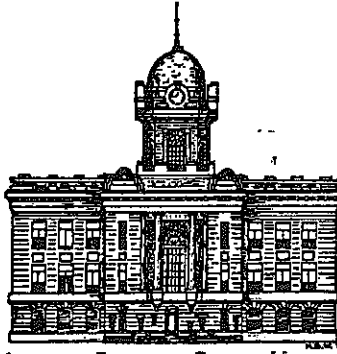


Jasper County, Iowa

Joe Brock

Denny Carpenter

Dennis Stevenson



**Board of Supervisors
Courthouse
PO Box 944
Newton IA 50208
Phone 641-792-7016
Fax 641-792-1053**

JASPER COUNTY BOARD OF SUPERVISORS AGENDA

www.co.jasper.ia.us

November 4, 2014

9:30 a.m.

- Item 1 Attorney – Mike Jacobson**
 - a) County Attorney office staffing

- Item 2 Elderly Nutrition – Kelli Van Manen**
 - a) Request for carryover funds from Title C-1 and C-2 from Aging Resources
 - b) Aging Resources Contract Modification
 - c) Skiff Contract

- Item 3 HIRTA Public Transit – Julia Castillo**
 - a) FY 2015 Funding Allocation

- Item 4 Colonial Life – Rita Foubert**
 - a) Products offered by Colonial Life

- Item 5 Approval of Board of Supervisors minutes for 10/28/2014**

- Item 6 Board Appointments**

PUBLIC INPUT & COMMENTS

NEXT SCHEDULED MEETING WILL BE HELD MONDAY, NOVEMBER 10, 2014

Jasper County Elderly Nutrition
2401 1st Ave. E.
Newton, IA 50208
PH 641-792-7102 Toll Free 866-942-7102
Fax 641-792-7202
jceldnutrition@co.jasper.ia.us

November 4, 2014

Les Bascom
Kate Kelderman
Aging Resources of Central Iowa
5835 Grand Avenue, Suite 106
Des Moines, Iowa 50312-1437

Dear Les and Kate,

On behalf of Jasper County Elderly Nutrition, we would like to request the carryover funds for Title C-1 in the amount of \$1,913.41 and Title C-2 in the amount of \$12,741.06. These funds will be a subsidy for our project's current budget for expenses incurred in the first quarter of FY15. We understand that this is a one-time occurrence.

We appreciate receiving these extra funds.

Sincerely,

Kelli Van Manen
Project Manager

Joe Brock
Board Chairperson
Jasper County Board of Supervisors

Dennis Parrott
Auditor
Jasper County

FY14-15 Title III C-1 & C-2 Carryover Distribution

Aging Resources has \$30,000 in excess Title III C-1 (congregate) and \$60,000 in excess Title III C-2 (home-delivered) carryover funds.

Aging Resources requests the approval of the expenditure of \$90,000 Title C1 & C2 carryover funds and amend the nutrition contracts based on the FY13-14 total meals served.

Title III C-1		Title III C-2				Total		
Contractor	Eligible Congregate Meals	% of Eligible Meals	\$30,000 to be Distributed	Contractor	Eligible HD Meals	% of Eligible Meals	\$60,000 to be Distributed	FY14-15 Carryover
Boone	6,565	2.18%	\$ 654.25	Boone	18,704	8.52%	\$ 5,113.15	\$ 5,767.40
Dallas	7,537	2.50%	\$ 751.11	Dallas	13,742	6.26%	\$ 3,756.68	\$ 4,507.79
Jasper	19,200	6.38%	\$ 1,913.41	Jasper	46,607	21.24%	\$ 12,741.06	\$ 14,654.47
Madison	14,401	4.78%	\$ 1,435.16	Madison	14,698	6.70%	\$ 4,018.02	\$ 5,453.18
Marion	26,426	8.78%	\$ 2,633.53	Marion	18,524	8.44%	\$ 5,063.95	\$ 7,697.48
Polk BOS Cong.	185,249	61.54%	\$ 18,461.33	Polk BOS Cong.	0	0.00%	\$ -	\$ 18,461.33
Polk Wesley MOW	0	0.00%	\$ -	Polk Wesley MOW	67,449	30.73%	\$ 18,438.68	\$ 18,438.68
Story	15,290	5.08%	\$ 1,523.75	Story	17,471	7.96%	\$ 4,776.09	\$ 6,299.84
Warren	26,365	8.76%	\$ 2,627.45	Warren	22,286	10.15%	\$ 6,092.37	\$ 8,719.83
Totals	301,033	100.00%	\$ 30,000.00	Totals	219,481	100.00%	\$ 60,000.00	\$ 90,000.00

