

PUBLIC MEETING NOTICE AND AGENDA COMMITTEE OF THE WHOLE MEETING

MAY 21, 2019 7:30 P.M.

AGENDA

- 1. Call to Order
- 2. Pledge of Allegiance

3. Audience Participation

The public is invited to make an issue-oriented comment on any matter of public concern not otherwise on the agenda. The public comment may be no longer than 3 minutes in duration.

4. Staff Presentations

- A. Administration
 - 1. Request for Raffle License from the Lake in the Hills YAA
 - 2. Request for Raffle License from the Algonquin Lioness Club
 - 3. Request for Waiver of Sign Regulations and Enforcement for Joanna Krzepkowska/Keller Williams Success Realty Neighborhood Garage Sale
 - 4. Insurance Plan Renewals: Medical, Dental, Vision, and Life

B. Public Works

- 1. Award a Contract for the 2019 Village Hall Carpet Project to Exceed Floor & Home
- 2. Award a Contract for the Demolition of 1111 Pyott Road to Fowler Enterprises
- 3. Commercial Activity Agreement with AKC Aviation

C. Community Services

- 1. Informational Item concerning Changes to the Sign Ordinance
- 2. Ordinance Granting a Variation to Table 7.6, Dwelling Standards Chart for Unit Size for Parkside Apartments, 9340 Haligus Road

5. Board of Trustees

- A. Trustee Harlfinger
- B. Trustee Huckins
- C. Trustee Bogdanowski
- D. Trustee Dustin
 - 1. Planning and Zoning Commission Liaison Report
- E. Trustee Bojarski
- F. Trustee Murphy

6. Village President

- A. Appointment Planning & Zoning Commission Suzanne Artinghelli (Thursday)
- B. Proclamation Public Works Week (Thursday)

- 7. Audience Participation
- 8. Adjournment

MEETING LOCATION Lake in the Hills Village Hall 600 Harvest Gate Lake in the Hills, IL 60156

The Village of Lake in the Hills is subject to the requirements of the Americans with Disabilities Act of 1990. Individuals with disabilities who plan to attend this meeting and who require certain accommodations so that they can observe and/or participate in this meeting, or who have questions regarding the accessibility of the meeting or the Village's facilities, should contact the Village's ADA Coordinator at (847) 960-7410 [TDD (847) 658-4511] promptly to allow the Village to make reasonable accommodations for those persons.

Posted by:	Date:	Time:
·		



REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Administration

SUBJECT: Raffle License Request for Lake in the Hills Youth Athletic Association (YAA)

EXECUTIVE SUMMARY

The Lake in the Hills YAA is requesting a Raffle License for June 1, June 8, June 15, and June 22, 2019 at Noon at Sunset Park. There will be three winners on each Saturday. The prizes will be \$1,000, \$500 & \$250. Section 31.02 of the Village Code regulates organizations that conduct raffles in the Village. Organizations desiring to conduct a raffle must apply to the Village for a raffle license.

All provisions of Section 31.02 of the Village Code have been met. Lake in the Hills YAA unanimously voted to request a waiver of the fidelity bond requirement associated with the Raffle Application form.

FINANCIAL IMPACT

None

ATTACHMENTS

1. Raffle License Application

RECOMMENDED MOTION

Motion to approve the raffle license request and waive the fidelity bond requirement for Lake in the Hills YAA.



Village of Lake in the Hills Raffle Application Form

Date of Application	4-25-19

(The Village President, with the advice and consent of the Board of Trustees, shall have 30 days in which to approve or disapprove the license applied for.)

Application Information:		1	A
Name of Organization: $\angle A \angle$	8 IN THEHILLS YOUTH)	ATHLETIC.	ASSOCIATION
Date of incorporation or formation 5 years in existence is required to		196	2
Does this organization fulfill the r profit to its members:	equirement of operating without	Yes 🔀	No 🗌
Purpose for which club/ organization was formed: #AUS FIN	PERMOTE BASEBALL TO THE YOUTHOF		
Presiding Officer's Name:	JEFF KOLO25.		
Presiding Officer's Address:	12 WEDGEWOOD CO	RCLU	
	LAKE IN THE HILLS		60156
Secretary's Name:	Bradley Stollenberg		
Secretary's Address:	EATH, IL LEOISTE		
Raffle Manager's Name:	JEFF KOLYZO		
Raffle Manager's Address:	12 WEDGEWIND CIRCLE	5, 4174	AS ABOVE
Raffle Manager's Phone #:	224 698 007		
Raffle Manager's Date of Birth:	7/8/1957		
Names & Addresses of any other in	dividual directly involved with the	administration	of the raffle.
Raffle Information:	H -		
Dates raffle chances will be sold of	r issued: 5 24 - 20	14	
Date/Time raffle is to take place:	JONE, 1,	8 15,2	.2
Location or Description of Premis Address of raffle:	es and MICLER	RD.	

	within the Village where will be sold or issued:	ALL ARBAS					
	the winning chance will						
be determined:	TICKETS	POLUN FROM HOPPER					
Total number of	chances to be sold:	5000					
Maximum price	of each raffle chance:	£10 -					
Item(s) to be raff		Maximum Retail Value of Each Prize:					
15T 4 54TH	RAYS IN JUNG	\$ 500					
GACH SAT	SORAP 3 TEMPES	\$ 250					
- 15 C C C C C C C C C C C C C C C C C C	3 DRAWINGS	\$					
1 WINDER GACE	SUP OF 1000, 50,20	\$					
Datail dallar valu	a of all mirrors	\$					
Retail dollar valu	e of all prizes.	3					
Assertions:							
Yes 🔽 No 🗌	Does the raffle manager re	eside in Lake in the Hills?					
Yes 🛛 No 🗌	Is the raffle manager a US	Citizen?					
Yes No No	Has the raffle manager eve	er been convicted of a felony under any federal or					
- 7	state law?						
Yes No 🔀	Has the raffle manager ever misdemeanor opposed to d	er been convicted of pandering or other crimes or					
Yes 🗌 No 💢		had a raffle license previously revoked for cause?					
Yes No 📈	involved in the administrate President, Trustee, or mem	cretary, raffle manager or other individuals directly tion of the raffle, a law enforcing public official, other of the Village Board or commission, or any					
Yes 🗌 No 🂢	president or member of a (
ies 🗌 No 🔯		Is there interest in the raffle for any law enforcing public official, President, Trustee, or member of the Village Board or commission, or any president or					
Yes 🗌 No 💢	Has the organization or rat	ffle manager ever been convicted of a gambling ither local, state or federal law?					
Yes No No	회문에게 하는 경기에서 다른 경기에게 되었다. 기업사업에 들어 없었다. 그리고 없는 것이 없는데 없다.	file manager ever been issued a federal gambling					
Yes No Y		wagering stamp for the current tax period?					
Yes No No		ffle ever been issued a federal gambling device					
	stamp or a federal wagerin	g stamp for the current tax period?					
Rond and Fac	Paguiramente:						
Yes No	Requirements: Is a waiver of the fidelity by	ond provision being requested of the Board of					
103 / 110	Trustees?	ona provision being requested of the board of					
Yes No 🗆		provided evidence of unanimous vote in favor of					
Yes No		ttached to this application?					

SILL AGE OF

Village of Lake in the Hills Raffle Affirmation Page

I (we) swear (or affirm) that our organization/club is not-for-profit and that I (we) have never been convicted of any felony and are not disqualified to receive a license by reason of any matter or thing contained in this Section 31.02 of the Lake in the Hills Municipal Code or any other Ordinances of the Village, laws of the State of Illinois or of the United States of America. I also swear that no previous license issued by any state or subdivision of Federal Government has been revoked. I will not violate any of the laws of the State of Illinois or of the United States or any Ordinances of the Village of Lake in the Hills in the conduct of the raffle. I will not allow gambling devises or gambling on the premises where the drawing will be held.

I (we) understand that a fidelity bond in an amount not less than the anticipated gross receipts is needed from the manager unless notice is attached to the application that the club/organization voted, by unanimous vote, to waive such provision.

At the conclusion of the raffles, a report shall be made to the Village of Lake in the Hills as to the gross receipts, expenses and net proceeds from the raffles.

I swear that the statements contained in the application are true and correct to the best of my knowledge and belief.

Presiding Of

Secretar

and/or

and/or

Sworn to before me this 4 da

Notary/Public

FRED TENAYUCA Official Seal

Notary Public - State of Illinois
My Commission Expires Mar 8, 2020

MUNICIPAL CODE SECTION 31.02 TO BE REVIEWED BY APPLICANT

I have read and will comply with Section 31.02 of the Village of Lake in the Hills Municipal Code.

Signature

Date



Notary Public

Village of Lake in the Hills Bond Waiver Request Page

The Village Code requires that the raffle manager shall give a fidelity bond in an amount not less than the anticipated gross receipts for each raffle. The bond shall be in favor of the organization and conditioned upon his/her honesty in the performance of his/her duties. The bond shall also provide that notice is given in writing to the Village of Lake in the Hills not less than thirty (30) days prior to its cancellation.

The Village president and Board of Trustees is authorized to waive the requirement for a bond by including a waiver provision the license issued, provided that by a unanimous vote of the members of the licensed organization, such a waiver is requested. Such a request does not guarantee that a waiver will be granted by the Village of Lake in the Hills; however, if your organization would like to request a waiver of the bonding requirement, please complete the following Bond Waiver Request. Please be sure to have both signatures notarized.

requirement, please complete the following Bond Wai	iver Request. Please be sure to have both signatures notarized.
On the 2 THE day of APRIL 2019	7, the membership of 417749AA
	(Name of Organization)
raffle to be conducted on the attached raffle application	in the Hills waive the fidelity bonding requirement for its n. Signed:
Signed: A Presiding Officer	Secretary
Subscribed and sworn to before me this	
29th day of April , 2019	FRED TENAYUCA Official Seal
101	Notary Public - State of Illinois My Commission Expires Mar 8, 2020
Notary Public	

NOT FOR PROFIT STATEMENT

educational, or veteran organization that operates without profit to their members and which have been in existence continuously for a period of five (5) years immediately before making application for a license, and which have be during that entire five (5) year period, a bona fide membership engaged in carrying out their objectives as describe on the attached raffle application. Signed: Signed: Signed: Signed: FRED TENAYUCA Official Seal	LITHYAN	(name of organizati	cretary, do hereby attest that on) is a bona fide religious, charitable, labor, fraternal,
during that entire five (5) year period, a bona fide membership engaged in carrying out their objectives as described on the attached raffle application. Signed: Signed: Signed: Subscribed and sworn to before me this FRED TENAYUCA Official Seal			
Signed: Signed: Signed: Signed: Signed: Secretary Subscribed and sworn to before me this Presiding Officer Signed: Secretary Subscribed and sworn to before me this Official Seal			
Subscribed and sworn to before me this FRED TENAYUCA Official Seal			
29th day of Anyl 2019 FRED TENAYUCA Official Seal	Signed: Presiding Officer	1 Hy	
day of Any 2019 Official Seal	Subscribed and sworn to b	efore me this	
Motory Public - State of Illinois	29th day of L.	2019	
My Commission Expires Mar 8, 2020	- day of April	, 2011.	Notary Public - State of Illinois

We, the Executive Board of LITHYAA have unanimously voted (6-0) for a request of waiver of the fidelity bond on this, the 25^{th} day of April, 2019.

Bradley Stoltenberg

LITHYAA Secretary



REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Administration

SUBJECT: Raffle License Request for Algonquin Lioness Club

EXECUTIVE SUMMARY

The Algonquin Lioness Club is requesting a Raffle License for June 22, 2019 at the Lake in the Hills Property Owners Association. There will be three winners on each Saturday in June. The prizes will various baskets and gift cards. Section 31.02 of the Village Code regulates organizations that conduct raffles in the Village. Organizations desiring to conduct a raffle must apply to the Village for a raffle license.

All provisions of Section 31.02 of the Village Code have been met. The Algonquin Lioness Club unanimously voted to request a waiver of the fidelity bond requirement associated with the Raffle Application form.

FINANCIAL IMPACT

None

ATTACHMENTS

1. Raffle License Application

RECOMMENDED MOTION

Motion to approve the raffle license request and waive the fidelity bond requirement for Algonquin Lioness Club.



Address of raffle:

Village of Lake in the Hills Raffle Application Form

Date of Application 3-05-2019
(The Village President, with the advice and consent of the Board of Trustees, shall have 30 days in which to approve or disapprove the license applied for.)
Application Information:
Name of Organization: Algorquin Lioness Club
Date of incorporation or formation of Organization (minimum of 5 years in existence is required to qualify for license): 1986
Does this organization fulfill the requirement of operating without profit to its members: Yes No
Purpose for which club/ organization was formed: Help the Commuties with Vision and Hearing needs, also other chartable needs
Presiding Officer's Name: Debbe Alams
Presiding Officer's Address: 7093 Westward Dr Carpenters VIIIe, 16 60110
Secretary's Name: Pamela Pernott 8477073362
Secretary's Address: 9/0 Susan et Algenquin R 60/02
Raffle Manager's Name: Bobbie Hausen
Raffle Manager's Address: 30 8 Pheasant Int. 1774
Raffle Manager's Phone #: 847 658 - 2450 - 847 710 - 0702
Raffle Manager's Date of Birth: July 2 1950
Names & Addresses of any other individual directly involved with the administration of the raffle. Diana Schoneck 8650 Chicago V, llage of Lakewood Danielle Perrottile 15 Teri La Algonton IC 60/02 Susie McDonald 1500 Harrison St, Algorgian IC 60/02
Raffle Information:
Dates raffle chances will be sold or issued:
Date/Time raffle is to take place: June 22, 2019 5:00p - 900m
Location or Description of Premises and UTH Property Owner Assoc

the raffle chances	within the Village where s will be sold or issued: the winning chance will	B	attle Drum
Total number of	chances to be sold:		5,000
Maximum price	of each raffle chance:		\$ 200.00, \$20 for ARM knows at
Item(s) to be raff Adavance Maggiono Bed Bath Pet Plus Great Cl	Auto Bucket	M \$ \$ \$ \$	faximum Retail Value of Each Prize: 50.60 20.60 150.00 100.00
Port Edu	vards 6.ft Card	\$	50.00
Retail dollar valu	e of all prizes:	\$	5,000.00
Yes No No No	Does the raffle manager r Is the raffle manager a US		
Yes No No	Has the raffle manager ev state law?	er be	en convicted of a felony under any federal or
Yes No No			en convicted of pandering or other crimes or
Yes No			a raffle license previously revoked for cause?
Yes No Z	involved in the administra	ition nber	ory, raffle manager or other individuals directly of the raffle, a law enforcing public official, of the Village Board or commission, or any nty Board?
Yes No No		Villa	r any law enforcing public official, President, age Board or commission, or any president or
Yes No No	Has the organization or ra	ffle r	nanager ever been convicted of a gambling local, state or federal law?
Yes No No	Has the organization or ra	ffle r	manager ever been issued a federal gambling ering stamp for the current tax period?
Yes No	Has the premises of the ra	ffle e	ever been issued a federal gambling device amp for the current tax period?
Bond and Fee	Requirements:		
Yes No 🗆	Is a waiver of the fidelity Trustees?	bond	provision being requested of the Board of
Yes No 🗌		n pro	vided evidence of unanimous vote in favor of
Yes No No	If no, is the fidelity bond a	ttach	ned to this application?



Village of Lake in the Hills Raffle Affirmation Page

I (we) swear (or affirm) that our organization/club is not-for-profit and that I (we) have never been convicted of any felony and are not disqualified to receive a license by reason of any matter or thing contained in this Section 31.02 of the Lake in the Hills Municipal Code or any other Ordinances of the Village, laws of the State of Illinois or of the United States of America. I also swear that no previous license issued by any state or subdivision of Federal Government has been revoked. I will not violate any of the laws of the State of Illinois or of the United States or any Ordinances of the Village of Lake in the Hills in the conduct of the raffle. I will not allow gambling devises or gambling on the premises where the drawing will be held.

I (we) understand that a fidelity bond in an amount not less than the anticipated gross receipts is needed from the manager unless notice is attached to the application that the club/organization voted, by unanimous vote, to waive such provision.

At the conclusion of the raffles, a report shall be made to the Village of Lake in the Hills as to the gross receipts, expenses and net proceeds from the raffles.

I swear that the statements contained in the application are true and correct to the best of my knowledge and belief.

Presiding Officer

and/or

Sworn to before me this

Notary Public

THERESA TILLINGHAST OFFICIAL SEAL Notary Public, State of Illinois

Secretary

Commission Expires March 20, 2021

MUNICIPAL CODE SECTION 31.02 TO BE REVIEWED BY APPLICANT

I have read and will comply with Section 31.02 of the Village of Lake in the Hills Municipal Code.

Signature



Village of Lake in the Hills Bond Waiver Request Page

The Village Code requires that the raffle manager shall give a fidelity bond in an amount not less than the anticipated gross receipts for each raffle. The bond shall be in favor of the organization and conditioned upon his/her honesty in the performance of his/her duties. The bond shall also provide that notice is given in writing to the Village of Lake in the Hills not less than thirty (30) days prior to its cancellation.

The Village president and Board of Trustees is authorized to waive the requirement for a bond by including a waiver provision the license issued, provided that by a unanimous vote of the members of the licensed organization, such a waiver is requested. Such a request does not guarantee that a waiver will be granted by the Village of Lake in the Hills; however, if your organization would like to request a waiver of the bonding requirement, please complete the following Bond Waiver Request. Please be sure to have both signatures notarized.

On the 5 day of May, 2019, the membership of Algorian Lioness Club (Name of Organization)
by unanimous vote requested that the Village of Lake in the Hills waive the fidelity bonding requirement for its raffle to be conducted on the attached raffle application. Signed: Presiding Officer Secretary

Subscribed and sworn to before me this

day of MAy , 2019

Motary Public



NOT FOR PROFIT STATEMENT

We, the undersigned Presiding Officer and secretary, do hereby attest that Algorithm Longs (name of organization) is a bona fide religious, charitable, labor, fraternal, educational, or veteran organization that operates without profit to their members and which have been in existence continuously for a period of five (5) years immediately before making application for a license, and which have been during that entire five (5) year period, a bona fide membership engaged in carrying out their objectives as described on the attached raffle application.

Signed:

Presiding Officer

Signed:

Secretary

Subscribed and sworn to before me this

sayor May 201

Notary Public

THERESA TILLINGHAST
OFFICIAL SEAL
Notary Public, State of Illinois
My Commission Expires
March 20, 2021



Algonquin Lioness Club P.O. Box 454, Algonquin, IL 60102

Dear Business Owner and/or Manager:

I am with the Algonquin Lioness Club, an extension of the Lions Club of Algonquin, a Tax Exempt 501 (c) 3 Organization.

On June 22nd, we are hosting an exciting event to benefit a dynamic, courageous young woman from LITH and her family. Please see the accompanying flyer for details about this amazing person. The entire proceeds of this event will go to help with medical expenses, prosthetics, and long-term therapy.

The success of this event depends largely upon the generosity of the community. We are looking for donations from local merchants to use in a raffle. This could be anything from one or more gift certificates, goods or services, or sponsorships to cover expenses of the event.

We know that you receive many request for donations to charitable organizations and we believe all of them are important. The normal focus of Lions International is on the vision and hearing impaired, but is also the goal of this club to focus on local needs.

We would be grateful for anything you are able to contribute—large or small.

Sincerely,

Algonquin Lioness Club

Pamela Perrott and Diana Schoeneck, event co-chairs

847-707-3362

MARISSA'S JOURNEY

When she was only 12, Marissa was diagnosed with a Desmoid tumor in her left ankle. This kind of tumor is painful, aggressive, and mysterious; in fact, it is so rare that doctors don't know what causes it or how to stop it from growing.

Over the last decade, Marissa has done everything to keep the tumor from affecting her life. She's had multiple painful surgeries to debulk the tumor, each time losing a little more feeling and mobility in her ankle and foot. She's completely altered her diet, explored both Western medicine and holistic treatments to manage the pain and slow the growth. She's planned her school and work schedules accordingly to give her time for treatment, for doctors appointments and surgeries, and most importantly, for rest and recuperation.

But the tumor has been unrelenting. Before her most recent surgery, the pain was so extreme that she had to quit her job. She could no longer stand or walk for extended periods of time. She applied herself to finishing her schooling so that she could receive her Associates of Science degree from McHenry County Community College before her last debulking so that she wouldn't have to worry about school while she recovered.

At the end of May, she went into her final debulking surgery. Doctors at Northwestern Memorial Hospital told her that any further surgical intervention would likely mean the near-total loss of sensation and mobility in her left ankle and foot. This had to work.

It didn't.

Only three months after the surgery, Marissa was already in pain again. An MRI revealed the tumor was back with a vengeance, already nearly the same size it had been when it was taken out. This tumor was growing faster and faster after each surgery. Marissa was losing more and more of the feeling in her foot.

Because this type of tumor is unresponsive to chemotherapy and radiation, the only treatment left, the only option left, was amputation. This is a radical form of treatment, but historically for those who suffer with Desmoid tumors in their limbs, it is the only treatment that is proven to work. Desmoid tumors do not metastasize, so it will not spread to other parts of her body; however, without intervention, the tumor will continue to grow, unchecked, and further damage the already ravaged bones, tendons, and arteries in her lower leg. Furthermore, this tumor and the pain it causes has put every other aspect of Marissa's life to a halt.

With this amputation, Marissa will get her freedom back. She will be able to sleep through the night without being woken to pain. She will be able to have a social life again, not having to plan extensive breaks between outings to rest her ankle. But most importantly, Marissa will be able to resume her dream of becoming a veterinarian. After this surgery and her healing, she will be able to continue her schooling and training to becoming a vet tech, an important next step in her career. She will be able to walk her dogs again without pain. She will be able to go back to work, to run errands, to go shopping, to hang out with friends. She will be able to live her life again. All without pain.

