000/ \$3500/ \$7000 | \$35/\$60 | \$50/\$100 | 90%/ 70%/ 50% | \$4350/ \$7350/ Unlimited | \$400 | \$75 | \$20/\$30/\$70/\$120/\$250/\$350 |
| Silver | | | | | | | | |
| <input type="checkbox"/> S506OPT | \$5250/ \$6250/ \$12500 | \$50/70 | \$70/\$110 | 80%/ 60%/ 50% | \$8150/ \$9100/ Unlimited | \$600 | \$75 | \$20/\$30/\$70/\$120/\$250/350 |

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| Blue Options HSA Plans | | | | | | | | | |
|---|------------|-------------------------------|----------------------|----------------------|-----------------------|---------------------------------|----------|-------------------|--------------------------|
| 2024 Plan ID | HSA Cont. | Deductible (BCO/ PPO/ OON) | PCP Copay (BCO/ PPO) | SPC Copay (BCO/ PPO) | Coins (BCO /PPO/ OON) | OPX (BCO/ PPO/ OON) | ER Copay | Urgent Care Copay | Non-Preferred Pharmacy** |
| Gold | | | | | | | | | |
| <input type="checkbox"/> G5K1OPT | \$50-\$325 | \$3200/ \$4700/ \$9400 | 100%/80% | 100%/80% | 100%/ 80%/ 60% | \$3200/ \$6650/ Unlimited | DC/100% | DC/100% | 100% |
| Silver | | | | | | | | | |
| <input type="checkbox"/> S507OPT | \$0 | \$4800/ \$5500/ \$16500 | 100%/70% | 100%/70% | 100%/ 70%/ 50% | \$4800/ \$7250/ Unlimited | DC/100% | DC/100% | 100% |
| <input type="checkbox"/> S5N1OPT | \$0 | \$5250/ \$6250/ \$18750 | 100%/70% | 100%/70% | 100%/ 70%/ 50% | \$5250/ \$7500/ Unlimited | DC/100% | DC/100% | 100% |
| All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. Virtual Visits are available from a participating provider for certain non-emergency services. **The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply *1 ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance. | | | | | | | | | |

| D. PPO (Participating Provider Options) | | | | | | | | |
|---|---------------------|--------------------------|--------------------------|------------------|------------------------|------------------------|--------------------------------------|--------------------------------------|
| 2024 Plan ID | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy ^{**} | |
| Platinum | | | | | | | | |
| <input type="checkbox"/> P503PPO | \$250/\$500 | \$30/\$60 | 80%/50% | \$1500/Unlimited | \$400 | \$60 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| <input type="checkbox"/> P5E1PPO | \$500/\$1000 | \$20/\$40 | 90%/60% | \$1500/Unlimited | \$400 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| Gold | | | | | | | | |
| <input type="checkbox"/> G534PPO | \$1000/\$2000 | \$50/\$70 | 80%/50% | \$7750/Unlimited | \$500 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| <input type="checkbox"/> G532PPO | \$1500/\$3000 | \$40/\$60 | 80%/50% | \$6250/Unlimited | \$400 | \$75 | \$15/\$25/\$70/\$120/\$250/\$350 | |
| <input type="checkbox"/> G536PPO | \$2000/\$4000 | \$45/\$65 | 90%/60% | \$5750/Unlimited | \$500 | \$75 | \$15/\$25/\$70/\$120/\$250/\$350 | |
| <input type="checkbox"/> G531PPO | \$2500/\$5000 | \$20/\$60 | 80%/50% | \$5000/Unlimited | \$400 | \$75 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| <input type="checkbox"/> G537PPO | \$2800/\$5600 | 100%/100% | 100%/100% | \$2800/\$5600 | DC/100% | DC/100% | 100% | |
| <input type="checkbox"/> G530PPO | \$4000/\$8000 | \$50/\$70 | 100%/100% | \$5500/\$11000 | \$500 | \$75 | \$10/\$20/\$55/\$95/\$150/\$250 | |
| Silver | | | | | | | | |
| <input type="checkbox"/> S532PPO ^{*2} | \$3600/\$7200 | \$60/\$80 | 60%/50% | \$9100/Unlimited | \$500 | \$80 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| <input type="checkbox"/> S531PPO | \$5000/\$10000 | \$45/\$65 | 70%/50% | \$9100/Unlimited | \$500 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| <input type="checkbox"/> S535PPO | \$7900/\$15800 | \$45/\$65 | 100%/100% | \$9000/\$18000 | \$500 | \$75 | \$10/\$20/\$70/\$120/\$150/\$250 | |
| PPO HSA Plans | | | | | | | | |
| 2024 Plan ID | HSA Contr. | Deductible (In/Out) | Office Visit/ Specialist | Coins (In/Out) | OPX (In/Out) | ER Copay ^{*1} | Urgent Care Copay | Non-Preferred Pharmacy ^{**} |
| Gold | | | | | | | | |
| <input type="checkbox"/> G533PPO | \$50-\$350 | \$3200/ \$6400 | 90%/90% | 90%/ 60% | \$3700/Unlimited | DC/90% | DC/90% | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> G535PPO | \$350-\$700 | \$3200/ \$6400 | 80%/80% | 80%/ 50% | \$5250/Unlimited | DC/80% | DC/80% | 80%/80%/70%/60%/60%/50% |
| Silver | | | | | | | | |
| <input type="checkbox"/> S534PPO | \$0-\$40 | \$5250/ \$10500 | 100%/100% | 100%/ 100% | \$5250/\$10500 | DC/100% | DC/100% | 100% |
| <input type="checkbox"/> S5J1PPO | \$150-\$400 | \$6250/ \$12500 | 100%/100% | 100%/ 100% | \$6250/\$12500 | DC/100% | DC/100% | 100% |
| Bronze | | | | | | | | |
| <input type="checkbox"/> B536PPO | \$0 | \$6950/ \$13900 | 80%/80% | 80%/ 50% | \$7300/Unlimited | \$250 | DC/80% | 80%/80%/70%/60%/60%/50% |
| <input type="checkbox"/> B535PPO | \$0 | \$7200/ \$14400 | 100%/100% | 100%/ 100% | \$7200/\$14400 | \$250 | DC/100% | 100% |
| <input type="checkbox"/> B5N1PPO | \$0 | \$7250/ \$14500 | 70%/70% | 70%/ 50% | \$7500/Unlimited | \$1000 | DC/70% | 80%/80%/70%/60%/60%/50% |
| All health plans are embedded with pediatric eye exams (and select pediatric hardware) and vision discounts. Virtual Visits are available from a participating provider for certain non-emergency services. ^{**} The prescription benefits outlined above are the non-preferred copays. If a member goes to a preferred pharmacy, then a lower copay may apply ^{*1} ER copays are per-occurrence deductibles, member is responsible for the listed copay amount and the rest of the billable charge is subject to deductible and coinsurance. ^{*2} \$500 copay on Imaging (CT/PET Scans, MRIs), deductible and coinsurance do not apply. | | | | | | | | |