AGING RESOURCES OF CENTRAL IOWA			
FY 2015 CONTRACT MODIFICATION			
(July 1, 2014-June 30, 2015)			
CONTRACTOR: Jasper Co. Elderly Nut.	MODIFICATION NO.: 1 X 2 3 4		
	SERVICE: Nutrition Services		
<p>This modification is submitted in accordance with Section 42.0 of the Standard Contract Conditions. It will take effect if and when it is approved and signed by the authorized representatives of both Aging Resources and the contractor. An explanation for the requested changes must be given in the areas identified on this modification form.</p>			
1. BUDGET LINE ITEM CHANGES:			
REVENUE BUDGET:	FROM:	TO:	DIFFERENCE:
Title III C-1	\$ 45,000	\$ 45,000.00	\$ -
Title III C-2	\$ 67,000	\$ 67,000.00	\$ -
NSIP (USDA) Cash	\$ 42,250	\$ 42,250.00	\$ -
Carryover Funds	\$ -	\$ 14,654.00	\$ 14,654.00
USDA Commodities	\$ -	\$ -	\$ -
Elderly Waiver/Other Waivers	\$ 50,000	\$ 50,000.00	\$ -
Local Public Funds	\$ 266,172	\$ 251,518.00	\$ (14,654.00)
Other Local Cash	\$ 5,000	\$ 5,000.00	\$ -
Program Income - Title III C-1	\$ 38,000	\$ 38,000.00	\$ -
Program Income - Title III C-2	\$ 77,000	\$ 77,000.00	\$ -
Non-Cash	\$ -	\$ -	\$ -
TOTAL REVENUES	\$ 590,422.00	\$ 590,422.00	\$ -
EXPENDITURE BUDGET:	FROM:	TO:	DIFFERENCE:
Personnel and Fringes	\$ 369,472	\$ 369,472	\$ -
Premise Expense	\$ 5,400	\$ 5,400	\$ -
Travel and Meetings	\$ 38,500	\$ 38,500	\$ -
Equipment	\$ -	\$ -	\$ -
Supplies	\$ 750	\$ 750	\$ -
Contractual	\$ 8,000	\$ 8,000	\$ -
Raw Food - Cash	\$ 168,000	\$ 168,000	\$ -
Raw Food - Commodities	\$ -	\$ -	\$ -
Other Costs	\$ 300	\$ 300	\$ -
Indirect Costs	\$ -	\$ -	\$ -
TOTAL EXPENDITURES	\$ 590,422.00	\$ 590,422.00	\$ -
TOTAL UNITS TO BE PROVIDED:	74,300		74,300
UNIT RATE:			\$ 7.95
Please complete the Modification Explanation section on the reverse side of this form.			

2. UNITS OF SERVICE AND TARGETED CHANGES:

TYPE OF SERVICE:				
	FROM:	TO:	FROM:	TO:
UNITS OF SERVICE:				
60+ Persons				
60+ Low Income				
60+ Minority				
60+ Low Income Minority				

TYPE OF SERVICE:				
	FROM:	TO:	FROM:	TO:
UNITS OF SERVICE:				
60+ Persons				
60+ Low Income				
60+ Minority				
60+ Low Income Minority				

MODIFICATION EXPLANATION: (Describe changes to budget, units of service, and client characteristics that are included in this Contract Modification and reason(s) for the change(s))

(Continue explanation on separate page if needed.)