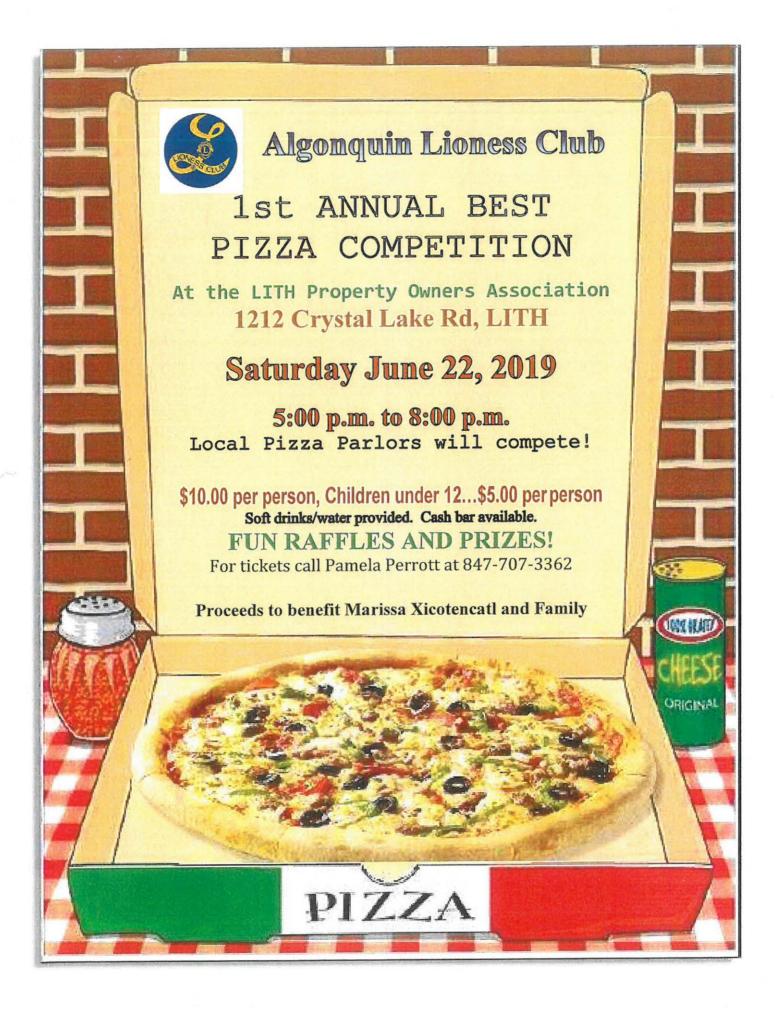
But we need your help. Although a leg is necessary for Marissa to live her life like a normal 20 year old, the insurance doesn't think so. The insurance will not pay for the various prosthetics Marissa will need to get back to her life. Not even if having these prosthetics and not being burdening with extensive medical bills will mean that Marissa can become a productive member of society.

She's 20. She's already lost so much time, and we just want to give her back whatever we can.

Please help us to raise \$75,000, which will go directly towards covering her medical bills, a basic prosthetic and a athletic prosthetic, and the many rounds of physical therapy Marissa will need to get back up and running again.









REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Administration

SUBJECT: Request for Waiver of Sign Regulations and Enforcement for Joanna

Krzepkowska/Keller Williams Success Realty

EXECUTIVE SUMMARY

Attached please find a letter from Joanna Krzepkowska, resident and realtor for Keller Williams Success Realty, requesting enforcement activities be suspended to allow the erection of temporary signage in the right-of-way at the intersections listed below, within the Village boundaries, from May 31, 2019, until June 17, 2019, to advertise participation in a neighborhood garage sale to take place from June 14 through June 16, 2019, in the Meadowbrook subdivision.

- 1. Lakewood Road and Princeton Lane
- 2. Lakewood Road and Miller Road
- 3. Miller Road and Haligus Road

FINANCIAL IMPACT

None.

ATTACHMENTS

1. Letter

RECOMMENDED MOTION

Motion to suspend enforcement activities from May 31, 2019, until June 17, 2019, to allow the installation of temporary signage at the intersections referenced above for the neighborhood garage sale to take place from June 14 to June 16, 2019, in the Meadowbrook subdivision.





600 Harvest Gage

Lake in the Hills, IL 60156

Dear Village of Lake in the Hills Board of Trustees:

Joanna Krzepkowska Realtor at KWSR would like to place banners for an upcoming Meadowbrook Community Garage Sale to attract more participants at the corners of:

- 1. Lakewood Rd and Princeton Ln
- 2. Lakewood Rd and Miller Rd
- 3. Miller Rd and Haligus Rd

I'm asking for a 2-week period before the event that will be happening on June 14, 15, 16.

Sincerely,

Joanna Krzepkowska





REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Administration

SUBJECT: Insurance Plan Renewals: Medical, Dental, Vision, and Life

EXECUTIVE SUMMARY

As part of the comprehensive benefit package, the Village provides employees and their families with medical, dental, vision, and life insurance plans and coverage. Currently, these benefits are provided by BlueCross BlueShield of Illinois (medical), Guardian (dental), and MetLife (vision and life). There are no changes being recommended to providers during this renewal period.

Again this year is a point of emphasis on incorporating the Village's wellness program into our culture by directly tying participation to employee insurance premium contributions. This approach is progressive and the new norm being implemented across industries as a proven tool to help manage increasing healthcare costs and improve employee productivity. The 2019 wellness program began in early April 2019 and included greater opportunity for employees to partner and invest in their own well-being. Employees who met certain participation requirements could take advantage of the wellness incentive of locking in their current 2018 employee contribution percentages for the 2019 plan year. As such two different employee rates will once again be utilized: Wellness Rates and Non-Wellness Rates.

FY 19 Renewal and Provider Overview

The FY19 budget includes a 10% increase in total insurance costs effective with the July 1, 2019 renewal. The Village initially received a renewal rate increase of **5.4**% for the medical plan. After soliciting and receiving quotes from other insurance carriers through our insurance broker, and further discussions with BlueCross BlueShield, they provided an initial rate relief down to a 2.1% increase. Our broker, Gallagher Williams-Manny, made one final attempt and was able to bring the final rate relief down to a **0.2**% increase.

<u>Medical Insurance</u> – The Village currently has five components to its medical insurance program. Employees have the choice to participate in four different types of plans – a PPO plan, a High Deductible/Health Savings Account (HDHP/HSA), an HMO plan, or a waiver program. The additional component is the partially self-funded portion of the PPO and HDHP/HSA plans.

The BlueCross BlueShield PPO plan offers the widest choice of network providers. The Village purchases a \$3,500 deductible (single coverage) and \$10,500 deductible (family coverage) medical plan with 80% coinsurance from BlueCross BlueShield and then self-funds the difference between this plan and the plan design offered to employees which is a \$500 deductible for single coverage and a \$1,500 deductible for family coverage.

The BlueCross BlueShield High Deductible/HSA plan offers the same wide network as the PPO plan. The Village purchases a \$5,000 deductible (single coverage) and \$10,000 deductible (family coverage) plan and then self-funds the difference between this plan and the plan design offered to employees which is a \$1,350 deductible for single coverage and a \$2,700 deductible for family coverage.

The HMO is a network plan with co-pays for primary care, specialists, other services and prescriptions. In the past it was the least costly plan but now has been replaced by the HDHP/HSA plan as the least costly plan.

Competitive quotes were solicited from several other carriers to ensure that we were receiving competitive renewal rates. Because of the lag time in processing health insurance claims, new carriers will typically quote the first year for a prospective client as an immature claims year based on ten months of payments instead of twelve months. Therefore, a rate increase of 15%-20% can be expected in the second year with a new carrier. Cigna provided a quote with a -1.8% decrease and United Health Care provided a quote with a -5.0% decrease. However, the process of changing providers and the claims catch up in the subsequent years could result in more costs and administration difficulties than the difference in increases.

Based upon the quotes the Village received from alternate carriers, BlueCross BlueShield responded with a final rate relief quote that lowered their rate increase from a **5.4**% increase to a **0.2**% increase.

Partially Self-Funded Medical Plan – Both the PPO and HDHP/HSA plans have a partially self-funded component to them whereby the Village purchases a higher deductible/higher out-of-pocket plan from BlueCross BlueShield and then self-funds the difference down to the plan designs offered to employees. Funding is proposed at a level sufficient to pay expected claims plus fees for the next plan year but actual costs will depend on the number and severity of claims actually incurred. A new service being recommended during this renewal is adding Envision Healthcare to process all medical claim processing, tracking and reimbursements. Envision Healthcare is BlueCross BlueShield's preferred vendor and has a direct feed from them to receive the Explanation of Benefits to process the claims. This automatic processing of claims will replace a manual and burdensome process that has been placed on employees and staff. However, with this automatic feed, our broker has advised that we should expect to see an increase around 10% in total claims for this next renewal year. This has been included in the financial premium calculations.

<u>Waiver Option</u> - The Village currently offers a waiver option to all employees if they have other health insurance available. The annual waiver payment is currently \$2,000 and represents a sharing with the employee of the premium savings the Village realizes if the employee is not enrolled in the Village's health insurance plans. For the 2019-2020 plan year, the net savings to the Village are projected to range from \$4,755 per year for single coverage to \$20,886 per year for employee and family coverage in the HMO plan.

<u>Dental Insurance</u> - Currently, the Village's dental plan is a partially self-funded insured plan provided by Guardian. The Guardian dental plan was flat at a 0% increase and a total expected cost of \$112,871.

<u>Vision Insurance</u> – MetLife vision insurance renewal rates increased by 5.0% or \$731. The Village has received satisfactory service from MetLife, thus far, and recommends renewing with them again for this renewal period.

<u>Life Insurance</u> – The initial rate increase was a 7.5% increase, but after a final rate relief the increase is 5.3% from the current rates with MetLife for Life & AD&D. This equates roughly to a \$745 increase to the

total premium. This benefit is 100% paid for by the Employer (Village) and will not have a significant impact due to the low dollar amount of the total premium at \$14,915.

<u>Employee Contributions</u> – Current contribution rates are 18% for the PPO plan, 6% for the HDHP/HSA plan, and 7% for the HMO plan. As mentioned in the introduction, employees who participated in this year's wellness program and took advantage of the incentive will remain at these current rates for the PPO and HMO plans. It is being recommended to reduce the HDHP plan by -1% to further incentivize migration to this plan. HDHP plans utilize health savings account where employees are encouraged to save money throughout the year to pay for claims, whereby giving employees a sense of ownership of their medical spend and dollars. The HDHP plan is also less expensive overall than the PPO plan.

However, employees who opted not to participate will pay Non-Wellness rates which will increase by 1% bringing employee contributions levels to 20% for the PPO plan and 9% for the HMO plan. It is also being recommended to keep the HDHP plan flat at a 7% contribution to further incentivize migration to this plan for the same reasons mentioned above. These increases bring the average contribution rate up to 12%, however it is still in line with our comparable communities' total average employee contribution rates.

	<u>Current</u>	July 1, 2019 Renewal		
Plan Type	Wellness Rates	Wellness Rates	<u>Change</u>	<u>Comments</u>
PPO	18%	18%	No change	Wellness participation
HMO	7%	7%	No change	Wellness participation
HDHP	6%	5%	-1%	Wellness participation and incentivize migration to plan
Plan Type	Non-Wellness Rates	Non-Wellness Rates		
PPO	19%	20%	+1%	No wellness participation
HMO	8%	9%	+1%	No wellness participation
HDHP	7%	7%	No change	Incentivize migration to plan

<u>Flexible Spending Accounts</u> – Employees are provided the opportunity to elect to participate in various other voluntary coverage plans via payroll deduction including flexible spending through Envision.

FINANCIAL IMPACT

The total FY 19 budget for insurance is \$1,953,400, which included a 10% increase in insurance premiums effective with the 7/1/19 renewals. The budget assumes that the number of employees and the plans selected by the employees will remain the same at the time of preparation plus any known or likely changes to come. However, during open enrollment employees have the opportunity to elect different plans and levels of coverage.

Also, new employees throughout the year or new positions that are eligible for insurance coverage will also impact the actual insurance costs and results compared to the budget. As such, the total estimated Village cost for FY 18 is projected to be roughly \$1,845,854, resulting in a budget savings of approximately \$107,000 for FY 19. This number may increase or decrease pending the open enrollment outcomes, as well as, the actual number of employees who qualify for wellness vs. non-wellness rates.

ATTACHMENTS

- 1. Health Care Premiums and Employee Contributions Spreadsheets
- 2. Blue Cross Blue Shield Medical Rate Renewal Analysis and *Relief* Renewal Analysis
- 3. Guardian Dental Rate Renewal Analysis

- 4. MetLife Vision Rate Renewal Analysis
- 5. MetLife Life and AD&D Rate Renewal Analysis
- 6. MetLife Voluntary Life and AD&D Renewal Analysis

RECOMMENDED MOTION

Authorize the Village Administrator to execute all contracts, applications, and other documents necessary to complete the July 1, 2019 renewal with BlueCross BlueShield for medical insurance, with MetLife for vision and life insurance, and with Envision for flexible spending account benefits; continue to offer the health insurance waiver program at \$2,000 per year; and to set employee Wellness Rate contributions for medical, dental, and vision insurance at 18% for employees enrolled in the PPO plan, 7% for employees enrolled in the HMO plan and 5% for employees enrolled in the HDHP/HSA plan, and to set employee Non-Wellness rate contributions for medical, dental, and vision insurance to 20% for employees enrolled in the PPO plan, 9% for employees enrolled in the HMO plan and 7% for employees enrolled in the HDHP/HSA plan.

WELLNESS HEALTH CARE PREMIUMS & EMPLOYEE CONTRIBUTIONS EFFECTIVE JULY 1, 2019									
PPO + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost					
Single	\$727.47	\$34.30	\$4.25	\$766.02					
Single plus Spouse	\$1,505.49	\$67.44	\$10.53	\$1,583.46					
Single plus Child(ren)	\$1,599.15	\$79.80	\$9.80	\$1,688.75					
Single plus Family	\$2,377.14	\$121.39	\$16.10	\$2,514.63					
BCBS Guardian Met Life HDHP/HSA + PSF Health Dental Vision Monthly Cost									
Single	\$625.56	\$34.30	\$4.25	\$664.11					
Single plus Spouse	\$1,294.55	\$67.44	\$10.53	\$1,372.52					
Single plus Child(ren)	\$1,375.09	\$79.80	\$9.80	\$1,464.69					
Single plus Family	\$2,044.08	\$121.39	\$16.10	\$2,181.57					
НМО	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost					
Single	\$569.43	\$34.30	\$4.25	\$607.98					
Single plus Spouse	\$1,178.41	\$67.44	\$10.53	\$1,256.38					
Single plus Child(ren)	\$1,251.71	\$79.80	\$9.80	\$1,341.31					
Single plus Family	\$1,860.69	\$121.39	\$16.10	\$1,998.18					

5% HDHI	P/HSA	an Contrib Plan Cont In Contrib	ribution	Em	nployee	Contribu	ıtions to H	lealth Ins	urance - FY18 v	s. FY19	
Monthly Employee Contribution	%	Monthly Village Cost	%	PPO + PSF		FY19 Emp. Contribution	\$\$ Inc	. % Inc	Per Paycheck	<u>Per Plan Year</u>	
\$137.88	18%	\$628.14	82%	Single	128.90	\$137.88	\$8.98	3 7%		\$4 \$108	ŀ
\$285.02	18%	\$1,298.44	82%	Single plus Spouse	273.76	285.02	\$11.26	3 4%		\$6 \$135	i
\$303.98	18%	\$1,384.77	82%	Single plus Child(ren)	289.58	303.98	\$14.40	5%		\$7 \$173	i
\$452.64	18%	\$2,061.99	82%	Single plus Family	435.86	452.64	\$16.78	3 4% 5%		\$8 \$201 \$6 \$154	AVERAGES
								5%	<u> </u>	\$6 \$154	AVERAGES
									1		7
Employee Contribution	%	Monthly Village Cost	%	HDHP + PSF	FY18 Emp. Contribution	FY19 Emp. Contribution	\$\$ Inc.	% Inc.	Per Paycheck	<u>Per Plan Year</u>	
\$33.20	5.0%	\$630.91	95%	Single	35.94	33.20	-\$2.74	-8%		-\$1 -\$33	;
\$68.62	5.0%	\$1,303.90	95%	Single plus Spouse	76.34	\$68.62	-\$7.72	-10%		-\$4 -\$93	ı
\$73.24	5.0%	\$1,391.45	95%	Single plus Child(ren)	80.86	73.24	-\$7.62	2 -9%		-\$4 -\$91	
\$109.08	5.0%	\$2,072.49	95%	Single plus Family	121.74	109.08	-\$12.66			-\$6 -\$152 - \$4 -\$92	
			ļ					-9%		-\$4 -\$92	AVERAGES
				-							-
Employee Contribution	%	Monthly Village Cost	%	НМО	FY18 Emp. Contribution	FY19 Emp. Contribution	\$\$ Inc.	% Inc.	Per Paycheck	<u>Per Plan Year</u>	
\$42.56	7.0%	\$565.42	93%	Single	42.76	42.56	-\$0.20	0%		\$0 -\$2	!
\$87.94	7.0%	\$1,168.44	93%	Single plus Spouse	90.86	87.94	-\$2.92	2 -3%		-\$1 -\$35	i
\$93.90	7.0%	\$1,247.41	93%	Single plus Child(ren)	96.20	93.90	-\$2.30	-2%		-\$1 -\$28	1
\$139.88	7.0%	\$1,858.30	93%	Single plus Family	144.86	139.88	-\$4.98			-\$2 -\$60	_
								-2%		-\$1 -\$31	AVERAGES

NON-WELLNESS HEALTH CARE PREMIUMS & EMPLOYEE CONTRIBUTIONS EFFECTIVE JULY 1, 2019									
PPO + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost					
Single	\$727.47	\$34.30	\$4.25	\$766.02					
Single plus Spouse	\$1,505.49	\$67.44	\$10.53	\$1,583.46					
Single plus Child(ren)	\$1,599.15	\$79.80	\$9.80	\$1,688.75					
Single plus Family	\$2,377.14	\$121.39	\$16.10	\$2,514.63					
HDHP/HSA + PSF	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost					
Single	\$625.56	\$34.30	\$4.25	\$664.11					
Single plus Spouse	\$1,294.55	\$67.44	\$10.53	\$1,372.52					
Single plus Child(ren)	\$1,375.09	\$79.80	\$9.80	\$1,464.69					
Single plus Family	\$2,044.08	\$121.39	\$16.10	\$2,181.57					
НМО	BCBS Health	Guardian Dental	Met Life Vision	Monthly Cost					
Single	\$569.43	\$34.30	\$4.25	\$607.98					
Single plus Spouse	\$1,178.41	\$67.44	\$10.53	\$1,256.38					
Single plus Child(ren)	\$1,251.71	\$79.80	\$9.80	\$1,341.31					
Single plus Family	\$1,860.69	\$121.39	\$16.10	\$1,998.18					

7% HDHI	P/HSA	n Contrib Plan Cont n Contribu	ribution	Em	nployee	Contribu	ıtions to H	ealth Insi	urance - FY18 vs. F	Y19
Monthly Employee Contribution	%	Monthly Village Cost	%	PPO + PSF		FY19 Emp. Contribution	\$\$ Inc.	% Inc.	Per Paycheck	<u>Per Plan Year</u>
\$153.20	20.0%	\$612.82	80%	Single	128.90	\$153.20	\$24.30	19%	\$12	\$292
\$316.70	20.0%	\$1,266.76	80%	Single plus Spouse	273.76	316.70	\$42.94	16%	\$21	\$515
\$337.74	20.0%	\$1,351.01	80%	Single plus Child(ren)	289.58	337.74	\$48.16	17%	\$24	\$578
\$502.92	20.0%	\$2,011.71	80%	Single plus Family	435.86	502.92	\$67.06	15% 17%	\$34 \$23	\$805 \$547 AVERAGI
								11 /0	Ų20	4047 AVERAGE
Employee Contribution	%	Monthly Village Cost	%	HDHP + PSF	FY18 Emp. Contribution	FY19 Emp. Contribution	\$\$ Inc.	% Inc.	<u>Per Paycheck</u>	<u>Per Plan Year</u>
\$46.48	7.0%	\$617.63	93%	Single	35.94	46.48	\$10.54	29%	\$5	\$126
\$96.08	7.0%	\$1,276.44	93%	Single plus Spouse	76.34	\$96.08	\$19.74	26%	\$10	\$237
\$102.52	7.0%	\$1,362.17	93%	Single plus Child(ren)	80.86	102.52	\$21.66	27%	\$11	\$260
\$152.72	7.0%	\$2,028.85	93%	Single plus Family	121.74	152.72	\$30.98	25%	\$15	\$372
								27%	\$10	\$249 AVERAGI
Employee Contribution	%	Monthly Village Cost	%	HMO		FY19 Emp. Contribution	\$\$ Inc	% Inc.	Per Paycheck	Per Plan Year
\$54.72	9.0%	\$553.26	91%		42.76	54.72	\$11.96	28%	<u>rei rayciieck</u> \$6	<u>Fer Flati Teal</u> \$144
\$113.08	9.0%	\$1.143.30	91%	3	90.86	113.08	\$22.22	24%	\$0 \$11	\$144 \$267
\$113.06	9.0%	\$1,143.30	91%	5 1 1	96.20	120.72	\$22.22 \$24.52	25%	\$12	\$294
\$120.72	9.0%	\$1,220.59 \$1.818.34	91%	3 1 - ()	144.86	179.84	\$24.52 \$34.98	25%	\$17	\$294 \$420
\$179.84	9.0%	\$1,010.34	91%	Sirigle plus ramily	144.86	179.84	ა 34.98	24%	\$17	⊅4∠ U



555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

2019 Renewal & Marketing Presentation

Prepared for

Village of Lake in the Hills

Presented by
Tim Knauf, Area Sr. Vice President
May 9, 2019

IMPORTANT: This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of Gallagher. This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.



