ORDINANCE

RE: AMENDMENT TO THE COMBINED ANNUAL BUDGET AND APPROPRIATION ORDINANCE FOR HEALTH INSURANCE LINES

WHEREAS, the Health Insurance line in various departments is used to pay for premiums; and

WHEREAS, due to the change employees and/or their employee benefit choice, several lines for various departments need to be amended; and

WHEREAS, the budget therefore needs to be amended accordingly and this was not known when the budget was prepared, and thus was not included.

NOW, THEREFORE BE IT ORDAINED by the County Board of Vermilion County Illinois that the County Auditor be authorized and instructed to amend the budget for fiscal year 2021-2022 by adding money in the amount and lines as below to facilitate payment of health insurance costs.

001.310.00.4155	Insurance – Life/Health	\$2,500.00
006.340.00.4155	Insurance – Life/Health	\$13,000.00
006.340.34.4155	Insurance – Life/Health	\$30,000.00

And the totals be adjusted accordingly.

PRESENTED, APPROVED AND ORDAINED by the County Board of Vermilion County, Illinois at the September 13, 2022 A.D. Session.

This amendment takes two thirds majority for passage.

Page 2 Budget Amendment –Health Insurance Lir	nes
DATED this 13th day of September 2022 A	.D.
AYE NAY ABSENT	
	Chairman, Vermilion County Board
ATTEST:	
County Clerk of Vermilion County	

APPROVED BY Finance Personnel on 09/12/22:

Steve Fourez	<u>Y</u>	N	<i>P</i>	7
Committee Chairperson				
Wesley Bieritz		<u>Y</u>	N	<u>A</u>
Craig Golden		<u>Y</u>	N	<u>A</u>
Becky Stark		<u>Y</u>	N	<u>A</u>
Bruce Stark		<u>Y</u>	N	<u>A</u>
Crisi Walls		<u>Y</u>	N	<u>A</u>
Steve Miller		Y	N	A

Dept:nea	th Insurance				Da	ate: <u>09.09.22</u>
Account Number	Account Description	Orig	inal Appr.	Ad	ditional	To Read
001.310.00.4155	Insurance - Life/Health	\$	285,000	\$	2,500	\$287,500.00
006.340.00.4155	Insurance - Life/Health	_	280,000	\$	13,000	\$293,000.00
006.340.34.4155	Insurance - Life/Health	_ \$	168,000	\$	30,000	\$198,000.00
		_ \$_		\$		
				\$		
		_ \$		\$		
		\$		\$		
		\$		\$		
oyees or the changes o	nt is estimated for each departn f the employee's benefits, the f	ollowing an	nendment is re	quired.		
		·				
]	Department	Head:		
oproved Bv:]	Department	Head:		
pproved By:	Committee		Department			
pproved By:	Committee]				
	Committee]			mittee	
	Committee)			mittee	
	Committee)			mittee	
	Committee]			mittee	
	Committee				mittee	
	Committee]			mittee	

Form: G400156.PMD Date: 10/09/2003