In witness of this agreement, the parties hereto have executed this contract on the day and year last specified below.

x	x
Joe Brock / Chairman / Date	Dennis Parrott / Auditor / Date
Project Manager / Date	Aging Resources Executive Director / Date

AGREEMENT FOR PROVISION OF FOOD SERVICES BETWEEN JASPER COUNTY, IOWA AND SKIFF MEDICAL CENTER

THIS AGREEMENT is made this ____ day of _____, 2014, by and between Jasper County, Iowa, doing business under its "Jasper County Elderly Nutrition Program" and acting by and through its Board of Supervisors (hereinafter referred to as "Contractor") and Skiff Medical Center, Newton, Iowa, (hereinafter referred to as the "Sub-Contractor"), and *PROVIDES AS FOLLOWS*: -

1. NATURE AND DURATION OF AGREEMENT:

This agreement creates no new entity and shall be effective from the 1st day of July, 2014 to the last day of June, 2015. Sub-Contractor and all employees and agents of Sub-Contractor are wholly independent of Contractor, and nothing contained within this Agreement is intended to cause Sub-Contractor or any of its employees or agents to become employees or agents of Contractor for any purpose.

2. LICENSING REQUIREMENTS, MEAL PREPARATION AND DELIVERY:

The Sub-Contractor shall be licensed by the Iowa Department of Inspections and Appeals, and shall comply with state restaurant license laws and regulations pertaining to food handling and preparation.

The Sub-Contractor will prepare meals for the Home Delivered Meals aspects of the program each Saturday and Sunday and on the holidays of Thanksgiving Day and Christmas Day.

The Sub-Contractor shall provide the Contractor with monthly or cycle menus of meals prepared for the home delivered meals program. Meals program shall be subject to approval of the program director and shall comply with the food pattern listed below:

Meat or meat alternative – 3 oz. of cooked edible portions of beef, pork, fish, fowl, luncheon meats, eggs or cheese

Two Vegetables and One Fruit group – two 1/2 cup servings (dessert should not be counted toward this).

Three servings of bread or bread alternative.

Butter or Margarine

One Milk / Alternative

Dessert – one 1/2 cup serving of simple dessert such as fruit, pudding, etc.

Modified diets may be provided by the Sub-Contractor upon request by the Contractor and standard meals shall be modified if required by any changes of any state or federal agency rule or grant funding requirement. The Contractor shall be responsible for delivery of meals via its "Elderly Nutrition Program" endeavors.

3. ACCESS:

Employees of the Contractor, and other qualified representatives shall have access to the facility at such time as is needed to perform their job responsibilities and to ensure full compliance with this Agreement by the Sub-Contractor.

4. CLIENT CERTIFICATION AND RECORDS:

The Contractor, through its Elderly Nutrition Program Director, shall be responsible for certification of eligible recipients of Home Delivered Meals and delivery of said meals. Requests for service shall be referred to the Contractor. The Contractor will notify the Sub-Contractor, in advance, of additions or deletions to the number of meals to be prepared. Information necessary for the successful operation of the program shall be exchanged by both parties. The Sub-Contractor shall maintain a monthly record of meals served to each recipient and submit such records to the Contractor, c/o Jasper County Elderly Nutrition Program, 2401 First Avenue East, Newton, Iowa, 50208, no later than the 5th day of the following month. The Contractor may provide the Sub-Contractor with any forms needed by Contractor record keeping and, if so, Sub-Contractor agrees to promptly and accurately complete and return such forms concurrent with any billing for Sub-Contractor's services provided hereunder.

5. BILLING:

The Sub-Contractor shall submit monthly statements for payment, detailing the number of meals served and cost per meal. Any additional charges shall be itemized in the statement. Statements shall be submitted to the Contractor no later than the last day of the month.

The Sub-Contractor shall provide suitable meals at the rate of \$6.00 each for Saturdays and Sundays, EXCEPT that the rate of \$5.00 per meal shall apply for those meals prepared on Thanksgiving Day and Christmas Day (even if Christmas Day were to fall on a Saturday or Sunday).