555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

Village of Lake in the Hills

2019 Medical Market Study

	Results	Comments			
Blue Cross Blue Shield	Current Carrier				
Aetna Declined to Quote		Due to Uncompetitive Rates			
Aetna AFA (Level Funded) Declined to Quote		Due to SIC			
CIGNA (Level Funded)	Received	Refer to Analysis for UW Proposal - Requires Employer Form for Finalization of Rates			
Humana	Received	Initial Proposal 0.8% Under Current Rates			
United Healthcare Received		Refer to Analysis for UW Proposal - Requires Employer Form for Finalization of Rates			
WPS Declined to Quote		Due to Uncompetitive Rates after Underwriting Pre-Screen			

JW - 4/22/2019

Major Medical Plan Analysis

July 1, 2019 Renewal

Est. Annual Premium w/PSF

% of Change w/PSF

Gallagher Williams-Manny

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

Current Blue Cross Blue Shield ER Contrib to EE: Varies* Plan D - Blue Choice Select Plan B - HSA NPEH1807 Emb Plan C - PPO NPPE3Q24 PPO MIBCS112 Plan A - HMO NHHB194 Waiting Period: Date of Hire Benefits In-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network In-Network Out-of-Network Office Visits OV - Primary/Spec Ded+20% \$20/\$40 Ded+40% \$30/\$30 Ded+50% \$30/\$50 NA Deduct **Urgent Care** Copay May Apply NA Deduct Ded+20% Ded+20% Ded+40% Ded+20% Ded+50% Deductible Individual NA \$5,000 \$10,000 \$3,500 \$7,000 \$2,500 \$5,000 \$20,000 Family \$0 NA \$10,000 \$10,500 \$21,000 \$7.500 \$15,000 Coinsurance 100% NA 100% 80% 80% 60% 80% 50% **OPX Max (Including Ded)** Individual Med OPX \$1.500 NA \$5.000 \$20,000 \$5.500 \$11,000 \$4.500 \$9.000 Family Med OPX \$3,000 NA \$10,000 \$40,000 \$10,200 \$20,400 \$12,000 \$24,000 Rx OPX (Indiv/Fam) \$1,000/\$3,000 NA Included Included \$1,000/\$3,000 \$1,000/\$3,000 Included Included **Hospital Services** \$250 Copay/ Inpatient Hospital Admission NA Deduct \$300+Ded+20% Ded+20% \$300+Ded+40% Ded+20% \$300+Ded+50% Days 1-5 \$0 Ded+20% **Outpatient Surgery** NA Deduct Ded+20% Ded+40% Ded+20% Ded+50% **Emergency Room** \$150 Deduct \$150 \$200 **Prescription Drugs** Separate Rx Deductible \$0 NA Plan Ded NA \$0 NA \$0 NA \$0/\$10/\$50/\$100/ Tier 1/Tier 2/Tier 3/Specialty \$15/35%/50% See SPD Deduct See SPD \$15/35%/50% See SPD See SPD \$150/\$250 NA 90 Day Mail Order Available (Y/N) 2x's Deduct NA 2x's NA 2x's NA **Network Name BCBS HMO** NA **BCBS PPO** NA **BCBS PPO** NA **BCBS Select** NA www.bcbsil.com Hospitals or Web Address **HMO** H.S.A. **PPO** Rates Select PPO EE 10 \$575.91 6 \$507.33 5 \$612.84 0 \$508.81 **EESP** \$1,220,84 \$1.075.47 2 \$1,299,13 0 \$1.078.61 3 6 **EECH** \$1,365.34 \$1,133.58 11 \$1,283.06 2 \$1,130.28 1 0 21 28 \$1,698.41 6 0 FAM \$1,928.00 \$2,051.64 \$1,703.36 Monthly Admin Fee \$0.00 **Estimated Monthly Premium** \$64,023,28 \$59.312.84 \$19.337.64 \$0.00 **Estimated Annual Premium** \$1,712,085.12 Percentage Change From Current Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 4/27/2019 - Page 1

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

\$1.854.638.84

Accepted Opt. Client Signature Date WM Auth Agent Date

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2019 Renewal

Gallagher Williams-Manny

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

ER Contrib to EE: Varies*		Renewal Blue Cross Blue Shield						
Waiting Period: Date of Hire	Plan A - HMO NH			Plan C - PPO N	NPPE3Q24	Plan D - Blue Choice Select PPO MIBCS212		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	\$30/\$30	Ded+50%
Urgent Care	Copay May Apply	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	Ded+20%	Ded+50%
Deductible								
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000	\$2,500	\$5,000
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000	\$7,500	\$15,000
Coinsurance	100%	NA	100%	80%	80%	60%	80%	50%
OPX Max (Including Ded)								
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000	\$4,500	\$13,500
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400	\$12,000	\$36,000
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	Included	Included
Hospital Services								
Inpatient Hospital Admission	\$250 Copay/ Days 1-5	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	Ded+20%	\$300+Ded+50%
Outpatient Surgery	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	Ded+20%	Ded+50%
Emergency Room	\$15	50	Dec	duct		50	\$2	00
Prescription Drugs							·	
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	See SPD	Deduct	See SPD	\$15/35%/50%	See SPD	\$0/\$10/\$50/\$100/ \$150/\$250	See SPD
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA	2x's	NA
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA	BCBS Select	NA
Hospitals or Web Address				www.bcb	sil.com	•		
Rates	HM	0	H.S	5.A.	Р	PO	Selec	t PPO
EE	10	\$598.79	6	\$566.37	5	\$658.65	0	\$546.83
EESP	3	\$1,239.15	6	\$1,172.07	2	\$1,363.05	0	\$1,131.63
EECH	11	\$1,316.24		\$1,244.99	1	\$1,447.85	0	\$1,202.03
FAM	21	\$1,956.60		\$1,850.69	6	\$2,152.24		\$1,786.83
Monthly Admin Fee		, , ,	1	\$0.0		• • • •		, ,
Estimated Monthly Premium	\$65,272.59 \$64,739.94 \$20,380.64					\$0.	00	
Estimated Annual Premium	, , ,		+ - /	\$1,804,7			, ,	
Percentage Change From Current				5.4				
Est. Annual PSF Claims & Admin			\$122,6	648.80	\$19.9	04.92	\$0.	00
Est. Annual Premium w/PSF			Ţ·==,	\$1,947,2		<u> </u>	Ψ 0.	
% of Change w/PSF				5.0				
Rates are not final until approved by insurance carrier. Illust			1 / 10		70			- 5/7/2019 - Page 2

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

 Accepted Opt. ______
 Client Signature______
 Date_______
 WM Auth Agent______

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2019 Renewal

Gallagher Williams-Manny ARTHUR J. GALLAGHER & CO.

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

		Renewal with Rate Relief						
ER Contrib to EE: Varies*				Blue Cross E	Blue Shield			
					1		Plan D - Blue Ch	oice Select
Waiting Period: Date of Hire	Plan A - HMO NHHB194		Plan B - HSA NE	PFH1807 Fmb	Plan C - PPO N	NPPF3Q24	PPO MIBCS212	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Office Visits								
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%	\$30/\$30	Ded+50%
Urgent Care	Copay May Apply	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	Ded+20%	Ded+50%
Deductible	Φ0		#5.000	# 40.000	40.500	47.000	#0.500	# 5.000
Individual	\$0	NA	\$5,000	\$10,000	\$3,500	\$7,000	\$2,500	\$5,000
Family	\$0 4000/	NA NA	\$10,000	\$20,000	\$10,500	\$21,000	\$7,500	\$15,000
Coinsurance OPX Max (Including Ded)	100%	INA	100%	80%	80%	60%	80%	50%
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000	\$4,500	\$13,500
Family Med OPX	\$3,000	NA NA	\$10,000	\$40,000	\$10,200	\$20,400	\$12,000	\$36,000
Rx OPX (Indiv/Fam)	\$1,000/\$3,000	NA NA	Included	Included	\$1,000/\$3,000	\$1,000/\$3,000	Included	Included
Hospital Services	φτ,σσο,φο,σσο	10.1	moladod	moradoa	ψ1,000/φ0,000	ψ1,000/φ0,000	moladod	moladod
•	\$250 Copay/	NIA	Darkert	#000 - DI - 000/	D1 - 000/	#000 - DI - 400/	D1 - 000/	# 000 ⋅ D I ⋅ F 00/
Inpatient Hospital Admission	Days 1-5	NA	Deduct	\$300+Ded+20%	Ded+20%	\$300+Ded+40%	Ded+20%	\$300+Ded+50%
Outpatient Surgery	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	Ded+20%	Ded+50%
Emergency Room	\$15	0	Dec	luct	\$1	50	\$2	00
Prescription Drugs	4 -					l	<u>.</u>	
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA	\$0	NA
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	See SPD	Deduct	See SPD	\$15/35%/50%	See SPD	\$0/\$10/\$50/\$100/ \$150/\$250	See SPD
90 Day Mail Order Available (Y/N)	2x's	NA	Deduct	NA	2x's	NA	2x's	NA
Network Name	BCBS HMO	NA	BCBS PPO	NA	BCBS PPO	NA	BCBS Select	NA
Hospitals or Web Address				www.bcb				
Rates	HM		H.S			PO	Selec	
EE	10	\$579.71	6	\$548.33	-	\$637.66		\$529.40
EESP	3	\$1,199.67		\$1,134.73		\$1,319.62		\$1,095.57
EECH FAM	11	\$1,274.30		\$1,205.32		\$1,401.72		\$1,163.73
Monthly Admin Fee	21	\$1,894.26	28	\$1,791.72		\$2,083.66	l o	\$1,729.90
Estimated Monthly Premium	¢62.10	\$0.00 \$63,192.87 \$62,677.16 \$19,731.22					\$0.	00
Estimated Monthly Fremium Estimated Annual Premium	φου, το	2.01	φ02,0	\$1,747,2		31.22	φ0.	00
Percentage Change From Current				2.1°				
Est. Annual PSF Claims & Admin			\$122,6			04.92	\$0.	00
Est. Annual Premium w/PSF			ψ122,0	\$1,889,7		0 1.02	Ψ0.	~~
% of Change w/PSF				1.9				
Rates are not final until approved by insurance carrier. Illustr	ration is for comparative purpose	s only Diagon one carrier by	ochure/certificate for exact co		/0		I\A	- 5/7/2019 - Page 3
reaces are not final until approved by insurance carrier. Illusti	ation is for comparative purpose	3 omy. Thease see callier bi	ocharacter filledite for exact to	verage.			344	3/1/2013 - 1 age 3

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Accepted Opt. _____ Date____ WM Auth Agent____

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

Est. Annual Premium w/PSF

% of Change w/PSF

Gallagher Williams-Manny

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

July 1, 2019 Renewal **Renewal with Second Rate Relief** Blue Cross Blue Shield ER Contrib to EE: Varies* Plan D - Blue Choice Select Plan B - HSA NPEH1807 Emb Plan C - PPO NPPE3Q24 PPO MIBCS212 Plan A - HMO NHHB194 Waiting Period: Date of Hire Benefits In-Network Out-of-Network In-Network Out-of-Network Out-of-Network In-Network Out-of-Network In-Network Office Visits OV - Primary/Spec Ded+20% \$20/\$40 Ded+40% \$30/\$30 Ded+50% \$30/\$50 NA Deduct **Urgent Care** Copay May Apply NA Deduct Ded+20% Ded+20% Ded+40% Ded+20% Ded+50% Deductible Individual NA \$5,000 \$10,000 \$3,500 \$7,000 \$2,500 \$5,000 Family \$0 NA \$10,000 \$20,000 \$10,500 \$21,000 \$7.500 \$15,000 Coinsurance 100% NA 100% 80% 80% 60% 80% 50% **OPX Max (Including Ded)** Individual Med OPX \$1.500 NA \$5.000 \$20,000 \$5.500 \$11,000 \$4.500 \$13.500 Family Med OPX \$3,000 NA \$10,000 \$40,000 \$10,200 \$20,400 \$12,000 \$36,000 Rx OPX (Indiv/Fam) \$1,000/\$3,000 NA Included Included \$1,000/\$3,000 \$1,000/\$3,000 Included Included **Hospital Services** \$250 Copay/ Inpatient Hospital Admission NA Deduct \$300+Ded+20% Ded+20% \$300+Ded+40% Ded+20% \$300+Ded+50% Days 1-5 \$0 Ded+20% Ded+20% **Outpatient Surgery** NA Deduct Ded+20% Ded+40% Ded+50% **Emergency Room** \$150 Deduct \$150 \$200 **Prescription Drugs** Separate Rx Deductible \$0 NA Plan Ded NA \$0 NA \$0 NA \$0/\$10/\$50/\$100/ Tier 1/Tier 2/Tier 3/Specialty \$15/35%/50% See SPD Deduct See SPD \$15/35%/50% See SPD See SPD \$150/\$250 90 Day Mail Order Available (Y/N) 2x's NA Deduct NA 2x's NA NA 2x's **Network Name BCBS HMO** NA **BCBS PPO** NA **BCBS PPO** NA **BCBS Select** NA www.bcbsil.com Hospitals or Web Address НМО H.S.A. **PPO** Rates Select PPO EE 10 \$569.43 6 \$538.61 5 \$626.36 0 \$520.02 **EESP** \$1,178,41 2 \$1,296,24 0 \$1.076.15 3 6 \$1.114.62 **EECH** \$1,183.96 \$1,376.88 \$1,143.11 11 \$1,251.71 2 1 0 21 28 6 0 FAM \$1,860.69 \$1,759.97 \$2,046.74 \$1,699.24 Monthly Admin Fee \$0.00 **Estimated Monthly Premium** \$62,072,83 \$61.566.46 \$19.381.60 \$0.00 **Estimated Annual Premium** \$1,716,250.68 Percentage Change From Current 0.2% Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

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\$1,858,804.40 0.2%

Accepted Opt.	Client Signature	Date	WM Auth Agent	Date
Accepted Opt.	Client Signature	Date	VVIVI AUIII AGEIII	Date

^{*} Employee cost varies by plan and wellness program participation.

Major Medical Plan Analysis

July 1, 2019 Renewal

Gallagher Williams-Manny

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

Part			Option 1						
Plan A - Navigate HMO BF-C4 w Plan B - Choice Plus H S.A. BD - Plan C - Choice Plus PPO BD - Plan D - CORE PPO BD-R8 w QF w Rx EU	ER Contrib to EE: Varies*			United	Healthcare - Ur	nderwritten Pro	posal		
Benefits		Plan A - Navigate	HMO BF-C4 w/					Plan D - CORF I	PPO BD-R8 w/
Benefits	Waiting Period: Date of Hire						71.4011022		. 0 22 110 117
Office Visits OV - Primary/Spec \$30 ^ /\$50 NA Deduct Ded-20% \$20 ^ /\$40 Ded+40% \$30 ^ /\$30 Ded+50% Deductible Individual Individual Individual Pamily \$0 NA \$5,000 \$10,000 \$3,500 \$7,000 \$2,500 \$5,000 Coinsurance 100% NA \$10,000 \$20,000 \$10,500 \$21,000 \$7,000 \$5,000 \$15,000 OPX Max (Including Ded) Individual Med OPX Family Med OPX \$1,500 NA \$5,000 \$20,000 \$5,500 \$11,000 \$4,500 \$9,000 Family Med OPX Family			Out-of-Network				Out-of-Network		Out-of-Network
San		III I VOLWOIK	Out of Network	III-IVCLWOIK	Out of Network	III-IVCLWOIK	Out of Network	III-IVCLWOIK	Out of Network
Urgent Care		\$30 ^ /\$50	NA	Deduct	Ded+20%	\$20 ^ /\$40	Ded+40%	\$30 ^ /\$30	Ded+50%
Deductible									
Individual \$0		+ + + + + + + + + + + + + + + + + + + +		20000	200.2070	ψ. σ	2001.1070	ψ. σ	200.0070
Family		\$0	NA	\$5.000	\$10.000	\$3.500	\$7.000	\$2.500	\$5.000
Coinsurance 100%				' '	' '	' '	' '	' '	' '
OPX Max (Including Ded Inclividual Med OPX S1,500	•	·				· ·			· ·
Individual Med OPX		100,0				1		1000	
Family Med OPX \$3,000		\$1.500	NA	\$5.000	\$20,000	\$5.500	\$11.000	\$4.500	\$9.000
Rx OPX (Indiv/Fam)							+ /		
Hospital Services		' '		+ -,	+ -,	+ -,	' '	' '	+ -,
Inpatient Hospital Admission									
Outpatient Surgery Emergency Room \$0 NA Deduct Ded+20% Ded+40% Ded+20% Ded+20% Prescription Drugs Separate Rx Deductible Tier 1/Tier 2/Tier 3/Specialty 90 Day Mail Order Available (Y/N) No Retwork Name Hospitals or Web Address NA Plan Ded Peduct NA NA \$0 NA \$0 NA Network Name Hospitals or Web Address NA Deduct NA See SPD Deduct NA \$10/\$40/\$75/\$125 NA NA 2.5x's NA NA 2.5x's NA NA 2.5x's NA NA Conce PIUs NA NA Conce PIUs NA NA CORE PPO CORE PPO EE 10 \$597.14 EESP 6 \$454.94 \$1,312.61 \$2 \$1,237.85 \$31.34 \$4.65 \$4.146 \$2 0 \$513.34 \$1,295.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.57 \$1,699.59 \$1,990.99 \$1,990.99 \$1,990.99 \$1,990.99 \$1,736.20 \$1,990.99 \$1,736.20 \$1,990.99 \$1,736.20 \$1,990.99 \$1,736.20 \$1,990.99	•	\$250	NA	Deduct	Ded+20%	Ded+20%	Ded+40%	Ded+20%	Ded+50%
Emergency Room									
Prescription Drugs \$0		·							
Separate Rx Deductible		1	-			, , , , , , , , , , , , , , , , , , ,		-	
Tier 1/Tier 2/Tier 3/Specialty 90 Day Mail Order Available (Y/N)		\$0	NA	Plan Ded	NA	\$0	NA	\$0	NA
National National		\$10/\$40/\$75/\$125	See SPD	Deduct	See SPD	\$10/\$40/\$75/\$125	See SPD	\$10/\$40/\$75/\$125	See SPD
Navigate HMO			NA	Deduct	NA		NA	T T T T	NA
Hospitals or Web Address				Choice Plus		Choice Plus			
Rates					www.uh				
EESP 3 \$1,235.74 6 \$941.46 2 \$1,237.85 0 \$1,099.57 EECH 11 \$1,312.61 2 \$1,000.03 1 \$1,314.86 0 \$1,167.97 FAM 21 \$1,951.21 28 \$1,486.56 6 \$1,954.54 0 \$1,736.20 Monthly Admin Fee \$0.00 \$18,508.60 \$0.00 Estimated Monthly Premium \$1,627,241.76 \$18,508.60 \$0.00 Estimated Annual Premium \$1,627,241.76 \$19,904.92 \$0.00 Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00 Est. Annual Premium w/PSF \$1,769,795.48 \$1,769,795.48 % of Change w/PSF \$1,769,795.48 \$1,769,795.48 \$1,769,795.48		HM	0	H.S	i.A.	PF	20	CORE PPO	
EECH 11 \$1,312.61 2 \$1,000.03 1 \$1,314.86 0 \$1,167.97 FAM 21 \$1,951.21 28 \$1,486.56 6 \$1,954.54 0 \$1,736.20 Monthly Admin Fee \$0.00 Estimated Monthly Premium \$18,508.60 \$0.00 Estimated Annual Premium \$1,627,241.76 Percentage Change From Current \$1,627,241.76 Est. Annual PSF Claims & Admin \$19,904.92 \$0.00 Est. Annual Premium w/PSF \$1,769,795.48 % of Change w/PSF \$4.6%	EE	10	\$597.14	6	\$454.94	5	\$598.16	0	\$531.34
EECH 11 \$1,312.61 2 \$1,000.03 1 \$1,314.86 0 \$1,167.97 FAM 21 \$1,951.21 28 \$1,486.56 6 \$1,954.54 0 \$1,736.20 Monthly Admin Fee \$0.00 Estimated Monthly Premium \$18,508.60 \$0.00 Estimated Annual Premium \$1,627,241.76 Percentage Change From Current Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00 Est. Annual Premium w/PSF \$1,769,795.48 % of Change w/PSF \$4.6%	EESP	3	\$1,235.74	6	\$941.46	2	\$1,237.85	0	\$1,099.57
Monthly Admin Fee \$0.00 Estimated Monthly Premium \$65,092.74 \$52,002.14 \$18,508.60 \$0.00 Estimated Annual Premium \$1,627,241.76 \$1,627,241.76 \$1,627,241.76 \$1,627,241.76 \$1,627,241.76 \$1,769,795.48 <th< td=""><td>EECH</td><td>11</td><td></td><td></td><td>\$1,000.03</td><td>1</td><td>\$1,314.86</td><td>0</td><td>\$1,167.97</td></th<>	EECH	11			\$1,000.03	1	\$1,314.86	0	\$1,167.97
Monthly Admin Fee \$0.00		21	\$1,951.21	28	\$1,486.56	6	\$1,954.54	0	\$1,736.20
Estimated Annual Premium \$1,627,241.76 Percentage Change From Current -5.0% Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00 Est. Annual Premium w/PSF \$1,769,795.48 % of Change w/PSF -4.6%	Monthly Admin Fee	·	, ,	1	\$0.0	0	. ,	•	, ,
Percentage Change From Current	Estimated Monthly Premium	\$65,09	2.74	\$52,00	02.14	\$18,5	08.60	\$0.	00
Percentage Change From Current		1		•				•	
Est. Annual PSF Claims & Admin \$122,648.80 \$19,904.92 \$0.00 Est. Annual Premium w/PSF \$1,769,795.48 % of Change w/PSF -4.6%	Percentage Change From Current								
Est. Annual Premium w/PSF \$1,769,795.48 % of Change w/PSF -4.6%				\$122.6	648.80	\$ 19.9	04.92	\$0.	00
				, , , , , , , , , , , , , , , , , , , 					
	% of Change w/PSF	1			-4.6	%			
	Ţ.	tration is for comparative purpose	s only Please see carrier br	ochure/certificate for exact co				.IW/ -	- 4/27/2019 - Page 5

^{*} Employee cost varies by plan and wellness program participation.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

[^] Includes \$0 Kids Copay benefit for visits with PCP by members under age 19.