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Section 4 – Consumer Directed Health Accounts

HCSC has preferred relationships with the vendors listed below. By selecting one of these vendors, employers agree to have the necessary data shared with the preferred vendor for purposes of plan administration. A vendor-specific set-up form is required to be submitted for first time vendor integration.

| | |
|---|--|
| HSA Vendor: * If HSA is selected, you have the option of selecting an HSA vendor with enrollment, BAM-SSO and claims integration. (If no selection is made, HSA Vendor will default to Other / None.) | FSA Vendor: * Optional FSA vendor enrollment, BAM-SSO and claims integration is available. Clients who are renewing an FSA are required to re-submit employee elections with their renewal paperwork to continue the FSA plan. Note: Integration features vary for Flex FSA. (If no selection is made, FSA Vendor will default to Other / None.) |
| <input type="checkbox"/> BenefitWallet® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid | <input type="checkbox"/> BenefitWallet® |
| <input type="checkbox"/> Flex® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid | <input type="checkbox"/> Flex® |
| <input type="checkbox"/> HealthEquity® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid | <input type="checkbox"/> HealthEquity® |
| <input type="checkbox"/> HSA Bank® Account Maintenance Fee: <input type="checkbox"/> Employer Paid <input type="checkbox"/> Employee Paid | <input type="checkbox"/> HSA Bank® |
| <input type="checkbox"/> Other HSA Vendor / None (Select this option if using an HSA vendor other than above or are not offering an employer sponsored HSA vendor.) | <input type="checkbox"/> Other FSA Vendor / None (Select this option if using an FSA vendor other than above or are not offering an employer sponsored FSA.) |

