WOODBURY COUNTY BOARD OF SUPERVISORS AGENDA ITEM(S) REQUEST FORM

		Date:	8-25-2016	Weekly Agenda Date	e: <u>8-30-16</u>	
	ELECTED OFFICIAL	_ / DEPA	ARTMENT HEAD / CITIZE	n: Ed Gilliland		
	WORDING FOR AGI	ENDA IT	TEM:			
	Approval of Retired	e Reque	est to Remain on Health	n & Dental Insurance,	Discussion and Action.	
			ACTION	REQUIRED:		
	Approve Ordinar	nce 🗌	Approve R	esolution	Approve Motion 🗹	
	Give Direction		Other: Info	rmational	Attachments 🗹	
EXECU	TIVE SUMMARY:					
					Jessen will be retiring effective off and her spouse, at her own	
- 49						
BACKO	ROUND:					

FINANCIAL IMPACT:
Retiree pays premiums.
IF THERE IS A CONTRACT INVOLVED IN THE AGENDA ITEM, HAS THE CONTRACT BEEN SUBMITTED AT LEAST ONE WEEK PRIOR AND ANSWERED WITH A REVIEW BY THE COUNTY ATTORNEY'S OFFICE?
Yes □ No ☑
RECOMMENDATION:
My recommendation is to approve the retiree request.
ACTION REQUIRED / PROPOSED MOTION:
Motion to approve retiree request to remain on the health and dental insurance for herself and spouse.

August 19,

Woodbury County Board of Supervisors 620 Douglas St Sioux City, IA 51101

I will be retiring on September 30, 2016 and wish to remain on the Woodbury County Health Insurance and Dental plans following my retirement. I would like to remain on family coverage for both. I understand this will be at my own expense.

Thank you,

Jean M. Jessen Deputy Auditor