Major Medical Plan Analysis

July 1, 2019 Renewal

Gallagher Williams-Manny ARTHUR J. GALLAGHER & CO.

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

-			Optio	n 2		Option 2								
ER Contrib to EE: Varies*		CIGNA - Underwritten Proposal												
	1	· · · · · · · · · · · · · · · · · · ·			Plan C - Open	Acess Plus								
Waiting Bariad: Data of Hira	Plan A - CIGNA F	lealthCare HMO			Trans OAP 350									
Waiting Period: Date of Hire Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network								
Office Visits	III-INELWOIK	Out-or-Network	III-INGLWOIK	Out-oi-Network	III-INELWOIK	Out-or-Network								
OV - Primary/Spec	\$30/\$50	NA	Deduct	Ded+20%	\$20/\$40	Ded+40%								
Urgent Care	\$35	NA NA	Deduct	Ded+20%	Ded+20%	Ded+20%								
Deductible	+		20000	200.2070	20012070	20012070								
Individual	\$0	NA	\$5,000	\$10.000	\$3,500	\$7.000								
Family	\$0	NA	\$10,000	\$20,000	\$10,500	\$21,000								
Coinsurance	100%	NA	100%	80%	80%	60%								
OPX Max (Including Ded)														
Individual Med OPX	\$1,500	NA	\$5,000	\$20,000	\$5,500	\$11,000								
Family Med OPX	\$3,000	NA	\$10,000	\$40,000	\$10,200	\$20,400								
Rx OPX (Indiv/Fam)	\$1,000 Indiv.	NA	Included	Included	\$1,000 Indiv.	Included								
Hospital Services														
Inpatient Hospital Admission	\$250/day	NA	Deduct	Ded+20%	Ded+20%	\$300+Ded+40%								
Outpatient Surgery	\$0	NA	Deduct	Ded+20%	Ded+20%	Ded+40%								
Emergency Room	\$15	0	Ded	uct	\$150									
Prescription Drugs														
Separate Rx Deductible	\$0	NA	Plan Ded	NA	\$0	NA								
Tier 1/Tier 2/Tier 3/Specialty	\$15/35%/50%	See SPD	Deduct	See SPD	\$15/35%/50%	See SPD								
90 Day Mail Order Available (Y/N)	3x's	NA	Deduct	NA	3x's	NA								
Network Name	CIGNA HMO	NA	CIGNA OAP	NA	CIGNA OAP	NA								
Hospitals or Web Address		_	www.cign		_									
Rates	HM		H.S			PO								
EE	10	\$566.26		\$494.16	_	\$602.1								
EESP	3	\$1,200.48 \$4,264.63		\$1,052.94 \$1,466.83		\$1,276.63								
EECH FAM	11 21	\$1,261.63		\$1,106.82 \$1,665.60		\$1,341.60								
	21	\$1,895.85	28 \$0.00	\$1,665.60	l p	\$2,016.1								
Monthly Admin Fee Estimated Monthly Premium	\$62,95	1 92	\$0.00 \$58,13		\$ 40.0	002.59								
Estimated Monthly Premium Estimated Annual Premium	φ02,93	4.02	\$1,681,08		\$19,0	JUZ.JY								
Percentage Change From Current			φ1,001,00											
Est. Annual PSF Claims & Admin			\$122.6	•	640.0	004.00								
Est. Annual PSF Claims & Admin Est. Annual Premium w/PSF			\$122,6 \$1,823,63		\$19,5	004.92								
	1													
% of Change w/PSF Rates are not final until approved by insurance carrier. Illust			-1.7%			JW - 4/27/								

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Accepted Opt	Client Signature	Date	WM Auth Agent	Date

^{*} Employee cost varies by plan and wellness program participation.

[^] CIGNA H.S.A. Admin. Fee \$4.50 PEPM.



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Village of Lake in the Hills

2019 Dental Market Study

	Dental	Comments
Guardian	Current Carrier	
Argus	Received	Uncompetitive Rates 23.2% Over Current
Ameritas	Received	Uncompetitive Rates 22% Over Current
Blue Cross Blue Shield	Received	Refer to Analysis
CIGNA	Declined to Quote	Due to Uncompetitive Rates following Underwriting Review (Expected to be +25% over current)
Delta Dental	Received	Uncompetitive Rates 11.7% Over Current
Humana	Received	Uncompetitive Rates 7.3% Over Current
Lincoln Financial	Declined to Quote	Unable to Offer to ASO Dental
Met Life	Received	Refer to Analysis
Mutual of Omaha	Declined to Quote	Due to Uncompetitive Rates
Principal	Declined to Quote	Due to Uncompetitive Rates
Reliance Standard	Declined to Quote	
Standard	Received	Uncompetitive Rates 24.8% Over Current
Sun Life	Received	Uncompetitive Rates 10.2% Over Current
UNUM	Declined to Quote	Due to Uncompetitive Rates

Gallagher Williams-Manny

555 S. Perryville Rd., Rockford, IL 61108 | 815-398-6800

Dental Plan Analysis

July 1, 2019 Renewal

Renewal Renewal Current Current Guardian Guardian Guardian Guardian ER Contrib to EE: Below * Waiting Period: Date of Hire ASO PPO Dental ASO PPO Dental ASO PPO Dental ASO PPO Dental Out-of-Network Out-of-Network **Benefits** In-Network In-Network Out-of-Network In-Network Out-of-Network In-Network **Annual Deductible** Single/Family \$50/\$150 \$50/\$150 \$50/\$150 \$50/\$150 \$50/\$150 \$50/\$150 \$50/\$150 \$50/\$150 \$1,500 \$1,500 \$1,500 \$1,500 Annual Plan Max. Includes Rollover/Carryover? No No No No **Benefits** Type I - Prev. & Diagnostic 100% 100% 100% 100% 100% 100% 100% 100% Deductible Waived (Yes/No) Yes Yes Yes Yes Type II - Basic Service 100% 85% 100% 85% 100% 85% 100% 85% 50% 60% 50% 50% 60% 50% Type III - Major Services 60% 60% Type IV - Orthodontic Services 50% 50% 50% 50% 50% 50% 50% 50% Orthodontia Lifetime Max \$1,500 \$1,500 \$1,500 \$1,500 Orthodontia Age Limit Children to Age 19 Children to Age 19 Children to Age 19 Children to Age 19 Perio & Endo Benefits Perio - Non-Surg/Surg 100%/60% 85%/50% 100%/60% 85%/50% 100%/60% 85%/50% 100%/60% 85%/50% Endo - Non-Surg/Surg 100% 85% 100% 85% 100% 85% 100% 85% **Waiting Periods** Late Entrants Late Entrants Late Entrants Late Entrants **Other Features** U & C Negotiated Fee 90% Negotiated Fee 90% Negotiated Fee 90% Negotiated Fee 90% Min. Participation Req. 88% 88% 88% 88% **Dental Guard Preferred Dental Guard Preferred Network Name Dental Guard Preferred Dental Guard Preferred** Network Website www.glic.com www.glic.com www.glic.com www.glic.com Rate Guarantee 1 Year 1 Year 1 Year 1 Year **Proposed COBRA Rates Rates** Counts FF 24 ASO Admin Fee PEPM ASO Admin Fee PEPM \$34.58 \$34.30 **EESP** \$10.00 \$10.00 \$67.98 \$67.44 14 **EECH** 14 **Estimated Annual Claims Estimated Annual Claims** \$80.44 \$79.80 FAM 55 \$122.37 \$100.031.22 \$100,031.22 \$121.39 Total 107 \$0.00 \$0.00 **Estimated Monthly Premium** \$9,405.94 \$9,405.94 \$9,638.15 \$9,561.01 **Estimated Annual Premium** \$112,871.22 \$112,871.22 \$115,657.80 \$114,732.12 Percentage Change From Current -0.8%

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Accepted Opt. Client Signature Date WM Auth Agent Date

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Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

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Dental Plan Analysis

July 1, 2019 Renewal

July 1, 2019 Kellewal	Current		Renewal		Option 1		Option 2	
ER Contrib to EE: Below *	Guardian		Guardian		Blue Cross Blue	ue Shield	Blue Cross Bl	ue Shield
Maiting David Data of Him	1				Fully Insured B	lueCare Dental	Fully Insured B	lueCare Dental
Waiting Period: Date of Hire	ASO PPO Dent	al	ASO PPO Dent	tal	Plan DINHR03		Plan DINHR02	
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Annual Deductible								
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150
Annual Plan Max.	\$1,	500	\$1,	500	\$1,	500	\$2,	000
Includes Rollover/Carryover?	N	lo	N	lo	N	lo	N	10
Benefits								
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	100%	100%
Deductible Waived (Yes/No)	Y	es	Y	es	Y	es	Y	es
Type II - Basic Service	100%	85%	100%	85%	80%	80%	80%	80%
Type III - Major Services	60%	50%	60%	50%	50%	50%	50%	50%
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	50%	50%
Orthodontia Lifetime Max	\$1,	500	00 \$1,500		\$1,	500	\$2,	000
Orthodontia Age Limit	Children	to Age 19	Children to Age 19		Adults &	Children	Adults &	Children
Perio & Endo Benefits								
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	80%	80%	80%	80%
Endo - Non-Surg/Surg	100%	85%	100%	85%	80%	80%	80%	80%
Waiting Periods	Late E	ntrants	Late E	ntrants	None		None	
Other Features								
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%
Min. Participation Req.	88	3%	88	3%	70%		70	0%
Network Name	Dental Gua	rd Preferred	Dental Gua	rd Preferred	BlueCar	e Dental	BlueCar	e Dental
Network Website	www.g	<u>lic.com</u>	www.g	lic.com	www.bc	<u>bsil.com</u>	www.bc	bsil.com
Rate Guarantee	1 Y	ear	1 Y	′ear	1 Y	'ear	1 Y	′ear
Rates Counts		Proposed C	OBRA Rates					
EE 24	\$34	1.58	\$34	1.30	\$27	7.34	\$28	3.27
EESP 14	\$67	7 .98	\$67	7.44	\$57	7.74	\$59	9.71
EECH 14	\$80.44		\$79	9.80	\$72	2.15	\$75	5.13
FAM 55	\$12	2.37	7 \$121		\$11	0.85	\$11	5.24
Total 107	\$0	.00	\$0	.00	\$0	.00	\$0	.00
Estimated Monthly Premium	\$9,63		\$9,56		\$8,57			04.44
Estimated Annual Premium	\$115,6	557.80	\$114,7	732.12	\$102,8	356.44	\$106,8	353.28
Percentage Change From Current			-0.	8%	-11	.1%	-7.	.6%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Additional discounts off of medical renewal available if dental is installed with Blue Cross Blue Shield.

The information contained herein is subject to the disclosures and disclaimers on the final page of this presentation.

Accontact Ont	Client Signature	Data	WM Auth Agent	Data

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^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

Gallagher Williams-Manny

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Dental Plan Analysis

July 1, 2019 Renewal

July 1, 2019 Kellewal	Current		Donowal		Ontion 2		
	Current		Renewal		Option 3		
ER Contrib to EE: Below	* Guardian		Guardian		Met Life		
Waiting Period: Date of Hire	ASO PPO Dental		ASO PPO Dental		Fully Insured PPO Dental		
Benefits	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	
Annual Deductible							
Single/Family	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	\$50/\$150	
Annual Plan Max.	\$1,500		\$1, 5 00		\$1,500	\$1,500	
Includes Rollover/Carryover?	N	No		No		No	
Benefits							
Type I - Prev. & Diagnostic	100%	100%	100%	100%	100%	100%	
Deductible Waived (Yes/No)	Y	Yes Yes		Yes			
Type II - Basic Service	100%	85%	100%	85%	100%	85%	
Type III - Major Services	60%	50%	60%	50%	60%	50%	
Type IV - Orthodontic Services	50%	50%	50%	50%	50%	50%	
Orthodontia Lifetime Max	\$1,500		\$1,500		\$1,500		
Orthodontia Age Limit	Children to Age 19		Children to Age 19		Children to Age 19		
Perio & Endo Benefits							
Perio - Non-Surg/Surg	100%/60%	85%/50%	100%/60%	85%/50%	100%/60%	85%/50%	
Endo - Non-Surg/Surg	100%	85%	100%	85%	100%	85%	
Waiting Periods	Late E	Late Entrants		Late Entrants		Late Entrants	
Other Features							
U & C	Negotiated Fee	90%	Negotiated Fee	90%	Negotiated Fee	90%	
Min. Participation Req.	88	3%	88	3%	94	1%	
Network Name	Dental Gua	Dental Guard Preferred		Dental Guard Preferred		Met Life PDP Plus	
Network Website	www.g	www.glic.com		www.glic.com		www.metlife.com	
Rate Guarantee	1 Y	1 Year		1 Year		1 Year ^	
Rates Counts	Proposed COBRA Rates						
EE 24	\$34	\$34.58		\$34.30		\$31.46	
EESP 14	\$67	\$67.98		\$67.44		\$64.01	
EECH 14	\$80.44		\$79.80		\$74.30		
FAM <u>55</u>	\$12	\$122.37		\$121.39		\$114.83	
Total 107		\$0.00		\$0.00		\$0.00	
Estimated Monthly Premium \$9,638.			\$9,561.01		\$9,007.03		
Estimated Annual Premium		\$115,657.80		\$114,732.12		\$108,084.36	
Percentage Change From Current			-0.	8%	-6.	.5%	

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

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Accepted Opt.	Client Signature	Date	WM Auth Agent	Date

^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).

[^] Includes a 7% rate cap on second year renewal and 9% rate cap on third year renewal.



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Village of Lake in the Hills

2019 Vision Market Study

	Vision	Comments
Met Life	Current Carrier	
Argus	Received	Uncompetitive Benefits (\$10/\$25 Copays), 8.8% Below Current Rates
CIGNA	Declined to Quote	Due to Uncompetitive Rates
Dearborn National	Received	Refer to Analysis
Delta Dental	Received	Uncompetitive Rates 38% Over Current Rates
EyeMed	Received	Uncompetitive Rates 28.4% Over Current Rates
Guardian	Declined to Quote	Due to Uncompetitive Rates
Humana	Received	Proposal Received 1.6% Below Current Rates
Lincoln Financial	Declined to Quote	
Mutual of Omaha	Declined to Quote	Due to Uncompetitive Rates
Principal	Declined to Quote	Due to Uncompetitive Rates
Reliance Standard	Declined to Quote	
Standard	Received	Uncompetitive Rates 25.1% Over Current Rates
Sun Life	Received	Uncompetitive Rates 66.6% Over Current Rates
Superior Vision	Received	Uncompetitive Rates 12.2% Over Current Rates
UNUM	Declined to Quote	Due to Uncompetitive Rates
VSP	Received	Uncompetitive Rates 69.2% Over Current Rates

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Vision Plan Analysis July 1, 2019 Renewal

Vision Plan Δnalysis

ER Contrib to EE: Waiting Period: Date of	Below *			Met Life		Option 1 Dearborn National Vision Plan		Option 2 Dearborn National Vision Plan	
Benefits		In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network	In-Network	Out-of-Network
Overview of Benefits									
Exam Copay		\$0	\$0	\$0	\$0	\$10	\$10	\$10	\$10
Material Copay		\$0	\$0	\$0	\$0	\$25	\$25	\$10	\$10
Frequency (months)									
Exam/Lenses/Contac	ts	12/1	2/12	12/1	2/12	12/1	2/12	12/1	2/12
Frames		2	24	2	4	2	24	2	4
Benefit Allowances						After	Copay	After	Copay
Exams		Covered in Full	Up to \$45	Covered in Full	Up to \$45	Covered in Full	Up to \$30	Covered in Full	Up to \$30
Frames		\$100 Allowance	Up to \$55	\$100 Allowance	Up to \$55	\$100 Allowance	Up to \$50	\$130 Allowance	Up to \$65
Single Vision Lenses		Covered in Full	Up to \$30	Covered in Full	Up to \$30	Covered in Full	Up to \$25	Covered in Full	Up to \$25
Bifocal Lenses		Covered in Full	Up to \$50	Covered in Full	Up to \$50	Covered in Full	Up to \$40	Covered in Full	Up to \$40
Trifocal Lenses		Covered in Full	Up to \$65	Covered in Full	Up to \$65	Covered in Full	Up to \$55	Covered in Full	Up to \$55
Contacts - Necessary	1	Covered in Full	Up to \$210	Covered in Full	Up to \$210	Covered in Full	Up to \$210	Covered in Full	Up to \$210
Contacts - Elective		\$100 Allowance	Up to \$80	\$100 Allowance	Up to \$80	\$100 Allowance	Up to \$80	\$130 Allowance	Up to \$104
Other Features									
Network Name		VS	SP	VS	SP	Eye	Med	Eye	Med
Network Website		www.me	etlife.com	www.me	tlife.com	www.dearbo	rnational.com	www.dearbo	rnational.com
Minimum Participation	n	88	3%	88	3%	75	5%	75	5%
Rate Guarantee		1 Y	'ear	1 Y	ear	4 Years - Rer	news 7/1/2023	4 Years - Rer	news 7/1/2023
Rates	Counts								
EE	25	\$4	.05	\$4	.25	\$4	.82	\$6	.67
EESP	14	\$10	0.03	\$10).53	\$9	.14	\$12	2.65
EECH	14	\$9	.33	\$9	.80	\$9	.62	\$13	3.32
FAM	55	\$15	5.33	\$16	5.10	\$14	1.15	\$19	9.59
Estimated Monthly Pre		\$1,21		\$1,27			31.39	\$1,60	
Estimated Annual Prem		\$14,5	85.28	\$15,3	16.44	\$13,9	36.68	\$19,2	93.36
Percentage Change From	om			5	%	-4.	4%	32	.3%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

Additional discounts off of medical renewal available if vision is placed with Dearborn National.

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Accepted Opt. _____ Client Signature _____ Date ____ WM Auth Agent ____ Date ____

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^{*} Employees pay a flat dollar amount for all benefits (medical, dental and vision combined).



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Village of Lake in the Hills

2019 Life Market Study

	Life	Comments
Met Life	Current Carrier	
Argus	Received	Uncompetitive Rates 5.3% Over Current
CIGNA	Declined to Quote	Due to Uncompetitive Rates
Dearborn National	Received	Refer to Analysis
Guardian	Declined to Quote	Due to Uncompetitive Rates
Hartford	Declined to Quote	Due to Uncompetitive Rates
Lincoln Financial	Declined to Quote	
Mutual of Omaha	Declined to Quote	Due to Uncompetitive Rates
Principal	Declined to Quote	Due to Uncompetitive Rates
Prudential	Received	Uncompetitive Rates 88.7% Over Current
Reliance Standard	Declined to Quote	
Standard	Declined to Quote	
Sun Life	Received	Uncompetitive Rates 106.8% Over Current
UNUM	Declined to Quote	Due to Uncompetitive Rates

JW - 5/8/2019

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Life & AD&D - Basic Plan Analysis

July 1, 2019 Renewal

ER Contrib to EE:	100% *	Current	Renewal	Renewal w/ Rate Relief	Option 1
		Met Life	Met Life	Met Life	Dearborn National
Waiting Period: Date of Hire		Basic Life w/ Dep. Cov'g	Basic Life w/ Dep. Cov'g	Basic Life w/ Dep. Cov'g	Basic Life w/ Dep. Cov'g
Benefits		·			
Class 1 Definition		Village Administrator	Village Administrator	Village Administrator	Village Administrator
Class 1 EE Life Benefit		1.5x's BAE, max \$250k min \$50k	1.5x's BAE, max \$250k min \$50k	1.5x's BAE, max \$250k min \$50k	1.5x's BAE, max \$250k min \$50k
Class 1 EE Guaranteed Issu	ue	\$250,000	\$250,000	\$250,000	\$100,000
Class 1 EE AD&D Benefit		Matches Life	Matches Life	Matches Life	Matches Life
Class 2 Definition		All Other Full Time EEs	All Other Full Time EEs	All Other Full Time EEs	All Other Full Time EEs
Class 2 EE Life Benefit		1x's BAE, max \$250k min \$50k	1x's BAE, max \$250k min \$50k	1x's BAE, max \$250k min \$50k	1x's BAE, max \$250k min \$50k
Class 2 EE Guaranteed Issu	ue	\$250,000	\$250,000	\$250,000	\$100,000
Class 2 EE AD&D Benefit		Matches Life	Matches Life	Matches Life	Matches Life
Dependent Coverage					
Spouse Life Benefit		\$5,000	\$5,000	\$5,000	\$5,000
Spouse Guaranteed Issue		\$5,000	\$5,000	\$5,000	\$5,000
Spouse AD&D Benefit		NA	NA	NA	NA
Child(ren) 0-14 d		\$0	\$0	\$0	\$0
Child(ren) 15 d to 6 mo.		\$100	\$100	\$100	\$100
Child(ren) 6 mo. to 19 yr.		\$2,500	\$2,500	\$2,500	\$2,500
Max Dependent Age		21, 23 if FT Student	21, 23 if FT Student	21, 23 if FT Student	19, 23 if FT Student
Rate per Dep Unit		\$0.69 Per Dep Unit	\$0.69 Per Dep Unit	\$0.69 Per Dep Unit	\$0.69 Per Dep Unit
Other Features			• • • • • • • • • • • • • • • • • • •	¥ 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5	**************************************
Reduction Schedule		By 35% @ 70, 50% @ 75	By 35% @ 70, 50% @ 75	By 35% @ 70, 50% @ 75	By 35% @ 70, 50% @ 75
EAP Included (Yes/No)		No	No	No	No
Travel Assist (Yes/No)		No	No	No	Yes
Identity Theft Services (Yes/No)		No	No	No	No
Conversion Available (Yes/No)		Yes	Yes	Yes	Yes
Prem Waiver (Yes/No)		Yes	Yes	Yes	Yes
Minimum Participation		100%	100%	100%	100%
Rate Guarantee		1 Year	1 Year	1 Year	2 Years - Renews 7/1/2021
Rates	Volume				
Life Rate per \$1,000	8,878,000	\$0.106	\$0.116	\$0.113	\$0.153
AD&D Rate per \$1,000	5,575,000	\$0.027	\$0.027	\$0.027	\$0.027
Estimated Monthly Premium		\$1,180.77	\$1,269.55	\$1,242.92	\$1,598.04
Estimated Annual Premium		\$14,169.29	\$15,234.65	\$14,915.04	\$19,176.48
Percentage Change From Curre	ent		7.5%	5.3%	35.3%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

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Additional discounts off of medical renewal available if life is installed with Dearborn National.