Section 5- Ancillary Products

A. Dental Products

| Blue Care Dental | | | | | | | | | |
|---|-----------|---------------------------------------|---|-----------------------|--|---------------------------------------|--|------------|--|
| Plan Pairings (Groups 10+ enrolled) | | | | | Participation Requirements | | | | |
| Contributory Group | | | Voluntary | | Contributory Group | | Voluntary | | |
| Any one contributory high option can be paired with any one contributory low option. Exceptions: DILHM57 can be paired with DILHR33 . DILHM42 can be paired with any contributory plan. | | | Any one voluntary high option can be paired with any voluntary low option. Voluntary plans and contributory plans may not be offered together. DILHM59 can be paired with DILHR43 . DILHM46 can be paired with any voluntary plan. | | >70% Participation >50% Employer contribution | | >25% Participation Employers are not required to contribute to Voluntary Dental plans | | |
| IL Plan ID | Plan Type | Deductible (In/Out) (3x Family Limit) | Annual Benefit Max | Out-of-Network Reimb. | Coinsurance | | Ortho Life Maximum | Allocation | |
| | | | | | In-Network (Class I/ II/ III/ IV) | Out-of-Network (Class I/ II/ III/ IV) | | | |
| Contributory Group ² | | | | | | | | | |
| <input type="checkbox"/> DILHR30 | Passive | \$25/\$25 | \$5000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR31 | Passive | \$25/\$25 | \$3000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR32 | Passive | \$50/\$50 | \$2000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHR33 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 | High | |
| <input type="checkbox"/> DILHR34 | Active | \$50/\$75 | \$1500/\$1000 | 90th R&C | 100%/80%/50%/50% | 80%/60%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILHR35 | Active | \$0/\$0 | \$2000 | 90th R&C | 100%/90%/60%/50% | 100%/80%/50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILLR36 | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILLR37 | Passive | \$75/\$75 | \$1000 | 90th R&C | 90%/70%/50%/NA | 90%/70%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHM38 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILHM40 | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | High | |
| <input type="checkbox"/> DILLM41 | Active | \$75/\$75 | \$1000 | MAC | 90%/70%/50%/NA | 70%/50%/30%/NA | NA | Low | |
| <input type="checkbox"/> DILHM42 | Passive | \$25/\$75 | \$750 | MAC | 100%/80% ³ /NA/NA | 100%/80% ³ /NA/NA | NA | High | |
| <input type="checkbox"/> DILHR50 | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | High | |
| <input type="checkbox"/> DILLM51 | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILHM57 | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1500 | High | |
| <input type="checkbox"/> DILLR58 ⁴ | Passive | \$50/\$50 | \$1000 | 90 th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| Voluntary ² | | | | | | | | | |
| <input type="checkbox"/> DILHR43 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1500 | High | |
| <input type="checkbox"/> DILHM44 ¹ | Active | \$50/\$50 | \$1500/\$1000 | MAC | 100%/80%/50%/NA | 80%/60%/40%/NA | NA | High | |
| <input type="checkbox"/> DILHR45 ¹ | Active | \$25/\$75 | \$2000 | 90th R&C | 100%/90%/60%/50% | 100%/80%50%/50% | \$2000 | High | |
| <input type="checkbox"/> DILHM46 | Passive | \$25/\$75 | \$750 | MAC | 100%/80% ³ /NA/NA | 100%/80% ³ /NA/NA | NA | High | |
| <input type="checkbox"/> DILLM49 ¹ | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHR52 ¹ | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | High | |
| <input type="checkbox"/> DILHR53 ¹ | Passive | \$50/\$50 | \$1500 | 90th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | High | |
| <input type="checkbox"/> DILLR54 ¹ | Passive | \$50/\$50 | \$1000 | 90 th R&C | 100%/80%/50%/NA | 100%/80%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILLM55 ¹ | Passive | \$50/\$50 | \$1000 | MAC | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| <input type="checkbox"/> DILLM56 ¹ | Active | \$50/\$100 | \$750 | MAC | 100%/80%/50%/NA | 100%/50%/50%/NA | NA | Low | |
| <input type="checkbox"/> DILHM59 ¹ | Passive | \$50/\$50 | \$1500 | MAC | 100%/100%/60%/50% | 100%/100%/60%/50% | \$1500 | High | |
| <input type="checkbox"/> DILLR60 ^{1,4} | Passive | \$50/\$50 | \$1000 | 90th R&C | 100%/80%/50%/50% | 100%/80%/50%/50% | \$1000 | Low | |
| Coinsurance Type - I: Exams/Cleanings/X-Rays (both High & Low Coverage). Coinsurance Type - II: Fillings/Non-Surgical Perio/Non-Surgical Extractions (both High & Low), Endo/Perio/Oral Surgery (High). Coinsurance Type - III: Inlays/Onlays/Crowns/Dentures (both High & Low), Endo/Perio/Oral Surgery (Low). Coinsurance Type - IV: Ortho (both High & Low Coverage). R&C: Reasonable & Customary - Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept any Allowable Amount determination as payment in full for Eligible Dental Expenses MAC: Out-of-pocket cost may be greater because Non-Contracting Dentists have not entered into a contract with BCBSIL to accept he maximum Allowable amount paid to Contracting Dentist as payment in full for Eligible Dental Expenses. Passive: Plans have the same benefits In and Out of Network Active: Plans have a richer In Network Benefit ^{*1} Waiting Period 12 month applicable for Surgical Perio/Major Restorative/Prosthodontics/Misc Rest & Prosth Services. ^{*2} Waived Deductible applies to all Class I services and plans include 3x Family Deductible Limit. ^{*3} Only Basic Restorative Services are covered. ^{*4} Preventive/Diagnostic services do not count toward annual max. | | | | | | | | | |