6. LIABILITY:

The Contractor shall carry primary insurance for personal injury and personal liability and secondary insurance for product liability. The Sub-Contractor, and its employees and representatives, shall be held harmless from claims and actions against the nutrition program for personal injury and personal liability caused by any employee or representative of Contractor acting within the scope of his or her employment. The Sub-Contractor shall indemnify through insurance policies and hold harmless Contractor, and its employees and representatives, from any act or omission on the part of the Sub-Contractor, or its employees or representatives, causing harm or injury to any third person in relation to any matters involved under this Agreement. The Sub-Contractor shall cooperate to promptly supply the Contractor's program director with copies of the required policy or policies of insurance.

7. NON-DISCRIMINATION:

All parties to this agreement shall comply with the Civil Rights Act of 1964 (P.L. 880352) and all requirements imposed by or pursuant thereto, the Rehabilitation Act of 1965, Section 504, and all other applicable Federal, State and local laws, rules and regulations. In accordance therewith, no person shall be discriminated against, excluded from participation, be denied benefits, or be otherwise subjected to discrimination on the grounds of race, creed, color, sex, age, national origin, or handicap.

8. ASSIGNMENT OF DUTIES AND RESPONSIBILITIES BY SUB-CONTRACTOR:

No assignment or transfer of this agreement or any of the duties imposed hereunder may be made in whole or part without the written consent of the Contractor following public hearing and passage of appropriate resolution.

9. MODIFICATIONS, TERMINATION FOR CONVENIENCE:

No variation or modification of this agreement, and no waiver of its provisions, shall be valid unless in writing and signed by duly authorized officers of both Contractor and Sub-Contractor. Both parties may, at any time during the life of this agreement or any extension thereof, terminate this agreement upon thirty (30) days written notice of intention to do so, except that Contractor may terminate this agreement immediately and without recourse if based upon probable cause of any breach of this agreement or any violation of applicable laws, rules or regulations on the part of the Sub-Contractor.

IN WITNESS WHEREOF, the parties have hereto caused this agreement to be signed by their duly authorized officers/representatives.

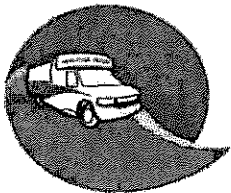
JASPER COUNTY, IOWA:

SKIFF MEDICAL CENTER:

Joe Brock, Chairperson,
Jasper County Board of Supervisors

Executive Director

Attest: _____
Dennis K. Parrott,
Jasper County Auditor



Heart of Iowa Regional Transit Agency HIRTA Public Transit

Boone • Dallas • Jasper • Madison • Marion • Story • Warren Counties

October 20, 2014

Jasper County Board of Supervisors
Attn: Chairman Joe Brock
101 1st St N
Newton, IA 50208

Dear Mr. Brock,

The Heart of Iowa Regional Transit Agency (HIRTA) has continuously increased ridership the last two years, providing 55,869 rides to Jasper County residents in FY2014.

In the last two years, HIRTA has been able to:

- Reduce and maintain the general public fare
- Relocate buses to Jasper County nearly doubling the fleet size
- Increase the number of employees 58% and are looking to hire again
- Increase ridership by 7,855 rides, annually
- Establish shuttles into Jasper County helping to boost the local economy
- Create partnerships with schools to keep busing costs low
- Expand service until 10pm on weekdays (in Newton)

Funding from Jasper County will allow HIRTA to continue providing transportation at the low rate of \$4.00 in-county, as well as, provide funds so we can continue to increase services for Jasper County residents.

For FY2015, we are respectfully requesting \$32,785 for operating assistance and \$19,986 for capital replacement local match funds, to replace one bus, for a total request of \$52,771.

We truly appreciate the continued support the County provides, and we thank you for supporting transportation services in Jasper County.