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Accepted Opt.	Client Signature	Date	WM Auth Agent	Date

^{*} Employee pays cost of dependent life coverage.

Voluntary Life & AD&D - Plan Analysis

July 1, 2019 Renewal

Gallagher Williams-Manny ARTHUR J. GALLAGHER & CO.

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ER Contrib to EE: 0%	Current	Renewal	Option 1	
Weiting Deviced: Date of Lline	Met Life	Met Life	Dearborn National	
Waiting Period: Date of Hire	Voluntary Life	Voluntary Life	Voluntary Life	
Benefits				
Eligibility	All Full Time EE's	All Full Time EE's	All Full Time EE's	
EE Life Benefit	\$10k Increments to lesser of 5x's BAE or \$500k	\$10k Increments to lesser of 5x's BAE or \$500k	\$10k Increments to \$500k	
EE Guaranteed Issue	\$100,000	\$100,000	\$100,000	
EE AD&D Benefit	Same as Life	Same as Life	Same as Life	
Dependent Coverage				
Spouse Life Benefit	\$5k Increments to lesser of \$250k or 50% of EE Life	\$5k Increments to lesser of \$250k or 50% of EE Life	\$5k Increments to \$250k not to exceed 50% of EE Life	
Spouse Guaranteed Issue	\$10,000	\$10,000	\$10,000	
Spouse AD&D Benefit	Same as Life	Same as Life	Same as Life	
Child(ren) 0-14 d	\$0	\$0	\$0	
Child(ren) 15 d to 6 mo.	\$1,000	\$1,000	\$1,000	
Child(ren) 6 mo. to 19 yr.	\$2,500, \$5k or \$7,500	\$2,500, \$5k or \$7,500	\$2,500, \$5k, \$7,500 or \$10k	
Max Dependent Age	19, 23 if FT student	19, 23 if FT student	19, 23 if FT student	
Rate per Dep Unit	\$0.24 per \$1,000	\$0.24 per \$1,000	\$0.26 per \$1,000	
Other Features	•		i	
Reduction Schedule	None	None	By 35% @ 70, 50% @ 75	
EAP Included (Yes/No)	No	No	No	
Travel Assist (Yes/No)	Yes	Yes	Yes	
Identity Theft Services (Yes/No)	Yes	Yes	No	
Portable (Yes/No)	Yes	Yes	Yes	
Conversion Available (Yes/No)	Yes	Yes	Yes	
Prem Waiver (Yes/No) Yes		Yes	Yes	
Minimum Participation 29% and at least 10 enro		29% and at least 10 enrolled	60%	
Rate Guarantee	1 Year	1 Year	2 Years - Renews 7/1/2021	
Rates				
Life Rate per \$1,000	Age Rated	Age Rated	Age Rated	
AD&D Rate per \$1,000 Rates are not final until approved by insurance carrier. Illustration	See Attached Rate Grid	See Attached Rate Grid	See Attached Rate Grid	

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Accepted Opt	Client Signature	Date	e WM Auth Ag	gent D	Date

Voluntary Life & AD&D - Plan Analysis

July 1, 2019 Renewal

Current Met Life Rate Per \$1,000

EE SP Age \$ 0.062 <30 \$ 0.062 30-34 \$ 0.080 \$ 0.080 35-39 0.090 \$ 0.090 40-440.109 \$ 0.109 45-49 0.174 \$ 0.174 50-54 0.274 \$ 0.274 55-59 \$ 0.432 \$ 0.432 60-64 0.748 \$ 0.748 1.368 65-69 \$ 1.368 2.198 70+ \$ 2.198 AD&D 0.028 \$ 0.028 Child Life \$ 0.240 Child AD&D \$ 0.051

Renewal Met Life Rate Per \$1,000

Rate Fet \$1,000					
Age		EE	SP		
<30	\$	0.062	\$ 0.062		
30-34	\$	0.080	\$ 0.080		
35-39	\$	0.090	\$ 0.090		
40-44	\$	0.109	\$ 0.109		
45-49	\$	0.174	\$ 0.174		
50-54	\$	0.274	\$ 0.274		
55-59	\$	0.432	\$ 0.432		
60-64	\$	0.748	\$ 0.748		
65-69	\$	1.368	\$ 1.368		
70+	\$	2.198	\$ 2.198		
AD&D	\$	0.028	\$ 0.028		
Child Life	Child Life				
Child AD	&D		\$ 0.051		

Option 1
Dearborn National
Rate Per \$1,000

Rate Per \$1,000					
Age	EE	SP			
<30	\$ 0.062	\$ 0.062			
30-34	\$ 0.080	\$ 0.080			
35-39	\$ 0.090	\$ 0.090			
40-44	\$ 0.109	\$ 0.109			
45-49	\$ 0.174	\$ 0.174			
50-54	\$ 0.274	\$ 0.274			
55-59	\$ 0.432	\$ 0.432			
60-64	\$ 0.748	\$ 0.748			
65-69	\$ 1.368	\$ 1.368			
70+	\$ 2.198	\$ 2.198			
AD&D	AD&D \$ 0.028				
Child Lif	Child Life				
Child Al	D&D	\$ 0.030			

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

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Accepted Opt.	Client Signature	Data	WM Auth Agent	Date
		Date		



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Village of Lake in the Hills

July 1, 2019 Renewal

Dental	Current	Renewal	Renewal	Option 1	Option 2	Option 3
Census	Guardian	Guardian	Guardian	Blue Cross Blue Shield	Blue Cross Blue Shield	Met Life
EE 24	ASO Admin. Fee	ASO Admin. Fee	ASO Admin. Fee	\$27.34	\$28.27	\$31.46
EESP 14	\$10.00	\$10.00	\$10.00	\$57.74	\$59.71	\$64.01
EECH 14	Est'd Annual Claims	Est'd Annual Claims	Est'd Annual Claims	\$72.15	\$75.13	\$74.30
FAM 55	\$100,031.22	\$100,031.22	\$100,031.22	\$110.85	\$115.24	\$114.83
Total 10	7 \$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mon	hly \$9,405.94	\$9,405.94	\$8,335.94	\$8,571.37	\$8,904.44	\$9,007.03
Ann	ual \$112,871.22	\$112,871.22	\$100,031.22	\$102,856.44	\$106,853.28	\$108,084.36
		0%	-11%	-8.9%	-5.3%	-4.2%
Rate Guarantee	1 Year	1 Year	1 Year	1 Year	1 Year	1 Year
Vision	Current	Renewal	Renewal	Option 1	Option 2	Renewal
Census	Met Life	Met Life	Met Life	Dearborn National	Dearborn National	Met Life
EE 25	\$4.05	\$4.25	\$4.25	\$4.82	\$6.67	\$4.25
EESP 14	\$10.03	\$10.53	\$10.53	\$9.14	\$12.65	\$10.53
EECH 14	\$9.33	\$9.80	\$9.80	\$9.62	\$13.32	\$9.80
FAM 55	\$15.33	\$16.10	\$16.10	\$14.15	\$19.59	\$16.10
Admin Fee	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Mon	hly \$1,215.44	\$1,276.37	\$1,276.37	\$1,161.39	\$1,607.78	\$1,276.37
Ann	ual \$14,585.28	\$15,316.44	\$15,316.44	\$13,936.68	\$19,293.36	\$15,316.44
		5%	5%	-4.4%	32.3%	5%
Rate Guarantee	1 Year	1 Year	1 Year	4 Years - Renews 7/1/2023	4 Years - Renews 7/1/2023	1 Year
Life	Current	Renewal	Renewal w/ Rate Relief	Option 1	Option 2	Renewal w/ Rate Relief
Volume	Met Life	Met Life	Met Life	Dearborn National	Dearborn National	Met Life
\$8,878,000	\$0.106	\$0.116	\$0.113	\$0.153	\$0.153	\$0.113
ψ0,070,000	\$0.027	\$0.027	\$0.027	\$0.027	\$0.027	\$0.027
Mon	hly \$1,180.77	\$1,269.55	\$1,242.92	\$1,598.04	\$1,598.04	\$1,242.92
Ann	ual \$14,169.29	\$15,234.65	\$14,915.04	\$19,176.48	\$19,176.48	\$14,915.04
		7.5%	5.3%	35.3%	35.3%	5.3%
Rate Guarantee	1 Year	1 Year	1 Year	2 Years - Renews 7/1/2021	2 Years - Renews 7/1/2021	1 Year
TOTAL	Current	Renewal	Renewal w/ Rate Relief	Option 1	Option 2	Renewal & Option 3
IOIAL	Guardian & Met Life	Guardian & Met Life	Guardian & Met Life	BCBS & Dearborn	BCBS & Dearborn	Met Life
Mont		\$11,951.86	\$10,855.23	\$11,330.80	\$12,110.26	\$11,526.32
Annu		\$143,422.31	\$130,262.70	\$135,969.60	\$145,323.12	\$138,315.84
		1.3%	-8%	-4.0%	2.6%	-2.3%

Rates are not final until approved by insurance carrier. Illustration is for comparative purposes only. Please see carrier brochure/certificate for exact coverage.

JW - 5/13/2019

Gallagher Benefit Services Disclaimers

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Coverage

This proposal (analyses, report, etc.) is an outline of the coverages proposed by the carrier(s) based upon the information provided by your company. It does not include all the terms, coverages, exclusions, limitations, and conditions of the actual contract language. See the policies and contracts for actual language. This proposal (analyses, report, etc.) is not a contract and offers no contractual obligation on behalf of GBS.

Renewal/Financial

This analysis is for illustrative purposes only, and is not a proposal for coverage or a guarantee of future expenses, claims costs, managed care savings, etc. There are many variables that can affect future health care costs including utilization patterns, catastrophic claims, changes in plan design, health care trend increases, etc. This analysis does not amend, extend, or alter the coverage provided by the actual insurance policies and contracts. See your policy or contact us for specific information or further details in this regard.

Legal

The intent of this analysis [report, letter, etc.] is to provide you with general information regarding the status of, and/or potential concerns related to, your current employee benefits environment. It should not be construed as, nor is it intended to provide, legal advice. Laws may be complex and subject to change. This information is based on current interpretation of the law and is not guaranteed. Questions regarding specific issues should be addressed by legal counsel who specializes in this practice area.



July 1, 2019 Renewal

Compensation - Medical Carriers

	Base Commission Level	Supplemental Compensation
Blue Cross Blue Shield	Graded 8%	\$0 - \$150 PEPY new; \$0 - \$25 PEPY renewal
CIGNA	Flat 6%	\$0 - \$28 PEPY new; \$0 - \$22 PEPY renewal
United Healthcare	Flat 5.26%	\$0-\$46.80 PEPY

Compensation - TPA, Flex, COBRA Carriers

	Base Commission Level	Supplemental Compensation
Gallagher Benefits Services	\$8 PEPM	None

Compensation - Dental Carriers

	Base Commission Level	Supplemental Compensation
Blue Cross Blue Shield	Graded 8%	\$0 - \$17 PEPY new
Guardian Life	\$4.79 PEPM	0% - 7% of premium
MetLife Inc.	Flat 8%	2% new; 1.25% renewal

Solvency & Compensation - Life & Disability Carriers

	Base Commission Level	Supplemental Compensation	Solvency Rating
Dearborn National	Life Flat 15%; Vol Life Flat 20%	0% - 6% new; 0% - 7% renewal	A
MetLife Inc.	Life Graded 15%; Vol Life Flat 15%	2% new; 1.25% renewal	A-

Compensation - Vision Carriers

	Base Commission Level	Supplemental Compensation
Dearborn National	Flat 10%	0% - 6% new; 0% - 7% renewal
Met Life	Flat 10%	2% new; 1.25% renewal

For all medical, HMO, stop loss, dental, vision and EAP carriers:

While Gallagher does not guarantee the financial viability of any health insurance carrier or market, it is an area we recommend that clients closely scrutinize when selecting a health insurance carrier. There are a number of rating agencies that can be referred to including, A.M. Best, Fitch, Moody's, Standard & Poor's, and Weiss Ratings (The Street.com). Generally, agencies that provide ratings of Health Insurers, including traditional insurance companies and other managed care organizations, reflect their opinion based on a comprehensive quantitative and qualitative evaluation of a company's financial strength, operating performance and market profile. However, these ratings are not a warranty of an insurer's current or future ability to meet its contractual obligations.



REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Public Works

SUBJECT: Award a Contract for the 2019 Village Hall Carpet Project

EXECUTIVE SUMMARY

A village-hired contractor completed the first phase of the Village Hall carpet replacement project in 2018 and the second and final phase of the Village Hall carpet replacement project was approved in the 2019 budget. Village staff released a Request For Proposal (RFP) and last month, 20 carpet replacement vendors were notified of the RFP opportunity, the RFP was posted on the Village website and the RFP opportunity was published in the Northwest Herald. On May 8, 2019, two sealed bids for the 2019 Village Hall carpet project were opened. The bids ranged from a low of \$34,441.35 from Exceed Floor & Home of Crystal Lake, IL, to a high of \$43,580.36. Exceed's price of \$34,441.35 is \$10,558.65 below the budgeted amount of \$45,000.00. Exceed performed the phase one Village Hall carpet replacement work in 2018. During the 2018 portion of the carpet replacement project, village staff experienced a few scheduling and installation issues with Exceed; however, Exceed addressed these issues and overall, village staff have been pleased with the carpeting that was replaced by Exceed in 2018. As such, Village staff recommend awarding this project to Exceed Floor & Home of Crystal Lake, IL.

FINANCIAL IMPACT

The Village's 2019 budget includes \$45,000.00 for this project in the Capital Improvement Fund and Exceed's low price of \$34,441.35 is \$10,558.65 under the budgeted amount.

ATTACHMENTS

- 1. Recommendation to Award Memo
- 2. Bid Results
- 3. Bid Certification Form
- 4. Capital Asset Request Form

RECOMMENDED MOTION

Motion to award a contract to Exceed Floor & Home of Crystal Lake, IL, for the 2019 Village Hall carpet project in the amount of \$34,441.35.

Lake in the Hills Public Works Department

MEMORANDUM

To: Dan Kaup, Public Works Director

From: Guy Fehrman, Superintendent of Streets

Date: May 10, 2019

Subject: Recommendation for 2019 Village Hall Carpet Project

On May 8, 2019, Public Works received two sealed bids for the 2019 Village Hall carpet project Exceed Floor & Home submitted the lowest bid of the two. Exceed performed the phase one village hall carpet replacement work in 2018. During the 2018 portion of the carpet replacement project, village staff experienced a few scheduling and installation issues with Exceed; however, Exceed addressed these issues and overall, village staff have been pleased with the section of carpet that was replaced by Exceed in 2018. As such, Village staff recommend awarding this project to Exceed Floor & Home of Crystal Lake, IL.

The Village's 2019 budget includes \$45,000 for this project in the Capital Improvement Fund and Exceed's low price of \$34,441.35 is \$10,558.65 under the budgeted amount.

Lake in the Hills Public Works Department MEMORANDUM

To: Dan Kaup, Public Works Director

From: Scott Parchutz, Public Properties Superintendent

Date: May 8, 2019

Subject: 2019 Village Hall Carpet Project RFP Results

The RFP opening for the 2019 Village Hall Carpet Project was held at the Public Works Facility on May 8, 2019 at 10:30 a.m. Guy Fehrman and Scott Parchutz of the Village of Lake in the Hills were present at the RFP opening. The RFP results were as follows:

COMPANY	BID AMOUNT
Tiles in Style LLC	\$43,580.36
Exceed Floor & Home	\$34,441.35

The RFP opening concluded at 10:33 a.m. The RFP submittals will be reviewed and Village staff plan to make a recommendation to the Village Board at the May 23, 2019 Village Board Meeting.

APPENDIX 4

VILLAGE OF LAKE IN THE HILLS BID CERTIFICATION FORM 2019 Village Hall Carpet Project

Contractor's Name:	actor's Name: Exceed FLOON AND HOME				
Address:	dress: 5186 NW HWY				
	CRYSTAL LAKE IL 60014				
Contact Person:	HAIG HALEBLIAN				
Telephone Number:	815.459.313				
performance and having carefully exa and agrees to enter into a contract wi The undersigned hereby also certifies submitting a bid for this contract as a rigging, bid rotating, kickbacks, bribe	ed [himself/herself] with conditions affecting the cost of the work and its mined and fully understood the INSTRUCTION TO BIDDERS, hereby affirms the Village of Lake In The Hills, Illinois; that in accordance with 710 ILCS 7/33E-11 that the Bidder is not barred from result of a violation of either Section 33E-3 or Section 33E-4 concerning bid ery and other interference with public contracts; material, equipment, and all other expense items to perform completely the entire in the entire work;				
Location	Price (Not-to-exceed)				
Location One - Hallway	\$ 3488.04				
Location Two - Community Servi Department					
Location Three - Administration 1	Department \$ 17,631.40 DA				
TOTAL (locat	ions 1, 2 & 3) \$ 34,441.35				
a. Is a copy of Manufacturer's Wa					
c. Please list the carpet wall base br	rand being used Ecopies ICT rand being used and the color options that are available for the Village to l/or additional documentation may be attached)				
Village to choose from (transition s	strip brand being used and the color options that are available for the trip samples and/or additional documentation)				
BUDGE MERCEU OL BIO INCCUDES SUPPLY. MOHOUR WALLANT	INSTOLL MOHOUR OPTISEDL - MONDITURY FOR				

2. COSTS:

The undersigned hereby affirms and states that the prices quoted herein constitute the total cost to the Village for all work involved in the respective items and that this cost also includes all insurance, royalties, transportation charges, use of all tools and equipment, superintendence, overhead expense, all profits, and all other work, services, and conditions necessarily involved in the work to be done and materials to be furnished in accordance with the requirements of the contract documents considered severally and collectively. All bids shall be held valid for a period of 60 days after the bid due date.

The undersigned hereby also certifies that this bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder or person, to put in a sham bid or to refrain from submitting a bid; and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference with any person, to fix the proposed price elements of said bid, or that of any other Bidder, or to secure any advantage against any other Bidder or any person interested in the proposed contract.

The undersigned hereby also certifies in accordance with 65 ILCS 5/11-42.1-1 that the Bidder is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, unless the amount and/or liability is being properly contested in accordance with the procedures established by the appropriate revenue act

The undersigned hereby also certifies in accordance with 720 ILCS 5/33 E that the Bidder will not participate in bid rigging and/or rotating, kickbacks, bribery, and other related interference with public contracts. The statute requires that a certification by submitted by a bidder specifically attesting to the provisions of 5/33E-3 and 5/33E-4. The undersigned hereby also certifies in accordance with 775 ILCS 5/2-105 that the Bidder must furnish evidence of adoption of a written policy on sexual harassment pursuant to the statute. The Village's interpretation of this statute is that such a policy does not have to be submitted with the bid, but the Bidder must have one in order to receive a contract.

The undersigned hereby also certifies that the bid is in compliance with all other applicable federal, state, and local laws.

3. DELIVERY REQUIREMENTS:

The undersigned hereby affirms and states that the prices listed as Delivered and Installed are the unit and total costs for the delivery of item(s) to their designated locations ready for use.

4. TIME OF COMPLETION:

The undersigned affirms and declares that if awarded the contract for the 2019 Village Hall Carpet Project, they will completely perform the contract in strict accordance with its terms and conditions by July 8, 2019.

5. SPECIFICATIONS:

The undersigned will furnish all labor, material, equipment, and services necessary for said 2019 Village Hall Carpet Project, in accordance with the following specifications as described on the specifications page.

6. CONDITIONS:

The Village is exempt from federal excise tax and the Illinois Retailers' Occupation Tax.

The undersigned hereby certifies that this proposal does not include any amounts of money for these taxes.

To be valid, bids shall be itemized so that selection for purchase may be made, there being included in the price of each item the cost of delivery, insurance, bonds, overhead, and profit.