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B. Standalone Vision, Life, Disability, Accident, and Critical Illness Products

| Standalone Vision | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> | | | |
|---|-------------------------------------|---------------|---|------------------------------------|-----------------------------------|------------------------------|----------------------------|
| Standalone Vision Plans | | | | | | | |
| Plan Name | Frequency Eye/Lens/Frame | Lens Copay | Allowance (Frame & Contacts) | Funded Fit and Follow up | Funded Standard Progressive | Funded Scratch Coating | Funded Kids Polycarb |
| Basic Standalone Vision | | | | | | | |
| <input type="checkbox"/> Plan 1 | 12/12/24 | \$25 | \$100 | No | No | No | No |
| <input type="checkbox"/> Plan 2 | 12/12/24 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 3 | 12/12/24 | \$10 | \$130 | Yes | No | Yes | No |
| <input type="checkbox"/> Plan 4 | 12/12/12 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 5 | 12/12/24 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 6 | 12/12/12 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 7 | 12/12/12 | \$10 | \$150 | No | Yes | Yes | No |
| <input type="checkbox"/> Plan 8 | 12/12/24 | \$25 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 9 | 12/12/24 | \$25 | \$ 150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 10 | 12/12/12 | \$25 | \$150 | No | No | Yes | No |
| Voluntary Standalone Vision | | | | | | | |
| <input type="checkbox"/> Plan 1 | 12/12/24 | \$25 | \$100 | No | No | No | No |
| <input type="checkbox"/> Plan 2 | 12/12/24 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 3 | 12/12/24 | \$10 | \$130 | Yes | No | Yes | No |
| <input type="checkbox"/> Plan 4 | 12/12/12 | \$10 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 5 | 12/12/24 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 6 | 12/12/12 | \$10 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 7 | 12/12/12 | \$10 | \$150 | No | Yes | Yes | No |
| <input type="checkbox"/> Plan 8 | 12/12/24 | \$25 | \$130 | No | No | Yes | No |
| <input type="checkbox"/> Plan 9 | 12/12/24 | \$25 | \$150 | No | No | Yes | No |
| <input type="checkbox"/> Plan 10 | 12/12/12 | \$25 | \$150 | No | No | Yes | No |
| If Life is a desired benefit, the Group Term Life product must be selected to also select Dependent Life and Supplemental Life. | | | | | | | |
| Group Term Life / Accidental Death & Dismemberment (AD&D) | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> | | | |
| Group Term Life / Accidental Death & Dismemberment (AD&D) Plans | | | | | | | |
| Plan Name | Plan Benefit | | Benefit Maximum | Age Reduction | | | |
| <input type="checkbox"/> Plan 1 | \$15,000 | | N/A | 35% at 65 / 50% at 70 | | | |
| <input type="checkbox"/> Plan 2 | \$25,000 | | N/A | 35% at 65 / 50% at 70 | | | |
| <input type="checkbox"/> Plan 3 | \$50,000 | | N/A | 35% at 65 / 50% at 70 | | | |
| <input type="checkbox"/> Plan 4 | \$100,000 | | N/A | 35% at 65 / 50% at 70 | | | |
| <input type="checkbox"/> Plan 5 | 1 x Salary | | \$150,000 | 35% at 65 / 50% at 70 | | | |
| <input type="checkbox"/> Plan 6 | 2 x Salary | | \$200,000 | 35% at 65 / 50% at 70 | | | |
| Dependent Basic Life Plans | | | | | | | |
| Plan Name | Plan Benefit | | Benefit Maximum | | | | |
| <input type="checkbox"/> Plan 1 | \$10,000 Spouse / \$5,000 Child | | \$10,000 Spouse / \$5,000 Child | | | | |
| Supplemental Life Plans | | | | | | | |
| Plan Name | Plan Benefit | | Benefit Maximum | | | | |
| <input type="checkbox"/> Plan 1 | Employee / Spouse / Child | | \$500,000 Employee / \$150,000 Spouse / \$10,000 Child | | | | |
| Short-Term Disability | Yes <input type="checkbox"/> | | | No <input type="checkbox"/> | | | |
| Short-Term Disability Plans | | | | | | | |
| Plan Name | Plan Benefit | | Elimination Period (Days) Injury / Sickness | Maximum Benefit Duration (Weeks) | | | |