Sincerely,

Julia Castillo
Executive Director

- continued -

toll free: 1-877-686-0029 fax: 515-777-2745
2840 104th Street Urbandale, IA 50322
www.ridehirta.com



**HIRTA Public Transit
 Profit & Loss by Class(County)
 July 2013 through June 2014**

	Jasper	TOTAL
Ordinary Income/Expense		
Income		
40000 · FTA		
40030 · FTA - Jasper	120,939.00	120,939.00
Total 40000 · FTA	120,939.00	120,939.00
40100 · STA Grant		
40130 · STA Grant - Jasper	30,372.00	30,372.00
40131 · TransitCares - Jasper	319.00	319.00
Total 40100 · STA Grant	30,691.00	30,691.00
40200 · Contract Revenue		
40234 · TMS - Jasper	1,479.50	1,479.50
40240 · Federal 3E - Jasper	31,879.00	31,879.00
Total 40200 · Contract Revenue	33,358.50	33,358.50
40250 · Other Revenue		
40230 · Jasper County	32,785.00	32,785.00
40233 · Waiver Programs-Jasper	258,468.23	258,468.23
40243 · City of Newton - Jasper	20,000.00	20,000.00
Total 40250 · Other Revenue	311,253.23	311,253.23
40300 · Passenger Revenue		
40332 · Passenger Rev - Jasper	82,538.00	82,538.00
Total 40300 · Passenger Revenue	82,538.00	82,538.00
40500 · Advertising Income		
40530 · Advertising Income - Jasper	4,925.00	4,925.00
Total 40500 · Advertising Income	4,925.00	4,925.00
40800 · Fellowship	456.00	456.00
41300 · Fuel Tax Refund		
41330 · Fuel Tax Refund - Jasper	6,078.48	6,078.48
Total 41300 · Fuel Tax Refund	6,078.48	6,078.48
41500 · Vehicle Revenue		
41532 · Insurance Settlement - Vehicles	1,180.64	1,180.64
Total 41500 · Vehicle Revenue	1,180.64	1,180.64
Total Income	591,419.85	591,419.85
Gross Profit	591,419.85	591,419.85
Expense		
50100 · Salaries		
50131 · Hourly Wages-Jasper	266,032.81	266,032.81
50132 · Overtime - Jasper	14,457.33	14,457.33
50133 · Holiday Pay - Jasper	3,447.91	3,447.91
50137 · Sick Pay - Jasper	112.00	112.00
50153 · Holiday Pay - Marion	37.80	37.80
50171 · Hourly Wages - Story	514.54	514.54
50174 · Sick Pay - Story	251.75	251.75
50100 · Salaries - Other	109.90	109.90
Total 50100 · Salaries	284,964.04	284,964.04
50200 · Payroll Taxes		
FICA & Medicare	21,828.11	21,828.11
Iowa Unemployment	1,514.68	1,514.68
50230 · IPERS Employer Match - Jasper	25,402.13	25,402.13
Total 50200 · Payroll Taxes	48,744.92	48,744.92
50300 · Employee Benefits		
50313 · Life, Disability - Admin	0.00	0.00
50332 · Life, Disability - Jasper	8,024.45	8,024.45
Total 50300 · Employee Benefits	8,024.45	8,024.45