The Village shall reserve the right to add to or deduct from the base bid and/or alternate bid any item at the prices indicated in the itemization of bid.

Dated at CRYSTOLORE IL	his l day of May	, 2019.
By: Former Can		
(Signature)		
Is: OFFICE MANAGEL		
Title		
HAIG HALEBUAN	, being duly swom, deposes and states	that he/she is the
	I THE STOTE OF ILLINOIS	5 (4-3W 43/5-6
NOTARY PUBLIC DE above is	THE STATE OF ICCINOS	and that the statemen
true and correct Elegarited and sworn before	me this 15 - day of MAY	, 2019
HAIG HALEBLIAN	×4	
NOTARY PUBLIC - STATE OF ILLINOIS (NOTARM COMMISSION EXPIRES 01/23/22	Notary Public	
VILLAGE OF LAKE IN THE HILLS		
Accepted this day of	. 2019	
By:		
Russ Ruzanski, Village President		

PERFORMANCE BOND

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

KNOW ALL MEN BY THESE	PRESENTS: that		
		(Full name and address)	
as Principal, hereinafter called (Contractor, and		
		(Full name and address)	
as Surety, hereinafter called Sur Road,	rety, are held and firmly b	ound unto The Village of Lake in the	Hills, 600 Harvest Gate
Lake in the Hills, Illinois, 6015	6 as Obligee, hereinafter c	called Owner in the amount of	
Dollars (\$) for the paymen	nt whereof Contractor and Surety bin	d themselves, their heirs,
executors, administrators, succe	essors and assigns, jointly	and severally, firmly by these presen	t,
WHEREAS,			
Contractor has by written agree for	ment dated		a contract with Owner
) i	n accordance with Drawin	ngs and Specifications prepared by	which
by reference made a part hereof	f and is hereinafter referre	d to as the Contract.	
		LIGATION is such that, if CONTRA be null and void; otherwise it shall re	
The Surety hereby waives notice	ce of any alteration or exte	ension of time made by Owner.	

CAPITAL ASSET REQUEST FORM

CAPITAL ASSET REQUEST FORM

FUND: General
DEPARTMENT: Public Works
DIVISION: Public Properties

NAME OF ASSET OR PROJECT TITLE:

Village Hall Upper Level Carpet - Phase 2

TOTAL EXPECTED COST:

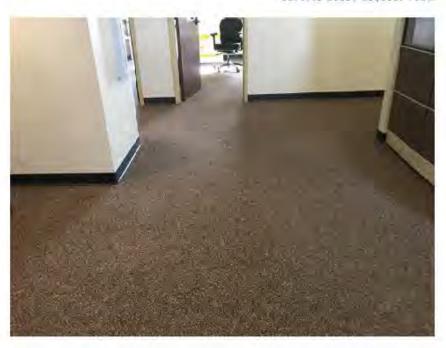
\$45,000.00

CATEGORY:

- O Mandate
- Rehabilitation or Asset Management
- O Operational Improvement
- O New Initiative

CRITERIA:

- 1: The carpeting in the Village Hall Upper Level has reached the end of its usable life. The recommendation is to replace the upstairs carpeting.
- 2: The carpet is original to the building and was installed in 2002. The carpeting shows evidence of staining and traffic wear. In the interest of keeping the annual replacement cost to a reasonable level, the carpet replacement project was spread out over a two-year time period, with the north-most wings of Village Hall, the Board Room, and the Executive Conference Room being replaced in FY18. Phase two will cost \$45,000 and consist of replacing the carpeting in the Administration Department and former Finance Department (south wing) in 2019.
- The impact of not replacing will result in continued degradation and an unprofessional image that the carpeting presents.





REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Public Works

SUBJECT: Award a Contract for the Demolition of 1111 Pyott Road

EXECUTIVE SUMMARY

The demolition of the village-owned single-family home located at 1111 Pyott Road was approved in the 2019 budget. Village staff authored a Request For Proposal (RFP) and last month, 26 demolition vendors were notified of the RFP opportunity, the RFP was posted on the Village website and the RFP opportunity was published in the Northwest Herald. On May 8, 2019, seven sealed bids for the 1111 Pyott Road demolition project were opened. The bids ranged from a low of \$25,500.00 from Fowler Enterprises of Elgin, IL, to a high of \$76,639.00. Fowler's price of \$25,500.00 is \$1,500.00 above the budgeted amount of \$24,000.00. Although Fowler has not worked on projects for the Village in the past, their references spoke very highly of them and they have experience working on similar projects for public entities. As such, Village staff recommend awarding this project to Fowler Enterprises of Elgin, IL.

FINANCIAL IMPACT

The Village's 2019 budget includes \$24,000.00 for this project in the Capital Improvement Fund and Fowler's low price of \$25,500.00 is \$1,500.00 above the budgeted amount. The additional \$1,500.00 in funds will be paid for from the Capital Improvement Fund, which has adequate funding available.

ATTACHMENTS

- 1. Recommendation to Award Memo
- 2. Bid Results
- 3. Bid Certification Form
- 4. Capital Asset Request Form

RECOMMENDED MOTION

Motion to award a contract to Fowler Enterprises of Elgin, IL, for the demolition of 1111 Pyott Road in the amount of \$25,500.00.

Lake in the Hills Public Works Department

MEMORANDUM

To: Dan Kaup, Public Works Director

From: Guy Fehrman, Superintendent of Streets

Date: May 10, 2019

Subject: Recommendation for 1111 Pyott Road Demolition Project

On March 8, 2019, Public Works received seven sealed bids for 1111 Pyott Road demolition project. Fowler Enterprises submitted the lowest bid of the seven. Fowler supplied municipal references that were called and verified. The responses from the references regarding Fowler's services were very positive. Staff recommends awarding the demolition contract to Fowler Enterprises as the lowest responsible bidder that meets the specifications of the RFP.

The Village's 2019 budget includes \$24,000.00 for this project in the Capital Improvement Fund and Fowler's low price of \$25,500.00 is \$1,500.00 above the budgeted amount. The additional \$1,500.00 in funds will be paid for from the Capital Improvement Fund, which has adequate funding available, including money from the recently opened Village Hall carpeting project, which came in over \$10,000 under budget.

Lake in the Hills Public Works Department MEMORANDUM

To: Dan Kaup, Public Works Director

From: Scott Parchutz, Public Properties Superintendent

Date: May 8, 2019

Subject: 1111 Pyott Road Demolition RFP Results

The RFP opening for the 1111 Pyott Road Demolition was held at the Public Works Facility on May 8, 2019 at 10:00 a.m. Those present at the RFP opening were Christine Swanson of Fowler Enterprises LLC, Derek Martin of Fox Excavating, Patty Finocane of Delta Demolition Inc., Ray Braden of Platinum Terrain, Pete Lehotan of KLF Enterprises, and Guy Fehrman and Scott Parchutz of the Village of Lake in the Hills. The RFP results were as follows:

COMPANY	BID AMOUNT
MBR Wrecking & Construction Inc.	\$28,250.00
Fowler Enterprises LLC	\$25,500.00
Alpine Demolition Services	\$39,500.00
Delta Demolition Inc.	\$31,000.00
Fox Excavating	\$35,000.00
Platinum Terrain	\$76,639.00
KLF Enterprises	\$31,090.00
_	

The RFP opening concluded at 10:08 a.m. The RFP submittals will be reviewed and Village staff plan to make a recommendation to the Village Board at the May 23, 2019 Village Board Meeting.

APPENDIX 4

VILLAGE OF LAKE IN THE HILLS BID CERTIFICATION FORM

CONTRACTOR'S NAME:	Youler Enterprises LLC	_
ADDRESS:	41W691 Russell Road	
	Elgin, 12 Lev124	
TELEPHONE NUMBER:	224-715-7023	

1. COST OF WORK:

The undersigned, having familiarized [himself/herself] with conditions affecting the cost of the work and its performance and having carefully examined and fully understood the INSTRUCTION TO BIDDERS, hereby affirms and agrees to enter into a contract with the Village of Lake In The Hills, Illinois;

The undersigned hereby also certifies that in accordance with 710 ILCS 7/33E-11 that the Bidder is not barred from submitting a bid for this contract as a result of a violation of either Section 33E-3 or Section 33E-4 concerning bid rigging, bid rotating, kickbacks, bribery and other interference with public contracts;

To PROVIDE all supervision, labor, material, equipment, and all other expense items to perform completely the entire work covered by all specifications for the entire work;

FOR THE LUMP SUM OF Juenty-five thousand five humboliars (\$ 25, 500,00

2. COSTS:

The undersigned hereby affirms and states that the prices quoted herein constitute the total cost to the Village for all work involved in the respective items and that this cost also includes all insurance, royalties, transportation charges, use of all tools and equipment, superintendence, overhead expense, all profits, and all other work, services, and conditions necessarily involved in the work to be done and materials to be furnished in accordance with the requirements of the contract documents considered severally and collectively. All bids shall be held valid for a period of 60 days after the bid due date.

The undersigned hereby also certifies that this bid is genuine and not collusive or sham; that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder or person, to put in a sham bid or to refrain from submitting a bid; and has not in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference with any person, to fix the proposed price elements of said bid, or that of any other Bidder, or to secure any advantage against any other Bidder or any person interested in the proposed contract.

The undersigned hereby also certifies in accordance with 65 ILCS 5/11-42.1-1 that the Bidder is not delinquent in the payment of any tax administered by the Illinois Department of Revenue, unless the amount and/or liability is being properly contested in accordance with the procedures established by the appropriate revenue act

The undersigned hereby also certifies in accordance with 720 ILCS 5/33 E that the Bidder will not participate in bid rigging and/or rotating, kickbacks, bribery, and other related interference with public contracts. The statute requires that a certification by submitted by a bidder specifically attesting to the provisions of 5/33E-3 and 5/33E-4.

The undersigned hereby also certifies in accordance with 775 ILCS 5/2-105 that the Bidder must furnish evidence of adoption of a written policy on sexual harassment pursuant to the statute. The Village's interpretation of this statute is that such a policy does not have to be submitted with the bid, but the Bidder must have one in order to receive a contract. The undersigned hereby also certifies that the bid is in compliance with all other applicable federal, state, and local laws.

3. DELIVERY REQUIREMENTS: Reserved

4. TIME OF COMPLETION:

The undersigned affirms and declares that if awarded the contract for said demolition of the home located at 1111 Pyott Road, they will completely perform the contract in strict accordance with its terms and conditions no later July 12, 2019. However, if the Contractor fails to complete the work by the above-specified date, the Contractor will be charged \$200.00 per each calendar day over this date as liquidated damages.

5. SPECIFICATIONS:

The undersigned will furnish all labor, material, equipment, fees and services necessary for said demolition of 1111 Pyott Road, in accordance with the following specifications and reports as attached.

6. CONDITIONS:

- A. The Village is exempt from federal excise tax and the Illinois Retailers' Occupation Tax. The undersigned hereby certifies that this proposal does not include any amounts of money for these taxes.
- B. To be valid, bids shall be listed as lump sum.

Dated at ELGIN, IL	this7	day of May	. 20/9.	
By: Jove / Currhow (Signature)	_	0		
Its: President				
Title				
Jake Fowler	, being du	ily sworn, deposes and stat	tes that he/she is the _	
President	of Fowler E	interprises LLC	and that the st	atement above is
true and correct. Subscribed and sworn before	e me this	7 day of ma	ny-	, 20 <u>/</u> Cj
OFFICIAL SEAL (NOTARY STAMPA POLLNOW	Notary P	the Atell	Chocer	
NOTARY PUBLIC - STATE OF ILLINOIS MY COMMISSION EXPIRES:02/20/22	ryotary 1	ione		
VILLAGE OF LAKE IN THE HILLS				
Accepted this day of	, 20			
Ву:				
(Signature)				
Title:				

CAPITAL ASSET REQUEST FORM

CAPITAL ASSET REQUEST FORM

FUND: General

DEPARTMENT: Public Works

DIVISION: Public Properties

NAME OF ASSET OR PROJECT TITLE:

1111 Pyott Road House Demolition

TOTAL EXPECTED COST:

\$24,000.00

DESCRIPTION:

1111 Pyott Road House Demolition

CATEGORY:

- Mandate
- Rehabilitation or Asset Management
- O Operational Improvement
- O New Initiative

CRITERIA:

- 1: The 1111 Pyott Road rental home has reached the end of its usable life. The home was not professionally built and suffers from a number of deficiencies. The cost for repairs and improvements outweigh the value of the home.
- 2: The two story rental home was built circa 1910 with an addition in the 1940's. The 32 year old roof has developed a number of leaks requiring an estimated \$22,000 replacement. The \$5,600 cost to install a drainage system and replacement of the septic system for \$7,050 have made it difficult for the Village to maintain rental profitability. The home is at the point where major structural repairs are imminent.
- 3: The financial impact of not demolishing the home will result in continued roof deterioration, emergency repairs and the potential for mold growth within the interior space due to a porous field stone foundation.

Future costs associated with the facility in the next few years include:

- · Water Heater \$1,200
- New Roof \$22,000
- Siding replacement \$25,000
- Boiler Replacement \$8,290
- · Refrigerator \$1200, Washer and Dryer \$1600.





REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Public Works

SUBJECT: Commercial Activity Agreement with AKC Aviation

EXECUTIVE SUMMARY

The Lake in the Hills Airport Rules and Regulations require commercial activities which operate from the Lake in the Hills Airport to enter into an agreement with the Village. The agreement gives them access to the airport while establishing service standards, insurance requirements, and a commitment to observe the airport rules, regulations and minimum standards. AKC Aviation would like to enter into an agreement with the Village to offer aircraft sales. The new agreement will be in effect from June 1, 2019 through June 1, 2022.

FINANCIAL IMPACT

The Airport Operating and Maintenance Fund will receive an annual payment of \$305.58 per year for aircraft sales from AKC Aviation.

ATTACHMENTS

1. Commercial Activity Agreement

RECOMMENDED MOTION

Motion to approve a commercial activity agreement with AKC Aviation from June 1, 2019 through June 1, 2022.

VILLAGE OF LAKE IN THE HILLS LAKE IN THE HILLS AIRPORT AGREEMENT AUTHORIZING SERVICES

THIS AGREEMENT is entered into as of the <u>23rd</u> day of <u>May, 2019</u> by and between the Village of Lake in the Hills, an Illinois municipal corporation (the "Village") and AKC Aviation (the "Operator");

- Section 1. Term of Agreement. This Agreement shall be effective as of June 1, 2019 and shall automatically terminate on June 1, 2022 unless this agreement is terminated prior to that time under the provisions contained herein.
- Section 2. Location of Operations. During the term of this Agreement, and by separate Lease, the Operator shall maintain the necessary office and operations space at the Lake in the Hills Airport (the "Airport") in the location and facilities depicted on Exhibit A attached to and by this reference incorporated into this Agreement for the purpose of conducting the operations authorized herein, provided that during the term of this Agreement the Operator adheres to these Minimum Standards and the Village's rules and regulations relating to Airport operations, as adopted by Village ordinance, and as may be amended from time to time with regard to its authorized activities.

Section 3. Permitted Activities.

(a) While this Agreement is in effect and the Operator is not in default, the Operator shall have the permission of the Village to engage in the following, but only the following, business activities at the Airport, as defined in the Minimum Standards.

Aircraft sales		

- (b) It is hereby specifically understood and agreed that nothing herein contained shall be construed to grant or authorize the granting of an exclusive right to provide any aeronautical related services to the public as prohibited by Section 308(a) of the Federal Aviation Act of 1958, as amended, and the Village reserves the right to grant to others the privilege and right of conducting any one or all activities of an aeronautical or related nature.
- Section 4. Validation of Activities. The operator shall be responsible for notifying the Village of changes in services, equipment, staffing and other items that increase or decrease fees paid to the Village. Failure of the operator to notify the Village of the same within 30 days of such changes shall constitute a breach of this agreement and shall be sufficient grounds to terminate this agreement. The Village may request additional information or conduct announced or unannounced onsite inspections of the operator's facilities to validate the accuracy of the commercial activities.
- Section 5. Village Services. The Village reserves the right, but shall not be obligated to the Operator, to maintain and keep in repair the landing area of the Airport and all publicly owned facilities of the Airport, or to provide for the same to be performed by third parties, together with the right to direct and control all activities of the Operator with regard to the public landing areas and ramp areas of the Airport and the maintenance thereof.

Public Portions of Airport. The Operator shall have use and have access Section 6. to all public portions of the Airport for taxi, landing, and takeoff of aircraft and shall have use of roads and public automobile parking lots in the same manner and to the same extent as any member of the public. In addition to the Operator's hangar space, the Operator shall have priority use of the ramp area adjacent to and in front of its hangar for staging and conducting its commercial activity. The priority use area shall be of a size reasonably agreed upon by the Operator and the Village's representative. The Operator shall have use of this priority area for the purposes of parking aircraft, loading aircraft, and preparing aircraft prior to takeoff, but not for overnight parking of aircraft. The Operator shall not conduct any operations on public portions of the Airport unless written authorization is granted for such use by the Village. The Village reserves the right to further develop or improve the landing area of the Airport as it deems necessary, regardless of the desires or view of the Operator and without interference or hindrance there from. The Village reserves the right to take any action it considers necessary to protect the aerial approaches of the Airport against obstruction together with the right to prevent the Operator from erecting or permitting to be erected any building, other structure, or device on or adjacent to the Airport which, in the opinion of the Village, would limit the usefulness of the Airport or constitute a hazard to aircraft. In enforcing the foregoing rights, the Village further reserves the right to relocate the Operator's operations and facilities, at the sole cost of the Village.

Section 7. Payments to Village. Payments to the Village shall be due on or before the first day of each month. Operator shall pay to the Village fees for the right to conduct the permitted activities in accordance with the Commercial Activity Fees Schedule attached hereto as Exhibit B and by this reference incorporated into this Agreement. It is expressly understood and agreed to by the Operator that the above charges are not a tax separately payable by any customer of the Operator, and that the Operator is prohibited from designating or itemizing said charges, or any portion thereof, on any invoice or receipt for any customer.

Section 8. Delinquent Payments. Any payments required by this Agreement shall be considered delinquent after the 10th day of the month they are due and payable. A service charge of 10 percent per month from the date due and payable until paid shall be charged the Operator for such delinquencies. Any payments which are delinquent for more than 30 days shall constitute a default.

<u>Section 9</u>. <u>Indemnity</u>. The Operator shall keep and hold harmless the Village and its trustees, officers, employees, agents, and representatives from and against any and all claims, demands, suits, judgments, costs, and expenses asserted or claimed by any person or persons by reason of death or bodily injury to any person or persons, or loss or damage to any property, resulting in whole or in part from the business, activities or any operations of the Operator.

Section 10. Insurance. The Operator shall obtain and maintain continuously in effect at all times during this agreement, at the Operator's sole expense, insurance issued by an insurance company licensed to do business in the State of Illinois for the following types and limits:

A. Aircraft Liability (including passengers)

- 1. Piston: \$1,000,000 Combined Single Limit, \$100,000 Passenger Bodily Injury, Per Occurrence
- 2. Turboprop: \$3,000,000 Combined Single Limit, Per Occurrence
- 3. Turbojet: \$5,000,000 Combined Single Limit, Per Occurrence

B. General Liability

- 1. Premises: \$1,000,000 Combined Single Limit Per Occurrence
- 2. Products/Completed Operations: \$1,000,000 Combined Single Limit Per Occurrence

C. Hangar Keepers Liability:

- 1. Required when Hangar Owner/Lessee has in their care, custody, and control, aircraft belonging to another individual or entity.
- 2. Piston: \$500,000 Per Aircraft, \$1,000,000 Per Occurrence
- 3. Turboprop: \$1,000,000 Per Aircraft, \$2,000,000 Per Occurrence
- 4. Turbojet \$3,000,000 Per Aircraft, \$5,000,000 Per Occurrence

D. Workers Compensation:

- 1. Part 1, As required by State Statute
- 2. Part 2, Employers Liability:
 - i. \$500,000 Per Accident
 - ii. \$500,000 Per Employee
 - iii. \$500,000 Policy Limit

E. Commercial Operators Operating an Aircraft Fuel Dispensing Service:

A Commercial Operator operating an Aircraft fuel dispensing service is required to carry the following types of insurance in the limits specified, in addition to the Minimum Insurance Requirements:

- 1. Pollution liability coverage to the extent reasonably available with a minimum limit of one million dollars (\$1,000,000) per occurrence and in the aggregate;
- 2. General commercial liability and products liability with minimum limits of Five Million Dollars (\$5,000,000) per occurrence and in the aggregate.

F. Additional Insured:

All policies of insurance required herein, except for workers' compensation and employer's liability coverage, shall contain a cross liability endorsement and a severability of interest provision, and shall be expressly endorsed to name each of the following as a Co-Insured for any liability arising out of the Commercial Operator's or any of its subcontractor's operations at the Airport: the Village of Lake in the Hills and its Board of Trustees, officers, appointees, employees, servants, attorneys, legal representatives, agents, and/or representatives.

Each endorsement and subrogation waiver shall be evidenced by a Certificate of Insurance. It can't be terminated without 60 days written notice. The Certificate of Insurance shall list the following legal entity as the Certificate Holder:

Village of Lake in the Hills 600 Harvest Gate Lake in the Hills, IL 60156

In addition to providing the Village with the Certificate of Insurance, the Additional Endorsement Documentation naming the Village of Lake in the Hills and its Board of Trustees, officers, appointees, employees, servants, attorney, legal representatives, agents, and/or representatives shall be provided as proof of that the appropriate additional insured is named as specified herein.

No deductible amount in excess of five thousand dollars (\$5,000.00) or self-insurance shall be used to satisfy the Commercial Operator's minimum insurance requirements hereunder without the prior written approval of the Village.