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| Basic Short-Term Disability | | | |
|----------------------------------|-------------------------------|-------|----|
| <input type="checkbox"/> Plan 1 | 60% salary weekly max \$750 | 0/7 | 13 |
| <input type="checkbox"/> Plan 2 | 60% salary weekly max \$750 | 0/7 | 26 |
| <input type="checkbox"/> Plan 3 | 60% salary weekly max \$750 | 7/7 | 13 |
| <input type="checkbox"/> Plan 4 | 60% salary weekly max \$750 | 7/7 | 26 |
| <input type="checkbox"/> Plan 5 | 60% salary weekly max \$750 | 14/14 | 13 |
| <input type="checkbox"/> Plan 6 | 60% salary weekly max \$750 | 14/14 | 26 |
| <input type="checkbox"/> Plan 7 | 60% salary weekly max \$1,000 | 0/7 | 13 |
| <input type="checkbox"/> Plan 8 | 60% salary weekly max \$1,000 | 0/7 | 26 |
| <input type="checkbox"/> Plan 9 | 60% salary weekly max \$1,000 | 7/7 | 13 |
| <input type="checkbox"/> Plan 10 | 60% salary weekly max \$1,000 | 7/7 | 26 |
| <input type="checkbox"/> Plan 11 | 60% salary weekly max \$1,000 | 14/14 | 13 |
| <input type="checkbox"/> Plan 12 | 60% salary weekly max \$1,000 | 14/14 | 26 |
| <input type="checkbox"/> Plan 13 | 60% salary weekly max \$1,500 | 0/7 | 13 |
| <input type="checkbox"/> Plan 14 | 60% salary weekly max \$1,500 | 0/7 | 26 |
| <input type="checkbox"/> Plan 15 | 60% salary weekly max \$1,500 | 7/7 | 13 |
| <input type="checkbox"/> Plan 16 | 60% salary weekly max \$1,500 | 7/7 | 26 |
| <input type="checkbox"/> Plan 17 | 60% salary weekly max \$1,500 | 14/14 | 13 |
| <input type="checkbox"/> Plan 18 | 60% salary weekly max \$1,500 | 14/14 | 26 |

* Only available for 10-50 lives

| Voluntary Short-Term Disability | | | |
|-----------------------------------|-------------------------------|-------|----|
| <input type="checkbox"/> Plan 1 | 60% salary weekly max \$750 | 0/7 | 13 |
| <input type="checkbox"/> Plan 2 | 60% salary weekly max \$750 | 0/7 | 26 |
| <input type="checkbox"/> Plan 3 | 60% salary weekly max \$750 | 7/7 | 13 |
| <input type="checkbox"/> Plan 4 | 60% salary weekly max \$750 | 7/7 | 26 |
| <input type="checkbox"/> Plan 5 | 60% salary weekly max \$750 | 14/14 | 13 |
| <input type="checkbox"/> Plan 6 | 60% salary weekly max \$750 | 14/14 | 26 |
| <input type="checkbox"/> Plan 7 | 60% salary weekly max \$1,000 | 0/7 | 13 |
| <input type="checkbox"/> Plan 8 | 60% salary weekly max \$1,000 | 0/7 | 26 |
| <input type="checkbox"/> Plan 9 | 60% salary weekly max \$1,000 | 7/7 | 13 |
| <input type="checkbox"/> Plan 10 | 60% salary weekly max \$1,000 | 7/7 | 26 |
| <input type="checkbox"/> Plan 11 | 60% salary weekly max \$1,000 | 14/14 | 13 |
| <input type="checkbox"/> Plan 12 | 60% salary weekly max \$1,000 | 14/14 | 26 |
| <input type="checkbox"/> Plan 13* | 60% salary weekly max \$1,500 | 0/7 | 13 |
| <input type="checkbox"/> Plan 14* | 60% salary weekly max \$1,500 | 0/7 | 26 |
| <input type="checkbox"/> Plan 15* | 60% salary weekly max \$1,500 | 7/7 | 13 |
| <input type="checkbox"/> Plan 16* | 60% salary weekly max \$1,500 | 7/7 | 26 |
| <input type="checkbox"/> Plan 17* | 60% salary weekly max \$1,500 | 14/14 | 13 |
| <input type="checkbox"/> Plan 18* | 60% salary weekly max \$1,500 | 14/14 | 26 |