1:18 PM
 10/20/14
 Accrual Basis

HIRTA Public Transit
Profit & Loss by Class(County)
 July 2013 through June 2014

	Jasper	TOTAL
50400 · Professional Services		
50411 · IT	393.60	393.60
Total 50400 · Professional Services	393.60	393.60
50500 · Office Supplies		
50531 · Office Supplies - Jasper	2,382.75	2,382.75
50532 · Postage & Freight - Jasper	34.99	34.99
Total 50500 · Office Supplies	2,417.74	2,417.74
50600 · Telephone		
50630 · Phone/Internet - Jasper	4,761.54	4,761.54
Total 50600 · Telephone	4,761.54	4,761.54
50800 · Insurance		
50830 · WC Insurance - Jasper	20,446.88	20,446.88
Total 50800 · Insurance	20,446.88	20,446.88
50900 · Organizational Dues		
50930 · Membership Dues - Jasper	170.00	170.00
Total 50900 · Organizational Dues	170.00	170.00
51100 · Employee Expenses		
51130 · Training Expense - Jasper	258.31	258.31
51131 · Medical Testing - Jasper	2,236.75	2,236.75
51132 · Background Checks - Jasper	240.00	240.00
Total 51100 · Employee Expenses	2,735.06	2,735.06
51200 · Advertising		
51230 · Advertising - Jasper	499.43	499.43
Total 51200 · Advertising	499.43	499.43
51300 · Rent		
51330 · Rent - Jasper	5,844.00	5,844.00
Total 51300 · Rent	5,844.00	5,844.00
51400 · Miscellaneous		
51410 · Misc - Admin	5.43	5.43
Total 51400 · Miscellaneous	5.43	5.43
51800 · Office Equipment		
51830 · Office Equipment - Jasper	1,479.12	1,479.12
Total 51800 · Office Equipment	1,479.12	1,479.12
52000 · Meeting / Mileage Expenses		
52030 · Meeting Exp - Jasper	26.17	26.17
Total 52000 · Meeting / Mileage Expenses	26.17	26.17
52100 · Contracted Services		
52130 · Quickbooks - Jasper	149.67	149.67
Total 52100 · Contracted Services	149.67	149.67
52200 · Premise Expense		
52230 · Utilities - Jasper	2,022.00	2,022.00
Total 52200 · Premise Expense	2,022.00	2,022.00
52300 · Vehicle Expense		
52330 · Fuel - Jasper	91,408.99	91,408.99
52331 · Auto Insurance - Jasper	11,260.00	11,260.00
52332 · Vehicle Repairs & Maint - Jasper	94,432.62	94,432.62
52335 · Op/Vehicle Supplies - Jasper	408.81	408.81
52336 · Tires - Jasper	2,585.92	2,585.92
52337 · Bus Washing - Jasper	891.59	891.59
52338 · Deductible & Accident - Jasper	8.07	8.07
Total 52300 · Vehicle Expense	200,996.00	200,996.00
52400 · Vehicle and Equipment Capital		

1:18 PM
10/20/14
Accrual Basis

HIRTA Public Transit
Profit & Loss by Class(County)
July 2013 through June 2014

	<u>Jasper</u>	<u>TOTAL</u>
50432 - Tablet Project - Jasper	130.97	130.97
Total 52400 - Vehicle and Equipment Capital	130.97	130.97
66000 - Payroll Expenses	398.86	398.86
Total Expense	584,209.88	584,209.88
Net Ordinary Income	7,209.97	7,209.97
Net Income	<u>7,209.97</u>	<u>7,209.97</u>

Deductions per year: 24

These rates were prepared on 10/29/2014 and are valid for 90 days.

Accident 1.0 for IA

Applicable to policy forms ACCIDENT 1.0-HS and ACCIDENT 1.0-NS

● On/Off-Job Accident Coverage

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Premier with health screening	0-80	\$13.26	\$18.16	\$19.85	\$24.75
Premier without health screening	0-80	\$12.18	\$16.51	\$18.78	\$23.10

Disability 1000 for IA AA Risk Class

Applicable to policy form DIS1000

● Off-Job Accident, Off-Job Sickness

3 Month Benefit Period

ELIMINATION PERIOD	ISSUE AGE	\$1,000*	\$1,500*	\$2,000*	\$2,500*	\$3,000*
0 days Accident / 7 days Sickness	17-49	\$14.75	\$22.13	\$29.50	\$36.88	\$44.25
	50-69	\$17.50	\$26.25	\$35.00	\$43.75	\$52.50
0 days Accident / 14 days Sickness	17-49	\$10.50	\$15.75	\$21.00	\$26.25	\$31.50
	50-69	\$13.00	\$19.50	\$26.00	\$32.50	\$39.00

*Monthly benefit amount

Cancer Assist for IA

Applicable to policy form CanAssist

COVERAGE LEVEL	ISSUE AGE	NAMED INSURED	EMPLOYEE AND SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
Level 1	17-75	\$5.73	\$9.13	\$5.80	\$9.20
Level 2	17-75	\$7.50	\$11.75	\$7.65	\$11.90
Level 3	17-75	\$10.00	\$17.03	\$10.23	\$17.25
Level 4	17-75	\$14.48	\$24.53	\$14.78	\$24.83

