

**TOTAL ADMINISTRATIVE SERVICES CORPORATION (TASC)  
d/b/a GENESIS EMPLOYEE BENEFITS  
INTEGRATED FUNDED HRA  
BASIC PLAN DOCUMENT ADOPTION AGREEMENT  
FOR  
City of Bloomington**

This is the Adoption Agreement referred to in the TASC Integrated Funded HRA Basic Plan Document ("Basic Plan Document"). This Adoption Agreement plus the TASC Integrated Funded HRA Basic Plan Document Non-ERISA (16.0.0.0), as amended from time to time, constitutes the Plan for the Adopting Employer.

**ADOPTING EMPLOYER INFORMATION:**

Employer Name: City of Bloomington  
Address: 1800 W. Old Shakopee Road  
City, State Zip: Bloomington, MN 55431-3027  
Phone Number: (952) 563-4899  
Federal ID #: 41-6004990  
Contact Person: Name: Mary C. Heinz  
Title: Human Resources Representative  
Address: 1800 W. Old Shakopee Road  
City, State Zip: Bloomington, MN 55431-3027  
Phone Number: (952) 563-4899  
Email Address: mheinz@ci.bloomington.mn.us

**EMPLOYEES AND/OR PARTICIPANTS:**

There were more than fifty (50) Employees in the last twelve months?  Yes  No  
There were more than twenty (20) Employees in the last calendar year?  Yes  No

This Plan benefits active Employees.

**MISCELLANEOUS:**

Name of Plan: City of Bloomington Integrated Funded HRA Plan & City of Bloomington Notional HRA Plan  
Addendum(s) Attached:  Yes  No      Joint Powers Agreement Attached:  Yes  No

**ARTICLE I: INTRODUCTION**

1.1 Effective Date means: N/A  
(month, day, year)  
Original Effective Date: January 1, 2005  
(month, day, year)  
Restatement Date (*date Adoption Agreement is effective*): January 1, 2016  
(month, day, year)

**ARTICLE II: DEFINITIONS**

2.16 Health Care Expense means:  
 Uninsured Medical, excluding Premiums (i.e., Section 213(d) medical expenses).  
 Uninsured Medical, including Premiums  
 Medical Deductible

- Medical Deductible & Prescription
- Medical Deductible & Co-insurance
- Medical Deductible, Co-pay and Prescription
- Medical Deductible, Co-pay, Co-insurance & Prescription

2.27 Plan Year is: January 1 - December 31  
(month, day, year)

2.27 The initial "short" Plan Year is:  N/A  
(month, day, year)

2.33 Name of Trust: City of Bloomington VEBA Health Savings Trust

**ARTICLE IV: ELIGIBILITY AND PARTICIPATION OF EMPLOYEES**

4.1 Eligibility requirements are as follows (check and complete only those that apply):

- Age (*Describe*): \_\_\_\_\_
- Length of Service (*Describe*): \_\_\_\_\_
- Employment Classification (e.g., union, part-time, full-time) (*Describe*): \_\_\_\_\_
- Covered under a specified group medical plan (*Describe*): The Employees  
 identified in Addendum A who are covered under the HRA/VEBA High Deductible Medical Plan option sponsored by the Adopting Employer.
- Eligible for coverage under the Adopting Employer's group medical plan and actually covered under a group medical plan (the Adopting Employer's or another employer's)
- Covered under the Adopting Employer's group medical plan
- Other (*Describe*): In addition to the foregoing, a former Spouse or Dependent  
 who is eligible for continuation of benefits per COBRA is eligible for a notional account.

4.4(a) Coverage options available under the Plan include (choose all that apply):

- Full Scope Option.
- Limited Scope Option.
- Suspended Account Option.

4.4(b) Coverage option determined as follows:

- N/A
- As provided in the Basic Plan Document (i.e., Full Scope Option unless affirmative election of another option)
- Participants enrolled in the qualified high deductible health plan are automatically enrolled in the following option unless they affirmatively elect another option:
  - Limited Scope Option.
  - Suspended Account Option.

**ARTICLE V: BENEFITS UNDER THE PLAN**

5.3 Claims Run-out Period: Indefinite time period in which to file claims for reimbursement.

5.8 Use of forfeitures:

- Pay administrative costs which would otherwise be paid from the Trust (i.e., Participants' HC Account balances)

- At the close of the Plan Year in which such forfeitures occur, contributed to the HC Accounts of all Participants employed by the Employer on the last day of such Plan Year on a per capita basis.
- Other (*Describe*): \_\_\_\_\_

**Note:** Under no circumstances will the amounts revert to the Adopting Employer. Forfeitures may not be used to offset future contributions by the Adopting Employer.