| Long-Term Disability | Yes <input type="checkbox"/> | No <input type="checkbox"/> | |
|---------------------------------|--------------------------------|-----------------------------|--------------------------|
| Long-Term Disability Plans | | | |
| Plan Name | Plan Benefit | Elimination Period (Days) | Maximum Benefit Duration |
| Basic Long-Term Disability | | | |
| <input type="checkbox"/> Plan 1 | 60% salary monthly max \$3,500 | 90 | SSNRA |
| <input type="checkbox"/> Plan 2 | 60% salary monthly max \$3,500 | 90 | 5 Years |
| <input type="checkbox"/> Plan 3 | 60% salary monthly max \$3,500 | 180 | SSNRA |
| <input type="checkbox"/> Plan 4 | 60% salary monthly max \$3,500 | 180 | 5 Years |
| <input type="checkbox"/> Plan 5 | 60% salary monthly max \$6,000 | 90 | SSNRA |
| <input type="checkbox"/> Plan 6 | 60% salary monthly max \$6,000 | 90 | 5 Years |
| <input type="checkbox"/> Plan 7 | 60% salary monthly max \$6,000 | 180 | SSNRA |
| <input type="checkbox"/> Plan 8 | 60% salary monthly max \$6,000 | 180 | 5 Years |

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| | | | | |
|---|---|------------------------------------|--|----------|
| Voluntary Long-Term Disability | | | | |
| <input type="checkbox"/> Plan 1 | 60% salary monthly max \$6,000 | 90 | SSNRA | |
| <input type="checkbox"/> Plan 2 | 60% salary monthly max \$6,000 | 90 | 5 Years | |
| <input type="checkbox"/> Plan 3 | 60% salary monthly max \$6,000 | 180 | SSNRA | |
| <input type="checkbox"/> Plan 4 | 60% salary monthly max \$6,000 | 180 | 5 Years | |
| Critical Illness | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Critical Illness Plans | | | | |
| Plan Name | Plan Benefit | Benefit Maximum | | |
| Basic Critical Illness | | | | |
| <input type="checkbox"/> Plan 1 | \$5,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 2 | \$10,000 Employee / \$5,000 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 3 | \$10,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| Voluntary Critical Illness | | | | |
| <input type="checkbox"/> Plan 1 | \$5,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 2 | \$10,000 Employee / \$5,000 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| <input type="checkbox"/> Plan 3 | \$10,000 Employee / \$2,500 Spouse / \$2,500 Child | Up to 3 times benefit amount | | |
| Accident | Yes <input type="checkbox"/> | No <input type="checkbox"/> | | |
| Accident Plans | | | | |
| Plan Name | Benefit Description | 24-hour coverage | Benefit Coverage | Wellness |
| Basic Accident | | | | |
| <input type="checkbox"/> Plan 1 | Benefit for treatment and injuries due to an accident | No | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 | Benefit for treatment and injuries due to an accident | No | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Plan 1 – 24 Hr | Benefit for treatment and injuries due to an accident | Yes | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 – 24 Hr | Benefit for treatment and injuries due to an accident | Yes | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Smart Plan 1 | Benefits for treatment due to an accident | No | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 | Benefits for treatment due to an accident | No | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 1 – 24 Hr | Benefits for treatment due to an accident | Yes | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 – 24 Hr | Benefits for treatment due to an accident | Yes | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| Voluntary Accident | | | | |
| <input type="checkbox"/> Plan 1 | Benefit for treatment and injuries due to an accident | No | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 | Benefit for treatment and injuries due to an accident | No | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Plan 1 – 24 Hr | Benefit for treatment and injuries due to an accident | Yes | Emergency Room - \$75 / Hospital Confinement - \$150 / Ground Ambulance - \$200 | \$40 |
| <input type="checkbox"/> Plan 2 – 24 Hr | Benefit for treatment and injuries due to an accident | Yes | Emergency room - \$150 / Hospital confinement - \$250 / Ground Ambulance - \$200 | \$50 |
| <input type="checkbox"/> Smart Plan 1 | Benefits for treatment due to an accident | No | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 | Benefits for treatment due to an accident | No | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |

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| | | | | |
|--|---|-----------------------|--|-----|
| <input type="checkbox"/> Smart Plan 1 – 24 Hr | Benefits for treatment due to an accident | Yes | Emergency Room - \$175 / Hospital Confinement - \$200 / Ground Ambulance - \$400 | \$0 |
| <input type="checkbox"/> Smart Plan 2 – 24 Hr | Benefits for treatment due to an accident | Yes | Emergency Room - \$200 / Hospital Confinement - \$300 / Ground Ambulance - \$400 | \$0 |
| Classes | | | | |
| Please complete this chart if Group Term Life, Short-Term Disability, or Long-Term Disability benefits vary by class | | | | |
| Class Description | Group Term Life / AD&D | Short-Term Disability | Long-Term Disability | |
| | | | | |
| | | | | |

Section 6 - Additional Provisions:

Use this section to indicate any other instruction or important information.