Medical Bridge 3000 for IA

Applicable to policy form MB3000

● \$1,000 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500, \$250 Diagnostic Procedure Benefit, and \$150 Emergency Room Visit Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$15.00	\$32.00	\$25.50	\$38.80
50-59	\$20.68	\$44.20	\$30.78	\$50.18
60-64	\$27.10	\$58.70	\$37.78	\$63.70
65-74	\$33.95	\$73.53	\$47.30	\$79.78

Medical Bridge 3000 for IA

Applicable to policy form MB3000

● \$2,000 Hospital Confinement Benefit, and Outpatient Surgical Procedure Benefit with a calendar year maximum of \$1,500, \$250 Diagnostic Procedure Benefit, and \$150 Emergency Room Visit Benefit

ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
17-49	\$20.40	\$43.65	\$34.80	\$52.90
50-59	\$28.18	\$60.30	\$41.98	\$68.43
60-64	\$36.85	\$80.10	\$51.58	\$86.85
65-74	\$46.20	\$100.28	\$64.55	\$108.78



(Continued...)

Critical Illness 1.0 for IA

Applicable to policy form CI-1.0

• with Subsequent Diagnosis Coverage, Health Screening Benefit

Non-Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$2.28	\$3.45	\$2.28	\$3.45
	25-29	\$2.63	\$4.05	\$2.63	\$4.05
	30-34	\$3.03	\$4.70	\$3.03	\$4.70
	35-39	\$4.23	\$6.50	\$4.23	\$6.50
	40-44	\$5.03	\$7.70	\$5.03	\$7.70
	45-49	\$6.53	\$10.00	\$6.53	\$10.00
	50-54	\$8.33	\$12.80	\$8.33	\$12.80
	55-59	\$10.28	\$15.75	\$10.28	\$15.75
	60-64	\$12.73	\$19.55	\$12.73	\$19.55
	65-70	\$14.43	\$22.15	\$14.43	\$22.15

Tobacco Rates

	ISSUE AGE	NAMED INSURED	EMPLOYEE & SPOUSE	ONE-PARENT FAMILY	TWO-PARENT FAMILY
\$10,000	17-24	\$2.78	\$4.25	\$2.78	\$4.25
	25-29	\$3.43	\$5.25	\$3.43	\$5.25
	30-34	\$4.28	\$6.60	\$4.28	\$6.60
	35-39	\$5.93	\$9.10	\$5.93	\$9.10
	40-44	\$7.68	\$11.80	\$7.68	\$11.80
	45-49	\$9.88	\$15.15	\$9.88	\$15.15
	50-54	\$12.43	\$19.05	\$12.43	\$19.05
	55-59	\$15.78	\$24.25	\$15.78	\$24.25
	60-64	\$18.98	\$29.15	\$18.98	\$29.15
	65-70	\$21.68	\$33.35	\$21.68	\$33.35

Important Notice

Insurance coverage has exclusions and limitations that may affect benefits payable. For a complete description of benefits, limitations and exclusions, please refer to an outline of coverage, sample policy/certificate, proposal description or see your Colonial Life benefits counselor. Coverage type, benefits and rates vary by state. Coverage may not be available in all states. Rates provided are illustrative and your actual premium may be different depending on your particular situation and plan choices.

Colonial Life products are underwritten by Colonial Life & Accident Insurance Company, for which Colonial Life is the marketing brand.