G. Cancellation and Form

Each policy of insurance required herein shall contain a provision that it may not be canceled before expiration of its term except upon sixty (60) days written notice to the Village and shall be issued by an insurance company licensed to do business in the State of Illinois. The Commercial Operator shall provide a copy of all policies of insurance the Commercial Operator is required to procure and maintain under the requirements herein to the Airport Manager.

H. Changes and Additional Rights

The limits set forth herein shall be increased at the Commercial Operator's expense, if additional amounts are required by any federal or state regulations or by the Village. If a Commercial Operator shall at any time fail to furnish, maintain or renew any of the insurance required herein, or shall fail to furnish certificate(s) of insurance and Additional Insured Endorsement(s) evidencing the insurance coverage required herein, the Village shall have the right, but not the obligation, to obtain such insurance coverage, and all amounts so paid by the Village shall constitute an obligation on the part of the Commercial Operator becoming immediately due and payable. The Village's rights in this paragraph are in addition to any other remedies it may have.

All certificates of coverage displaying requirements (i.e. additional insured's waiver of subrogation, notice of cancellation) shall be issued directly from the insurance carrier.

The failure of the Operator to comply with the insurance provisions of this section shall be considered default by the Operator and sufficient grounds to terminate this Agreement.

<u>Section 11</u>. <u>Fees, Licenses, and Taxes</u>. The Operator shall pay all fees, licenses, and taxes on personal property use in the operation of its business.

<u>Section 12</u>. <u>Service Standards</u>. The Operator agrees:

- (a) To furnish good, prompt, and efficient services adequate to meet all reasonable demands for goods and services of the kinds it renders at the Airport; and
- (b) To furnish goods and services on a fair, equal, and non-discriminatory basis to all users thereof; and
- (c) To charge fair, reasonable, and non-discriminatory prices for all goods and services provided by the Operator hereunder, provided that the Operator shall be allowed to give reasonable and non-discriminatory discounts, rebates, or similar types of price reductions; and
- (d) That the facilities of the Operator for the purpose of providing goods and services at the Airport shall remain open for such periods during each day and such days during each week as may be necessary to meet reasonable demands for such goods and services.
- Section 13. Non-Exclusive Use. This Agreement shall in no way convey the exclusive use of any part of the Airport, except those portions exclusively leased to, or provided to, the Operator and as specifically allowed herein, and shall not be construed as providing any special privilege for any public portion of the Airport, with the exception of priority use of the adjacent ramp area as provided above. The Village reserves the right to lease to other parties any other portion of the Airport for any purpose deemed suitable for the Airport by the Village.
- <u>Section 14.</u> <u>Assignment.</u> The Operator shall not assign any rights provided in this Agreement without the specific prior written consent of the Village. Any such unauthorized assignment shall be void and shall be cause for immediate termination of this Agreement.
- Section 15 Transfer of Stock or Ownership of Operator. The Operator understands and agrees that this Agreement is non-transferable and, during the term of this Agreement, any transfer of a controlling ownership interest in the Operator shall be cause for immediate termination of this Agreement.
- Section 16. Agreements of Village with United States, State of Illinois, or Agencies. The terms and conditions of this Agreement shall not be construed to prevent the Village from making any commitments it desires to the United States Government, or to the State of Illinois, or to any agency thereof, so as to qualify for the expenditure of federal or State funds at the

Airport. This Agreement shall be subordinate to the provisions of any existing or future agreement between the Village, or its predecessors or successors, and the United States or the State of Illinois, relative to the operation or maintenance of the Airport, the execution of which has been made or may be required as a condition precedent to the expenditure of federal or State funds for the development of the Airport.

<u>Section 17</u>. <u>Rules, Regulations, Minimum Standards, and Codes</u>. The Operator agrees to comply with, and be subject to, all of the following:

- (a) The Airport Rules and Regulations and the Airport Minimum Standards adopted by the Village, as amended from time to time, regarding the management, use. and operation of the Airport; and
- (b) All applicable Federal, State, and Village building, zoning, and hazard codes; and
- (c) All applicable governmental rules, regulations, standards, and requirements relating to the storage and disposal of aviation fuel or any other toxic materials and contaminants. The Operator shall be solely responsible for obtaining and maintaining all necessary permits for storage and disposal and shall provide the Village with copies of such permits and evidence of compliance with the terms and conditions thereof. Improper storage or disposal of toxic materials or contaminants shall be grounds for termination of this Agreement. The Operator shall be responsible for the costs of correcting any contamination or damage to the leased premises and facilities and/or adjacent areas caused by it or its agents' improper storage, disposal, or use of any such materials, and such responsibility by the Operator shall survive the termination of this Agreement.

<u>Section 18</u>. <u>Notices</u>. Whenever any notice or payment is required by this Agreement to be made, given, or transmitted to the parties hereto, such notice or payment shall be deemed delivered if given in person or by registered or certified mail as follows:

If to the Village:

Village Administrator
Village of Lake in the Hills
600 Harvest Gate
Lake in the Hills, Illinois 60156

If to the Operator:

AKC Aviation 8421 Pyott Road Lake in the Hills, Illinois 60156

Section 19. Waiver of Terms. The waiver by the Village to the Operator of any breach of any term, covenant, or condition herein contained shall not be deemed waiver of a subsequent breach.

Section 20. Construction. This Agreement shall be construed in accordance with the laws of, but not the conflict of laws rules of, the State of Illinois. This Agreement constitutes the entire Agreement between the parties, and it may not be altered, amended, or modified except by written agreement of all parties hereto. The Operator and the Village expressly consent to jurisdiction in the Circuit Court of the Twenty-second Judicial Circuit, McHenry County, Illinois.

Section 21. Termination.

(a) The Village may terminate this agreement with respect to the Operator at any time if the Operator fails to comply with any other provisions of this Agreement.

The Village shall first notify the Operator in writing of the failure to comply. If the Operator does not correct the failure and fully comply within 30 days after delivery of said notice, then the Village may terminate this Agreement immediately by written notice of termination. Upon delivery of said termination notice, all rights of the Operator shall be canceled.

(b) The Operator may terminate this Agreement at any time upon 90 days written notice to the Village. In the event of such termination, the Operator shall pay all charges due as of said termination date within 30 days thereafter.

Section 22. Additional Remedies of the Village. In addition to the provisions of Section 21 above, in the event of any failure of the Operator to comply with any term, condition, or covenant of this Agreement, the Village may seek further relief and additional remedies to the fullest extent permitted by law, including but not limited to monetary damages and injunctive relief.

IN WITNESS WHEREOF, the Village and Operator set their hands and seals as of the date first written above.

VILLAGE OF LAKE IN THE HILLS	COMMERCIAL OPERATOR
RUSS RUZANSKI VILLAGE PRESIDENT	By: TITLE
ATTEST:	ATTEST:
CECILIA CARMEN VILLAGE CLERK	By:
(Seal)	

Exhibit A

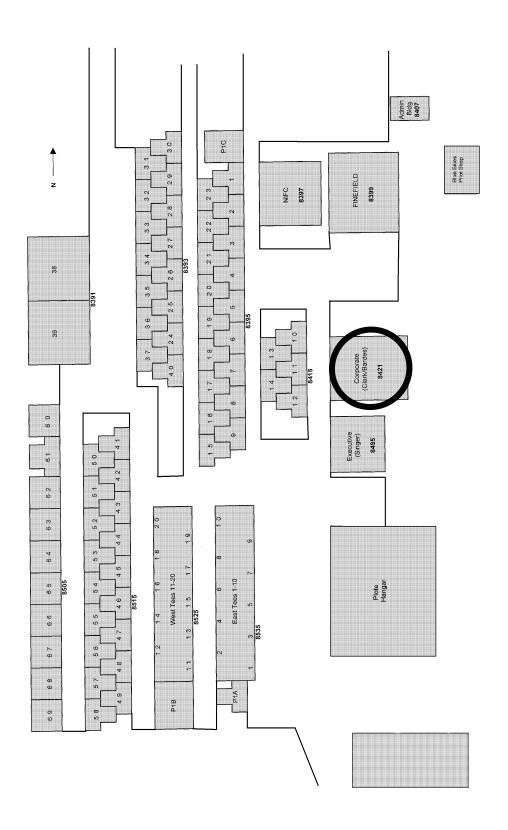


Exhibit B

COMMERCIAL ACTIVITY FEE SCHEDULE

Persons desiring to conduct one or more of the Activities set forth below shall pay the listed fees for each activity category to be engaged in:

Category	Monthly Fee (unless noted)
Aircraft Charter / Air Taxi Service	\$100.42 per aircraft per month
Flight Instruction / Aircraft Rental / Flying Clubs	\$51.83 per aircraft per month
Flight Instructors	\$95.03 per year
Aircraft Maintenance	\$124.17 per Airframe, Power Plant, or Avionics and Instrument Repair Mechanic (first two) PLUS \$32.40 for each additional mechanic per month
Aircraft Sales	\$305.58 per year
Aircraft Storage	\$18.36 per aircraft per month for all aircraft not owned by the hangar owner
Assistance to Home-Built Aircraft Owners	\$30.56 per aircraft per month
Hot Air Balloon Operators	0-15 operations per year: \$152.79 16-30 operations per year: \$400.00 31+ operations per year: \$150 for every 10 operations above 30
Mechanic for Assistance to Home-Built Aircraft Owners	\$95.03 per month (If mechanic Is included as a mechanic within another commercial activity at this airport, then no fee is Required)



INFORMATIONAL MEMORANDUM

MEETING DATE: May 21, 2019

DEPARTMENT: Community Services

SUBJECT: Changes to the Sign Ordinance

EXECUTIVE SUMMARY

At the April 9, 2019 Committee of the Whole meeting the Board of Trustees suggested staff look into changes necessary to the sign portion of the Zoning Ordinance to better support our local businesses. Director Mullard provided a plan to discuss possible changes to the ordinance with the public at the May Planning and Zoning Commission meeting with the possibility of having draft changes for Board action by the end of July. During this time, the Village Board placed a moratorium on sign regulation enforcement.

Throughout this process, staff has and will continue to rely on Planning Resources, Inc. to provide research, technical assistance and guidance in the development of the revision. The Village has a long-standing relationship with the firm. The FY 2019 budget includes funds for consultant support to planning efforts due to limited in-house resources and the lack of a planner on staff.

At the May 13, 2019 Planning and Zoning Commission meeting, the commission reviewed a presentation on the various types of signs contemplated in the Village's ordinance, sign trends, as well as considered the regulations of surrounding communities. Though promoted through the Village's communication channels, released to the press, shared with the chamber of commerce and with the Village Board, no one from the resident or business communities participated in the discussion.

Due to this, and based on the broad discussion that took place amongst the commissioners, staff is recommending that the Village Board provide more explicit direction to the Planning and Zoning Commission in order to best direct the extent of their analysis and that additional time be allocated to this process as necessary.

FINANCIAL IMPACT

None.

ATTACHMENTS

1. None

SUGGESTED DIRECTION

Staff suggests the Village Board provide further guidance on proceeding.



REQUEST FOR BOARD ACTION

MEETING DATE: May 21, 2019

DEPARTMENT: Community Services

SUBJECT: Variation to Table 7.6, Dwelling Standards Chart for Unit Size for Parkside

Apartments, 9340 Haligus Road

EXECUTIVE SUMMARY

The applicant, United Construction Services, Inc., requests a variation to reduce the minimum size of a one-bedroom unit from 850 square feet to 700 square feet, and to reduce the minimum size of a two-bedroom unit from 1,000 square feet to 900 square feet. The applicant believes this is necessary to improve costs of construction and rents, thus creating an affordable apartment at a size that has proven to be marketable. The minimum sizes in Table 7.6 are the same for single family attached, multiple-family, and two family dwelling units.

The Village Board approved a Development Agreement for Parkside Apartments at this location in July 2015. This agreement provided for rezoning to R-4 and development of no more than 39 units in three separate buildings. The applicant intends to reduce the number of buildings to two.

The Planning and Zoning Commission conducted a public hearing on May 13, 2019. There were no public comments on the proposed actions. The Commission recommended approval by a vote of 4-0.

FINANCIAL IMPACT

None

ATTACHMENTS

- 1. Application
- 2. Staff Report
- 3. Site Plan
- 4. Development Agreement
- 5. Ordinance

RECOMMENDED MOTION

Motion to approve an ordinance granting a variation to Table 7.6, Dwelling Standards Chart for Unit Size, for Parkside Apartments, located at 9340 Haligus Road on Parcel 18-22-200-031.





Village of Lake in the Hills Development and Zoning Application

Date: April 17, 2019

Property Information

Common street address: 9340 Haligus Rd. LITH - Corner of Haligus Rd & Grafton Farm Rd

PIN (Property Index Number): 18-22-200

Current Zoning: R-4 Proposed Zoning: _____

Current Use: VACANT Proposed Use: APARTMENTS

Is the request consistent with the Comprehensive Plan?

Number of Acres: 2.5 acres If greater than 4 acres, 2 acres for government property or 5 acers for manufacturing zoned land, application shall be processed as a Planned Development as a Conditional Use. See definition of Planned

Development and PD Section of Zoning Ordinance.

Legal description of the property (print or attach exhibit): ATTACHED

Property Owner Information

Name(s): PARKSIDE APTS. LITH, LLC

Business/Firm Name (if applicable):

Address: 201 PENNY AVE - APT. 2D

City/State/Zip: EAST DUNDEE, IL 60118

Phone Number: 847.833.5004 - JOSEPH BILLITTERI

Email: JOEB@PROFIT-SUCCESS.NET

Applicant Information

Name(s): UNITED CONSTRUCTION SERVICES, INC

Business/Firm Name (if applicable): UNITED CONSTRUCTION SERVICES, INC

Address: 1055 NIMCO DR., STE. E

City/State/Zip: CRYSTAL LAKE, IL 60014 Phone Number: 847.417.9884 - JOHN CURTIS

Email: CSCCOMMERCIAL@GMAIL.COM

EXHIBIT A

Legal Description of the Property

That part of the West Half of the Northeast Quarter of Section 22, Township 43 North, Range 7 East of the Third Principal Meridian, described as follows: commencing at the Northwest Corner of the Northeast Quarter of said Section 22, and running thence South along the West line thereof, 1288.33 feet; thence South 90 degrees 00 minutes 00 seconds East to the East right of way line of Haligus Road, said point also being the point of beginning; thence continuing South 90 degrees 00 minutes 00 seconds East, 214.00 feet; thence South 23 degrees 53 minutes 30 seconds East, 578.10 feet to the North line of the South 826.14 feet of the West half of said section; thence South 89 degrees 45 minutes 01 seconds West along said North line, 230.0 feet; thence North 00 degrees 00 minutes 00 seconds West, 249.57 feet; thence North 90 degrees 00 minutes 00 seconds West 217.83 feet to a point on said East line of Haligus Road; thence North 00 degrees 03 minutes 45 seconds West along said East line, 280.00 feet to the point of beginning, in McHenry County, Illinois.

1	2	3	4	5	6
Request	Select Request with X	Required Fee ac = Acre	For Requirements See Appendix	Public Hearing Required See Appendix A2	Total Fee (enter Amount pe Column 3)
Annexation		\$1,000/ac payable upon annexation	D	Yes	
Sketch Plan		\$0	E	No	
Tentative Plan		\$500 + \$10/ac	F	No	
Final Plat		\$500 + \$10/ac	G	No	
Plat of Vacation and/or Resubdivision Plat		\$500 + \$10/ac	H	No	
Conditional Use		\$500 + \$10/ac over 2 ac	I	Yes	
Rezoning		\$500 + \$10/ac over 2 ac	J	Yes	
Text Amendment		\$500	К	Yes	
Variance – Residential	X	\$100	L	Yes	
Variance – Non- Residential		0-2 ac = \$250 Over 2 ac = \$500	C.	Yes	
Development Plan Review		\$500 + \$10/ac	М	No	
				Total Fees	
		Additio	nal Fees		
S	Stormwater Permit	Application Fee to	be paid at time of Intermediate or	f permit issuance Minor = \$250 Major = \$1,000	
Reimbursen	nent of Fees Requi	red (Attach Appe	endix B) = \$2,000 every a	+ \$100/acre for acre over 5 acres	

Property Owner Signature Date 4/24/19

Applicant Signature

If Owner/Applicant is a School District please, complete and submit Appendix N

All required appendices and documentation shall be submitted with this application. Incomplete applications will not be processed.

Appendix L - Variance Requirements

Site is an Infill site which requires excessive costs in site development, putting pressure on overall costs and financial returns.	the
Market rents are being driven by unit sizes allowing for more competitive rents.	
2. The plight of the owner is due to unique circumstances. Explain how this standard is met.	
	_
\$1,100/mo. for a one (1) bedroom unit and less than \$1,350/mo. for a two (2) bedroom unit	
Apartment rent is based on a Square footage number. The going rate is between \$1.40 to \$ per square foot, causing units to be not competitive with current market rents, of less t	100
 The property in question cannot yield a reasonable return if permitted to be used only under conditions allowed by the regulations governing the district in which it is located. Explain how standard is met. 	
of the provisions of this Zoning Code, as authorized in this Section, only if the evidence, in the judgem of the Village sustains each of the following three conditions:	
The Planning and Zoning Commission may recommend, and the Board of Trustees shall permit a varia	
Standards and Findings of Facts for a Variance per Section 23.7 of the Zoning Ordinance	_
	_
The property is zoned R-4 so the minimum unit sizes are 850 SF for one (1) bedroom units 1000 SF for two (2) bedroom units. We are requesting a reduction of the requirements to SF for a one (1) bedroom unit and 900 SF for a two (2) bedroom unit.	
	4.44
Requesting a variation from table 7.6 of the Zoning Ordinance.	
 Please indicate the variation that is being sought, include section(s) and paragraph(s) of the Zo Ordinance and any dimension(s) and a brief description of the proposed use, constructio development that prompted the request: 	

Appendix L - Variance Requirements

3.	The variation, if granted, will not alter the essential character of the locality. Explain how this standard is met.					
The development will meet the current high-density zoning in the area. Smaller sized unit will not alter the look that was originally approved.						
whene	e purpose of supplementing the above standards, the Village, in making this determination ver there are practical difficulties or particular hardship, also shall take into consideration the to which the following facts, favorable to the applicant, have been established by the evidence:					
4.	That the particular physical surroundings, shape or topographical conditions of the specific property involved would bring a particular hardship upon the owner as distinguished from a mere inconvenience if the strict letter of the regulation were to be carried out. Explain how this standard is met.					
The si	ze of the units is not impacted by the physical conditions of the lot.					
5.	That the conditions upon which the petition for variation is based would not be applicable generally					
	to other property within the same zoning classification. Explain how this standard is met. I upon current market for this product, other property zoned in this classification may d need similar relief.					
6.	That the purpose of the variation is not based exclusively upon a desire to make more money out of the property. Explain how this standard is met.					
	out the variance the project will not be built, with the proposed variance the project hits num return standards for a developer. Also increasing R.E. taxes for village benefit.					
_						

Appendix L - Variance Requirements

7.	That the alleged difficulty in the property. Explain	or hardship has n now this standa	not been created by any person presented is met.	ently having interest
This r	equest is being driven b	y current mark	set condition.	
8.			pe detrimental to the public welfare ood in which the property is located	
There	is not any detriment to	any neighbori	ng properties.	
9.	or substantially increase th	e danger of fire,	an adequate supply of light and air to or otherwise endanger the public saf ne neighborhood. Explain how this	fety, or substantially
Proper	ty Owner Signature	Date	Applicant Signature	Date

REQUEST FOR PUBLIC HEARING AND COMMISION ACTION



PLANNING AND ZONING COMMISION

MEETING DATE: May 13, 2019

DEPARTMENT: Community Services

SUBJECT: Variation to Table 7.6, Dwelling Standards Chart for Unit Size for Parkside

Apartments

EXECUTIVE SUMMARY

General Information

Requested Action: Variation to the Table 7.6, Dwelling Standards Chart to reduce the minimum

size of a one-bedroom unit from 850 sf to 700 sf and reduce the minimum size

of a two-bedroom unit from 1000 sf to 900 sf.

Owner: Parkside Apts, LITH, LLC

Applicant: United Construction Services, Inc.

Purpose: To improve costs of construction and rents creating an affordable apartment

at a size that has proven to be marketable.

Location and Size: 9340 Haligus Road / 2.5 acres

Zoning and Land Use: Site: R-4 Multiple Family Dwelling District

North: O-S Open Space District

East: O-S Open Space District

South: O-S Open Space District

A-1 Agriculture / McHenry County

West: R-2 One Family Dwelling District

Future Land Use: Parks / Recreation

Background

The applicants are requesting variations to the Zoning Ordinance to improve the costs of construction and rents to create an affordable apartment at a size proven marketable. The minimum sizes in Table 7.6 are the same for single family attached, multiple family, and two family dwelling units.

A Development Agreement was approved by the Village Board for the apartment buildings at this location in July 2015. This agreement provided for rezoning to R-4 and development of no more than 39 units in three buildings. The applicant intends to reduce the number of buildings to two and reduce the number of units.

Standards and Findings of Fact for a Variation

The Planning and Zoning Commission may recommend and the Board of Trustees shall permit a variation of the provisions of this Zoning Code, as authorized in this Section, only if the evidence, in the judgement of the Village sustains each of the following three conditions:

A. The property in question cannot yield a reasonable return if permitted to be used only under the conditions allowed by the regulations governing the district in which it is located;

The applicants indicate that current market rates for rent restrict the size of each unit to keep them affordable.

B. The plight of the owner is due to unique circumstances; and

The applicants indicate that market rates for apartment rents are driving the request.

C. The variation, if granted, will not alter the essential character of the locality.

The applicants indicate this will not alter the essential character of the locality. The appearance of the building will not significantly change due to the reduction of unit sizes. Additionally, the apartment concept fits well with the multiple family district across Haligus Road.