Section 7 - Signature

| | |
|--|------|
| Signatures | |
| Employer / Authorized Purchaser: Title: | Date |
| Underwriter: Title: | Date |

Resolution No. T-2023-11-014R:

**A Resolution Authorizing the Supervisor to Sign an agreement with the City of Urbana for a Grant
Supporting Municipalities for Asylum Seeker Services (SMASS)**

WHEREAS, Cunningham Township Supervisor's Office (CTSO) has a commitment to ending homelessness, in partnership with the Continuum of Service Providers to the Homeless.

WHEREAS, To that end, CTSO operates Bridge to Home, a continuum of services for the homeless in Champaign County that includes Street and School Outreach, Emergency/Transitional Housing, Rapid Rehousing; and

WHEREAS, Cunningham Township supports residents regardless of immigration status to the extent allowed by law; and

WHEREAS, Cunningham Township partnered with the City of Urbana to successful submit a Grant Supporting Municipalities for Asylum Seeker Services (SMASS) which will provide housing, transportation, wrap around and legal support for residents seeking asylum status; and

NOW THEREFORE BE IT RESOLVED by the Township Board of the Town of Cunningham that the Resolution authorizing the Township Supervisor to sign the attached agreements with the City of Urbana for \$61,200 in assistance.

Approved this November 13, 2023 by the Township Board of the Town of Cunningham,
Champaign County, State of Illinois.

Darcy Sandefur, Town Clerk

Diane Wolfe Marlin, Chair

**NOTICE OF DECENNIAL COMMITTEE MEETING
OF THE CUNNINGHAM TOWNSHIP BOARD
URBANA, ILLINOIS**

The Cunningham Township, Urbana, Illinois, will hold a Decennial Committee meeting at 6:00 p.m. on Monday, November 13, 2023, as part of the regularly scheduled Cunningham Township Board meeting. Public input can also be provided via email to supervisor@cunninghamtownship.org.

All interested citizens and organizations are encouraged to attend. Persons attending the hearing shall have the right to provide written and oral comments and suggestions.

A G E N D A

- I. Call to Order and Roll Call**
- II. Public Input**
- III. Research Discussion**
- IV. Adjournment**

Darcy Sandefur
Township Clerk

Memo to Decennial Committee:

Study of Champaign County Townships: Improving Impacts, Collaboration, and Low Income Assistance

About Townships

Township government is the oldest existing unit of government in the U.S. Every area in Illinois outside of the City of Chicago has a township, overlapping with counties and sometimes with cities. Run by elected officials, the Supervisor and Assessor are charged with leading the townships in providing these basic functions:

1. General Assistance: Illinois Townships are required by law to provide General Assistance, which are monthly payments or vouchers that provide a last safety net for very low income, disabled, and homeless residents in their jurisdiction. The support townships offer are used by residents to help pay for housing, bus passes, toiletries, and other basic needs.
2. Townships may, at their option, provide Emergency Assistance, which can help with one time payments of rent, utilities, etc. They may also operate or provide grants to social service agencies to provide senior support, youth programs, food pantries or homeless shelters.
3. Property Assessments: Ensuring property owners pay their fair share of taxes by setting the value of those properties.
4. Infrastructure: Maintaining all roads and bridges not maintained by another jurisdiction.

About State of Illinois Decennial Committee Mandate

Public Act 102-1088 was passed by the legislature which requires all townships to establish a committee by June 2023, and at least once every 10 years thereafter, to study local efficiencies and report recommendations to our county board. Cunningham Township has assembled a committee made up of all elected officials of the township and several appointees. The committee is required to meet at least three times within 18 months and produce a report to be delivered to the County.

Decennial Committee Scope of Work

The recommendation is that Cunningham Township's Decennial Committee study all 29 townships in Champaign County, providing a report on Township officials names, office location, services, budget, savings, with a specific focus on General Assistance and Emergency

Assistance – application, rules, process, # participants, and expenditures. Collaborations between Townships and other governmental, non-profit and business partners will be noted. The report will provide comparables across townships as well as make recommendations for efficiencies and collaborations – and be presented to the County Board.

The Decennial Committee is chaired by the Supervisor and supported by a CTSO Intern from the University of Illinois Department of Urban and Regional Planning who will be charged with producing the report and help present findings to the County Board. Ideally, work will commence in November, 2023 and conclude in April of 2023.