5.8 Vesting:

- 100% vesting at Entry Date
- Vesting occurs pursuant to the following schedule: \_\_\_\_\_

5.10 Which plan pays first:

- This Plan
- Flex plan sponsored by the Adopting Employer.

**Note:** The choice of which plan pays first cannot be left to the Participant.

5.11(d) Other Limitations, if any:      The Limited FHRA portion of this plan can be used to reimburse dental and vision services, and services provided after the minimum annual HDHP deductible under Section 223(c)(2)(A)(i) is satisfied as well as insurance premiums for dental, vision, and long-term care coverage, premiums for disease-specific insurance (provided the insurance qualifies as a 213(d) expense) and premiums for the HDHP (provided that premiums cannot be paid on a pre-tax basis through the employer's cafeteria plan).

**ARTICLE VI: CONTRIBUTIONS**

6.1 Employer Contribution amount, timing, restrictions (*check all that apply*):

Recurring Contributions:

- Fixed dollar amount      See Addendum A
- Per month
- Per quarter
- Per year
- Other (*Describe*):      On or about the first day of the Plan Year or, for those who become Participants after that date, on or about the Participant's entry date.
- Restrictions, if any (*Describe*): \_\_\_\_\_

- Fixed formula (*Describe*): \_\_\_\_\_
- Per month
  - Per quarter
  - Per year
  - Other (*Describe*): \_\_\_\_\_
- \_\_\_\_\_
- Restrictions, if any (*Describe*): \_\_\_\_\_

- Annual Contribution of Accumulated Paid Time Off, Vacation, or Sick Leave (*Describe*): \_\_\_\_\_

- 6.3 Direction of Investments:
- Plan Administrator
  - Participant

**ARTICLE XI: GENERAL PROVISIONS**

11.6 Reasonable fees of Plan Supervisor (recordkeeping and claims administration) shall be paid as follows:

- Fixed fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer); asset-based fees shall be charged to the Participant and paid from the Participant's HC Account.
- All fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer).
- All fees shall be charged to the Participant and paid from the Participant's HC Account.
- Other (*Describe*): \_\_\_\_\_

If the payment is different for Participants once they terminate employment, complete again:

- N/A
  - Fixed fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer); asset-based fees shall be charged to the Participant and paid from the Participant's HC Account.
  - All fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer).
  - All fees shall be charged to the Participant and paid from the Participant's HC Account.
  - Other (*Describe*): \_\_\_\_\_
- \_\_\_\_\_

11.6 Payment of Trustee's fee:

- Fixed fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer); asset-based fees (if applicable) shall be charged to the Participant and paid from the Participant's HC Account.
- All fees shall be charged to the Plan and paid from the general assets of the Adopting Employer (billed to the Adopting Employer).
- All fees shall be charged to the Participant and paid from the Participant's HC Account.
- Other (*Describe*): \_\_\_\_\_

11.18(a) Grandfathered Status:

- The Plan is a grandfathered plan
- The Plan is not a grandfathered plan

**ACKNOWLEDGEMENTS**

1. Pursuant to Section 2.10(a), any collectively bargained Employees participating in this Plan participate because the collective bargaining agreement provides for coverage under this Plan.
2. This Plan has been duly adopted or authorized to be adopted by the Adopting Employer's Managing Body.
3. This Plan is a "covered entity" for purposes of the Privacy Rules under the Health Insurance Portability and Accountability Act (HIPAA).

**ADOPTING EMPLOYER:** City of Bloomington

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Its: Mayor

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Its: City Manager

Date: \_\_\_\_\_ By: \_\_\_\_\_  
Its: City Attorney

**ADDENDUM A**

<b>Section</b>	<b>Class A</b>	<b>Class B-1</b>	<b>Class B-2</b>	<b>Class B-3</b>	<b>Class B-4</b>	<b>Class B-5</b>
<b>4.1</b>	All Unrepresented Full-time Regular and Probationary Employees, all Benefit eligible Part-Time and Temporary Employees, current Mayor, and current City Council Members	All Full-time Regular and Probationary Employees who are Police Supervisors	All Full-time Regular and Probationary Employees who are Police Officers	All Full-time Regular and Probationary AFSCME – Professional and Technical Employees	All Full-time Regular and Probationary Employees who are I.A.F.F. Civilian Dispatchers	All Full-time Regular and Probationary AFSCME – Park Maintenance Employees
<b>6.1 Contributions</b>	<p>\$1,750 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$875 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>	<p>\$1,750 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$875 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>	<p>\$1,750 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$875 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>	<p>\$1,750 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$875 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>	<p>\$1,700 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$850 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>	<p>\$1,750 for Participants participating on the first day of the Plan Year who become Participants on or before June 30<sup>th</sup> of a particular Plan Year.</p> <p>\$875 for Participants who become Participants on or after July 1<sup>st</sup> of a particular Plan Year.</p>