For the purpose of supplementing the above standards, the Village, in making this determination whenever there are practical difficulties or particular hardship, also shall take into consideration the extent to which the following facts, favorable to the applicant, have been established by the evidence:

D. That the particular physical surroundings, shape or topographical conditions of the specific property involved would bring a particular hardship upon the owner as distinguished from a mere inconvenience if the strict letter of the regulation were to be carried out;

The applicants indicate that the size of the units is not impacted by the physical conditions of the lot.

E. That the conditions upon which the petition for variation is based would not be applicable generally to other property within the same zoning classification;

The applicants indicate this same need would exist for other building similar units due to current market conditions.

F. That the purpose of the variation is not based exclusively upon a desire to make more money out of the property;

The applicants indicate that due to market rates the construction is not cost effective without the reduction.

G. That the alleged difficulty or hardship has not been created by any person presently having interest in the property;

The applicants indicate that due to market rates the construction is not cost effective without the reduction.

H. That the granting of the variation will not be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located; or

The applicants indicate it will not be detrimental to the public welfare or injurious to other property or improvements in the neighborhood in which the property is located.

I. That the proposed variation will not impair an adequate supply of light and air to adjacent property, or substantially increase the danger of fire, or otherwise endanger the public safety, or substantially diminish or impair property values within the neighborhood.

The applicants indicate this condition will be met.

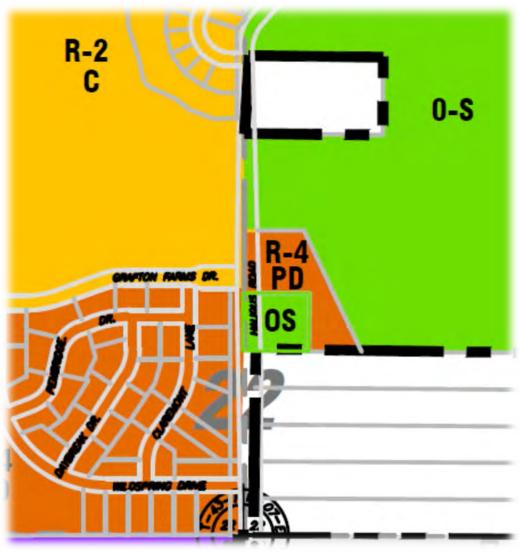
ATTACHMENTS

- 1. Application
- 2. Site Plan

RECOMMENDED ACTION

Commission recommend approval to the Village Board for variation to Table 7.6 of the Zoning Ordinance at 9340 Haligus Road on Parcel 18-22-200-031 reducing the minimum unit sizes for one and two bedroom apartments.





ORDINANCE 2015-24

AN ORDINANCE GRANTING A ZONING MAP AMENDMENT FROM THE O-S OPEN SPACE DISTRICT TO THE R-4 MULTIPLE FAMILY DWELLING DISTRICT, A CONDITIONAL USE FOR A PLANNED DEVELOPMENT WITH EXCEPTIONS AND DEVELOPMENT PLAN APPROVAL

(PARKSIDE APARTMENTS)

ORDINANCE PASSED BY THE

PRESIDENT AND BOARD OF TRUSTEES

OF THE VILLAGE OF LAKE IN THE HILLS

AT THEIR REGULAR MEETING ON JULY 23, 2015

PUBLISHED IN PAMPHLET FORM BY AUTHORITY OF THE

BOARD OF TRUSTEES

OF THE

VILLAGE OF LAKE IN THE HILLS

President:

Paul Mulcahy

Board of Trustees:

Stephen J. Harlfinger
Ray Bogdanowski
Bob Huckins
Denise Barreto
Russ Ruzanski
Paula Yensen

Clerk:

Denise L. Wasserman

VILLAGE OF LAKE IN THE HILLS

ORDINANCE 2015-Q4

An Ordinance Granting a Zoning Map Amendment from the O-S Open Space District to the R-4 Multiple Family Dwelling District, a Conditional Use for a Planned Development with Exceptions and Development Plan Approval

(Parkside Apartments)

WHEREAS, the Village of Lake in the Hills, McHenry County, Illinois (the "Village"), is a home rule municipality as contemplated under Article VII, Section 6, of the Constitution of the State of Illinois, and the passage of this Ordinance constitutes an exercise of the Village's home rule powers and functions as granted in the Constitution of the State of Illinois; and

WHEREAS, Billetterri Enterprises LLC, petitioner (the "Petitioner") and contract purchaser of the property located along the east side of Haligus Road across from Grafton Farm Drive with a property identification number of 18-22-200-028 (the "Property") and legally described in Exhibit A hereto, petitioned the Village of Lake in the Hills for a zoning map amendment from the O-S Open Space District to R-4 Zoning District, a conditional use for a planned development including exceptions to the Zoning Ordinance, and approval of a development plan consisting of a site plan prepared by Haeger Engineering and dated July 15, 2015 and exterior building elevations prepared by Architects 127 and Associates, Inc. dated May 5, 2015 (together, the "Development Plan"); and

WHEREAS, a public hearing was held by the Village's Hills Planning and Zoning Commission, after due notice in the manner provided by law; and

WHEREAS, the Planning and Zoning Commission, after deliberation, has made a report and its recommendation relative to the requested zoning map amendment, conditional use for a planned development with exceptions, and the Development Plan for the Property; and

WHEREAS, the President and Board of Trustees of the Village have considered the report of the Planning and Zoning Commission and all of the evidence presented by the Petitioner at the public hearing before the Commission and hereby make the following findings of fact relative to the Petition:

- The area consists of a combination of open space, recreational, institutional and residential land uses. Townhomes exist to the southwest of the site and more open areas to the north and east. The proposed use is compatible with the existing uses in the area.
- 2. Property zoned R-2 One Family Dwelling District exists to the west and R-4 Multi-Family exists to the southwest, with O-S Open Space zoning existing to the south and east. The proposed zoning of the R-4 Multi-Family Residential District and the proposed apartment complex is an appropriate use for the area and compatible with the surrounding zoning.
- 3. The subject site is currently zoned O-S Open Space, however the Property has remained vacant for years under that zoning classification. The permitted and conditional uses in the O-S Open Space District are very limited beyond government operated uses. A proposal several years ago for governmental offices on the site did not go forward and the Property has remained vacant since then. Zoning the Property R-4 Multiple Family Dwelling District will allow the Property to be developed in a way that is compatible with the surrounding area.
- 4. The townhomes to the southwest were developed about 10 years ago and single family dwelling areas were developed at about the same time to the northwest. Open space areas and recreational uses have expanded to the east and north over the last 10 to 15 years. The proposed development will complement the uses that have been established in the area.
- 5. The subject site has been vacant for many years while the surrounding area is mostly developed. Zoning the Property R-4 Multiple Family Dwelling District will allow the Property to be developed in a way that is compatible with the surrounding area.
- 6. The Future Land Use Map of the Village's Comprehensive Plan indicates Open Space for the site. The Petitioner is requesting that the land use designation be changed from Park/Recreation to High Density Residential. There is a goal in the Comprehensive Plan regarding housing to "provide a housing inventory

that is diversified in dwelling unit type, size and design that supports the local population, attracts new residents and creates a high quality residential environment." The proposed development meets such criteria.

- 7. Adequate access and circulation are proposed for the site. A pedestrian walkway is provided in the project and will connect to the existing system along Haligus Road.
- 8. Conceptual plans have been reviewed by the Village and outside agencies, and adequate utilities and infrastructure can serve the site. Stormwater detention areas are provided for in the northern and southern portions of the subject site. Engineering plans will be developed prior to development of the site to ensure that Village Ordinances are being met.
- 9. The site will comply with all regulations and conditions as stated in the Zoning Code and ordinance approving the conditional use permit, unless as otherwise stated.

NOW, THEREFORE, Be It Ordained by the President and Board of Trustees of the VILLAGE OF LAKE IN THE HILLS, McHenry County, Illinois that:

SECTION 1: The Corporate Authorities find that the statements in the foregoing preambles are true.

SECTION 2: The findings and recommendations of the Planning and Zoning Commission on the question of granting a zoning map amendment, conditional use for a planned development and preliminary development plan on the Property is hereby accepted.

SECTION 3: A Zoning Map Amendment from the O-S Open Space to the R-4 Multiple Family Dwelling District is hereby approved for the Property as well the Development Plan attached as Exhibit B and a Conditional Use for a Planned Development is hereby granted for the Property, conditioned upon: the Petitioner submitting to the Village Board and Planning and Zoning Commission, for their respective approval, a preliminary plan in substantial conformance with the Development Plan and consisting of the following documentation which shall be

approved prior to the issuance of any construction permits or site development permits for the Property:

- A) A reproducible survey of the Property showing existing features to be submitted to the Village Board and Planning and Zoning Commission of the Property, including structures, streets, easement and utility lines; and
- B) A reproducible preliminary plan showing:
 - Locations of the buildings and associated features.
 - Proposed circulation pattern indicating driveways, striping, parking spaces and traffic control devices.
 - 3. Detention areas.
- C) Signage details including design, location, heights and size;
- D) Building plans, including floor plans, exterior elevations and outline specifications of type of building materials, type of wall and roof construction, type of pavement and surfacing materials including proposed colors and garbage enclosures;
- E) Landscaping plans including type and size of plant materials and their arrangement;
- F) Lighting details including a photometric plan;
- G) Engineering plans, including site grading, street improvements, drainage and public water, sanitary sewer and storm sewer extensions, as necessary; and
- H) A development schedule indicating:
 - The approximate date when construction of the project is expected to begin.
 - The stages in which the project will be built and the approximate date when construction of each stage is expected to begin (collectively, the "Preliminary Plan");

Such Preliminary Plan shall incorporate all of the criteria and specifications for a final plat in accordance with the

Villages' Subdivision Control Ordinance and shall meet all requirements for a development plan in accordance with Sections 25.5 and 25.6 of the Village's Zoning Ordinance.

The Property shall have no more than three buildings, as set forth on the Development Plan, consisting of two three-story buildings, with each having no more than twelve apartment units of 1-2 bedroom apartments, and one three-story building with no more than fifteen 1-2 bedroom apartments.

In addition, subject to the Developer submitting a Development Plan as set forth above, the Village hereby grants the following exceptions relative to the following sections of the Village's Zoning Ordinance for the Property:

- An exception from section 7.3.9 to allow storage areas accessible only from the inside of each building rather than the outside of each building;
- 2. An exception from section 7.4 to reduce the minimum rear yard setback from 75 feet to 35 feet from the existing easterly lot line of the Property in light of the difficulties that would be present for the placement of an adequate sized apartment building and associated parking;
 - 3. An exception from section 7.4.8 to reduce the minimum setback from 200 feet to 95 feet from a dwelling unit in the R-4 Minimum Family Dwelling District to a boundary line of the adjacent property being zoned R-2 with a conditional use for a church and associated facilities;
 - 4. An exception from section 18 to reduce the number of required parking spaces from 2.5 spaces per dwelling unit to 2.38 spaces per dwelling unit for multiple family dwellings; and
 - 5. An exception from section 26.7 to reduce the screening requirements between a multi-family land use and a non-residential land use in accordance with a landscape plan to be submitted by the Petitioner for approval by the Village Board of Trustees and the Planning and Zoning

Commission, as set forth in Section 3 herein, prior to development of the Property. Section 26.7 requires that screening consisting of a fence or berm with additional landscaping be planted when a multi-family land use abuts a non-residential land use. Non-residential land use exists to the north, east and south, however, there is a large existing tree line to the north and east that provides adequate screening already. The Village's well house is to the south, however, there are existing plantings and a chain-link fence that provide an adequate buffer.

In addition, as a condition subsequent to the granting of the map amendment and conditional use for a planned development, at no time shall the Property be subdivided.

SECTION 4: All other requirements set forth in the Zoning Ordinance of the Village of Lake in the Hills, as would be required by the Village as to any owner of property zoned in the same manner as the Subject Property shall be complied with.

SECTION 5: If any section, paragraph, subdivision, clause, sentence or provision of this Ordinance shall be adjudged by any Court of competent jurisdiction to be invalid, such judgement shall not affect, impair, invalidate or nullify the remainder thereof, which remainder shall continue in full force and effect.

SECTION 6: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 7: This Ordinance shall be in full force and effect upon its passage, approval and publication in pamphlet form (which publication is hereby authorized) as provided by law.

SECTION 8: This ordinance shall be null and void if the Petitioner does not acquire fee simple title to the Property by October 1, 2015. Time is of the essence.

Passed this 23rd day of July, 2015 by roll call vote as follows:

	Ayes	Nays	Absent	Abstain
Trustee Stephen Harlfinger	~		-	
Trustee Ray Bogdanowski		-		
Trustee Bob Huckins				
Trustee Denise Barreto Trustee Russ Ruzanski	-/	-		
	-		-	
Trustee Paula Yensen President Paul Mulcahy			-	1
riesident raul Mulcany	-		-	

APPROVED THIS 23RD DAY OF JULY, 2015

Village President, Paul Mulcahy

(SEATH

ATTEST:

Denise Wasserns

Village Clerk, Denise Wasserman

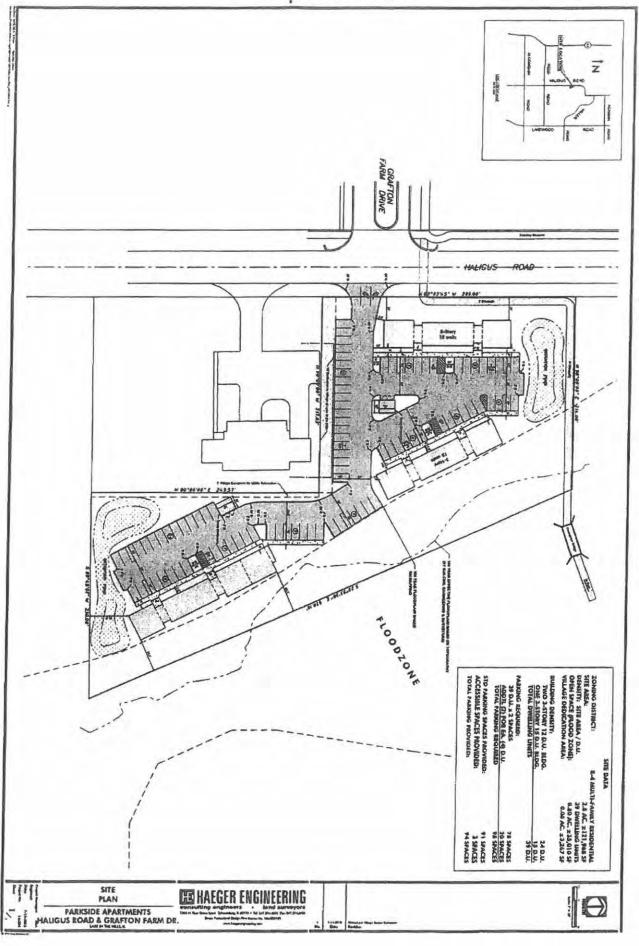
Published: July 24, 2015

EXHIBIT A

Legal Description of the Property

That part of the West Half of the Northeast Quarter of Section 22, Township 43 North, Range 7 East of the Third Principal Meridian, described as follows: commencing at the Northwest Corner of the Northeast Quarter of said Section 22, and running thence South along the West line thereof, 1288.33 feet; thence South 90 degrees 00 minutes 00 seconds East to the East right of way line of Haligus Road, said point also being the point of beginning; thence continuing South 90 degrees 00 minutes 00 seconds East, 214.00 feet; thence South 23 degrees 53 minutes 30 seconds East, 578.10 feet to the North line of the South 826.14 feet of the West half of said section; thence South 89 degrees 45 minutes 01 seconds West along said North line, 230.0 feet; thence North 00 degrees 00 minutes 00 seconds West, 249.57 feet; thence North 90 degrees 00 minutes 00 seconds West 217.83 feet to a point on said East line of Haligus Road; thence North 00 degrees 03 minutes 45 seconds West along said East line, 280.00 feet to the point of beginning, in McHenry County, Illinois.

Exhibit B



LABIDIT D Exhibit B VENER AT 197 PAGE SHICK -12-unit building elevation POSS CONSTA - TYP. 1/4"=1'-0" - THE STREET proposed multi-family residential PARKSIDE APARTMENTS PROPER PRODUCTION ACCOUNTS - TOT.

CERTIFICATION

I, DENISE L. WASSERMAN do hereby certify by my signature affixed below that I am the duly elected and qualified Village Clerk of the VILLAGE OF LAKE IN THE HILLS, County of McHenry, Illinois, and that as such Village Clerk, I am the keeper of the ordinances, records, corporate seal and proceedings of the President and Board of Trustees of said Village of Lake in the Hills.

I do hereby further certify that at a regular meeting of the President and Board of Trustees of the VILLAGE OF LAKE IN THE HILLS, Illinois, held on the 23rd day of July, 2015 the foregoing Ordinance titled "An Ordinance Granting a Zoning Map Amendment from the O-S Open Space District to the R-4 Multiple Family Dwelling District, a Conditional Use for a Planned Development with Exceptions and Development Plan Approval (Parkside Apartments)" as duly passed by the Board of Trustees of the VILLAGE OF LAKE IN THE HILLS a true and correct copy of which is attached hereto. The passage of said Ordinance was on a roll call vote, on which the vote was as follows:

	Ayes	Nays	Absent	Abstain
Trustee Harlfinger	V			
Trustee Bogdanowski Trustee Huckins	1			
Trustee Barreto	-		-	·
Trustee Ruzanski	V			
Trustee Yensen President Paul Mulcahy			-	
Frestdenc Faul Mulcany				

I do further certify that said Ordinance was duly published on July 24, 2015, in pamphlet form.

IN WITNESS WHEREOF, I have above set my hand and caused to be affixed the seal of the VILLAGE OF LAKE IN THE HILLS, Illinois on the 24th day of July 2015.

Denise L. Wasserman, Village Clerk Village of Lake in the Hills McHenry County, Illinois



VILLAGE OF LAKE IN THE HILLS

ORDINANCE 2019 - ___

An Ordinance Granting a Variation to Section 7.6 of the Zoning Code, Dwelling Standards Chart for Unit Size, for Parkside Apartments, at 9340 Haligus Road on Parcel 18-22-200-031

WHEREAS, the Village of Lake in the Hills, McHenry County, Illinois (the "Village"), is a home rule municipality as contemplated under Article VII, Section 6, of the Constitution of the State of Illinois, and the passage of this Ordinance constitutes an exercise of the Village's home rule powers and functions as granted in the Constitution of the State of Illinois; and

WHEREAS, Joseph Bilitteri of Parkside Apartments LITH, LLC, owner, and John Curtis of United Construction Services, Inc. applicant, of the Subject Property located at 9340 Haligus Road, Lake in the Hills, IL 60156 legally described with a PIN of 18-22-200-031, petitioned the Village of Lake in the Hills for a variation to Section 7.6 of the Zoning Code, Dwelling Standards Chart for Unit Size, to allow for a reduction in the minimum size of a one-bedroom unit from 850 square feet to 700 square feet, and to reduce the minimum size of a two-bedroom unit from 1,000 square feet to 900 square feet.

WHEREAS, a public hearing was held by the Village of Lake in the Hills Planning and Zoning Commission, after due notice in the manner provided by law; and

WHEREAS, the Planning and Zoning Commission, after deliberation, has made a report and its recommendation relative to the variation for the Subject Property; and

WHEREAS, the President and Board of Trustees of the Village of Lake in the Hills have considered the report of the Planning and Zoning Commission and all of the evidence presented by the petitioner at the public hearing before the Commission; and

NOW, THEREFORE, Be It Ordained by the President and Board of Trustees of the Village of Lake in the Hills, McHenry County, Illinois that:

SECTION 1: The Corporate Authorities find that the statements in the foregoing preamble are true.

SECTION 2: The findings and recommendations of the Planning and Zoning Commission on the question of granting a variation to Section 7.6 of the Zoning Code, Dwelling Standards Chart for Unit Size, to allow for a reduction in the minimum size of a one-bedroom unit from 850 square feet to 700 square feet, and to reduce the minimum size of a two-bedroom unit from 1,000 square feet to 900 square feet at the Subject Property are hereby accepted.

SECTION 3: Approval of the variation to Section 7.6 of the Zoning Code, Dwelling Standards Chart for Unit Size, to allow for a reduction in the minimum size of a one-bedroom unit from 850 square feet to 700 square feet, and to reduce the minimum size of a two-bedroom unit from 1,000 square feet to 900 square feet, is hereby granted on the Subject Property.

SECTION 4: All other requirements set forth in the Zoning Ordinance of the Village of Lake in the Hills, as would be required by the Village as to any owner of property zoned in the same manner as the Subject Property shall be complied with.

SECTION 5: If any section, paragraph, subdivision, clause, sentence or provision of this Ordinance shall be adjudged by any Court of competent jurisdiction to be invalid, such judgement shall not affect, impair, invalidate or nullify the remainder thereof, which remainder shall continue in full force and effect.

SECTION 6: All ordinances or parts of ordinances in conflict herewith are hereby repealed to the extent of such conflict.

SECTION 7: This Ordinance shall be in full force and effect upon its passage, approval and publication in pamphlet form (which publication is hereby authorized) as provided by law.

Passed this 23rd day of May, 2019 by roll call vote as follows:

		Ayes	Nays	Absent	Abs	tain
Trustee Ra Trustee Bo Trustee Bi Trustee Su Trustee Di						
		APPROVED	THIS 23r	d DAY OF	MAY,	2019
(SEAL)		Village	Presider	ıt, Russ I	 Ruzans	 ski
ATTEST:	Village Clerk, Ce	ecilia Carma	in			

Published: _____