Committee Members

- Carol Elliot, former Cunningham Township Supervisor
- Darcy Sandefur, Town Clerk
- Michelle Jett, Chief of Staff, Office of the Champaign County Executive
- Danielle Chynoweth, Cunningham Township Supervisor
- Diane Marlin, Mayor of Urbana
- All Town Board Members

Timeline of Activities

- June 2023 - Create Decennial Committee
- November 2023- Data collection of township metrics (online research only)
- November 13th, 2023- Decennial Committee Meeting and presentation of research
- November 2023- Certified mailing out of FOIA letters to every township (10 business days maximum to wait for response)
- November 2023/December 2023- Call/email non-responsive townships
- December 2023- Compile findings from FOIA into excel and analyze
- December 2023- Interview of 2 candidates unable to secure general assistance (to be selected from a pool of Cunningham Township contacts)
- November 2023/December 2023/January 2024 (ongoing)- Literature review of accessibility to general assistance services/programs
- December 2024/January 2024- Finish first draft of digital report of findings/recommendations, send them out to stakeholders/ partners
- January 2024- Committee first draft review
- January 2024/February 2024- Revise digital report based on committee feedback
- March 2024- Second draft review
- March 2024/April 2024- Final revisions of digital report

- April 2024 - Committee Sign off on Final Report and send and present to County Board and Executive
- April 2024 - Mail copies of the report to all townships

Participating organizations

This list encompasses the stakeholders and collaborators that Cunningham Township will include in its research process, including the townships that are the subject of this study.

- The Decennial Committee
- Champaign County Clerk
- Champaign County Board
- Ayer Township
- Brown Township
- Champaign Township
- City of Champaign Township
- Colfax Township
- Crittenden Township
- East Bend Township
- Hardwood Hensely
- Kerr Township
- Ludlow Township
- Mahomet Township
- Newcomb Township
- Ogden Township
- Pesotum Township
- Philo Township
- Rantoul Township
- Raymond Township
- Sadorus Township
- Scott Township
- Sidney Township
- Somer Township
- South Homer Township
- Stanton Township
- St. Joseph Township
- Tolono Township

- Urbana Township

Final Deliverables

- Digital Report with resource links - A PowerPoint or an interactive PDF format
- Presentation - PowerPoint of process and key takeaways from each section of report

Conclusion

The final report is meant to be a resource for the leadership of townships and their constituents, to help them better access services and collaborate.

Agency Head [or Freedom of Information Act Officer]

Name of Agency

Address of Agency

City, State, Zip Code

Re: Illinois Freedom of Information Act Request- Cunningham Township

November 14, 2023

Dear _____:

My name is Ethan Garcia and I am an Urban Planning Student at the University of Illinois conducting a research project in which I am surveying all townships within Champaign County as part of the Decennial Committee process. Public Act 102-1088 was passed by the legislature which requires all townships to establish a committee by June 2023, and at least once every 10 years thereafter, to study local efficiencies and report recommendations to its county board.

My final report will be shared with all townships, including you, and presented to the Champaign County Board. It is my hope that the report can be a resource for townships and their constituents.

Under the Illinois Freedom of Information Act, 5 ILCS 140, I am requesting an opportunity to inspect or obtain copies of public records that relate to the functionality and execution of your unit of government.

FOIA Act 5 ILCS 140(3) stipulates that you must reply within 5 business days, but to give your office time to respond, I hereby request materials no later than Monday, December 4th.

Specifically, I am requesting:

- Elected Township officials (Supervisor and Assessor, Highway Commissioner, Board/Trustees, etc) names, emails, and official township phone number/s.
- Link to website or online information about your township (if any).
- Office address and hours of operation: this could be any promotional material or business cards with this information, or a link to the website with this information is sufficient.
- Annual budgets FY 2022-2024: town board approved budgets the current and past two years.
- Actuals (income and expenses) FY 2019-2024: final income and expenses for the past two completed years.
- Most recent resolution setting the compensation of Township Officials.
- List of all services/programs that your township provides.
- Application for General Assistance.
- Rulebook used to determine General Assistance cases.

- Number of General Assistance clients currently served.
- Total number of General Assistance clients served in the most recently completed fiscal year.
- Application for Emergency Assistance (if any).
- Number of Emergency Assistance clients served in the most recently completed fiscal year (if any)

Digital copies are preferred and can be emailed to ethan@ctso.org.

I understand that the Act permits a public body to charge a reasonable copying fee not to exceed the actual cost of reproduction and not including the costs of any search or review of the records. (5 ILCS 140/6.)

If you are unable to email and will be copying documents and you are requesting a fee, please inform me of that fee in advance, within 5 business days of this request.

I look forward to hearing from you in writing. Thank you for considering and responding to this request.

Sincerely,

Ethan Garcia
CTSO Decennial Committee Intern
217-384-4144
ethan@ctso.org