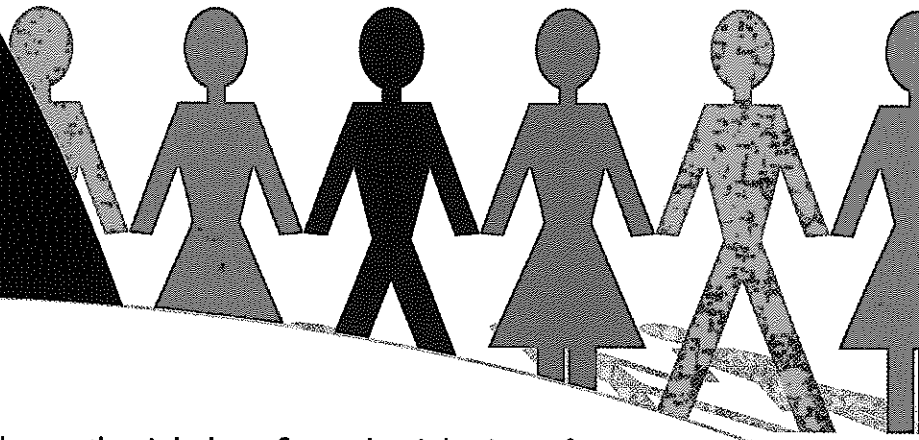
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Rita Foubert | rita.foubert@coloniallife.com | (515) 418-0668



Benefits for Individuals, Benefits That Count



Colonial Life's coverages share important features:

- Coverage is available for your spouse and children with most products.
- Benefits are paid directly to you, unless you specify otherwise.
- With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- With most plans you receive benefits regardless of any other insurance you may have with other insurance companies.

When you choose the right benefits at the right time of your life, you're truly making your benefits count. Check each benefit you would like to learn more about at your personal, 1-to-1 session with a Colonial Life benefits counselor. At the session, you will learn how these products fit into your overall benefits package, and there will be no obligation to buy anything.

- Disability Insurance** – Replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.
- Accident Insurance** – Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and copayments, that can result from a fracture, dislocation or other covered accidental injury.
- Life Insurance** – Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.
- Cancer Insurance** – Helps offset the out-of-pocket medical and indirect, non-medical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.
- Critical Illness Insurance** – Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.
- Hospital Confinement Insurance** – Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that are not covered by most major medical plans.

Please fill in the following information and hand this sheet back to your Colonial Life benefits counselor.

Name: _____ Date: _____

Department/Location _____

Phone: _____ Email: _____

These coverages may not be available in all states; product benefits vary by state. Policies have exclusions and limitations that may affect benefits payable. For cost and complete details, please see your Colonial Life benefits counselor.

Colonial Life.
Making benefits count.

Colonial Life
1200 Colonial Life Boulevard
Columbia, South Carolina 29210
coloniallife.com

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Tuesday, October 28, 2014 the Jasper County Board of Supervisors met in regular session at 9:30 a.m. with Supervisors Brock, Stevenson and Carpenter present and accounted for; Chairman Brock presiding.

Dennis Simon, Human Resources Director, presented the proposed 2015 Holiday Schedule.

Motion by Carpenter, seconded by Stevenson to approve the 2015 Holiday Schedule as presented.

YEA: BROCK, CARPENTER, STEVENSON

Adam Sparks, Building & Grounds Director, presented quotes for asbestos removal at the former Jasper County Care Facility. Sparks requested quotes from four vendors. Sparks explained only two vendors wanted to submit quotes.

REW Services	\$29,927.00
Site Services	\$42,430.18

Motion by Brock, seconded by Carpenter to approve the low quote from REW Services for \$29,927.00.

YEA: STEVENSON, CARPENTER, BROCK

Treasurer, Doug Bishop presented 2014/2015 LOST tax projections and update.

Bishop also presented the Treasurer's Semi-Annual report for fiscal year 2014, January 1 through June 30.

Motion by Stevenson, seconded by Carpenter to approve the Treasurer's Semi-Annual report for fiscal year 2014, January 1 through June 30, 2014.

YEA: CARPENTER, STEVENSON, BROCK

Motion by Stevenson, seconded by Carpenter to approve the Board of Supervisors minutes for October 21, 2014.

YEA: BROCK, CARPENTER, STEVENSON

Motion by Carpenter, seconded by Stevenson to adjourn the Tuesday, October 28, 2014 Board of Supervisors' meeting.

YEA: STEVENSON, BROCK, CARPENTER

Teresa Arrowood, Deputy

Joe Brock, Chairman