

Peachtree City Water & Sewerage Authority
Regular Meeting
Agenda
Monday, November 4, 2019
6:30 p.m.

I. Pledge of Allegiance

II. Public Comment

III. Minutes

October 7, 2019 - Regular Meeting Minutes

IV. Reports

A. Authority Members

B. General Manager

V. Employee Medical Insurance

A. Flexible Spending Arrangement Proposal

VI. Bank Account Credit Cards

VII. Agreement with Padgett Risk Consultants, LLC

VIII. Industrial Pre-Treatment Program

IX. Executive Session – Real Estate, Personnel, Potential Litigation

X. Adjourn

**** Location of meeting is Peachtree City Water & Sewerage Authority at 1127 Hwy. 74, South ****

NOTE: This agenda is subject to change up to twenty-four hours prior to the scheduled meeting.

A quorum of City Council will be in attendance.

Peachtree City Water and Sewerage Authority

October 7, 2019

The Peachtree City Water and Sewerage Authority held its monthly meeting on Monday, October 7, 2019, in the conference room of the John W. Gronner Administrative Center. The following individuals were present: Chairman Vanessa Fleisch, Vice-Chairman Mike King, Treasurer/Secretary Terry Ernst, Board Member Kevin Madden, Board Member Phil Prebor, Ms. Melissa Griffis (attorney with Rosenzweig, Jones, Horne & Griffis), Mr. Dan Davis (ISE), Ms. Leslie Baer (ISE), Mr. Bo Davis (ISE), Ms. Millie Shah (WASA), Mr. Larry McNeil (WASA), Mr. John Dufresne, and Mr. Kevin Hay.

Ms. Fleisch called the meeting to order at 6:30 pm, and began with the Pledge of Allegiance.

Ms. Fleisch opened the meeting up for public comment.

Mr. Kevin Hay spoke during public comment. Mr. Hay stated Mr. Dan Davis told him two weeks ago that it was decided that there was too much liability for shooting firearms on the 4-H facility/property. Mr. Hay assured the Board there would be liability insurance coverage and asked if there was anything they could do to mitigate the potential liability and allow the Board to reconsider. Ms. Fleisch thanked Mr. Hay for his comment.

Ms. Fleisch asked for a motion to approve the September 9, 2019 regular meeting minutes. Mr. King made the motion, seconded by Mr. Ernst. Motion carried.

There were no reports from the authority members or General Manager.

Mr. Dan Davis discussed the bank account signatory cards; stating in the transition from ISE to Mr. McNeil and Ms. Shah, there are some housekeeping items to address. Mr. Dan Davis stated Mr. Bo Davis was made signatory on the account for signatures up to \$5,000; and recommended that responsibility be transitioned to Ms. Shah and Mr. Bo Davis be removed. Mr. Ernst made a motion to approve the bank signatory card transferring Ms. Shah in place of Mr. Bo Davis, seconded by Mr. King. Motion carried.

Mr. Dan Davis discussed the retirement plan administrator; stating that ISE is currently listed with Principal as the retirement plan administrator and retirement plan fiduciary. Mr. Dan Davis recommended ISE be removed as the retirement plan administrator and assign Ms. Shah, but maintain ISE (Mr. Bo Davis or Mr. Dan Davis or both) as the retirement plan fiduciary. Mr. Ernst made a motion to change the retirement plan administrator to Ms. Shah in lieu of Mr. Bo Davis, seconded by Mr. Madden. Motion carried.

Mr. Dan Davis discussed the Georgia One account representative; stating that WASA reserve funds were previously held by Morgan Stanley who got out of the business and WASA had to find another place for the funds. Mr. Dan Davis stated the funds were moved to the same place the City of Peachtree City utilizes for reserves: the Georgia One account. Mr. Dan Davis recommended that the Georgia One account representative be changed to Ms. Shah. Mr. Ernst made a motion to assign Ms. Shah as the Georgia One account representative for WASA, seconded by Mr. King. Motion carried.

Ms. Baer discussed the employee medical insurance renewal, with a renewal date of December 1st. Ms. Baer stated the team is in the process of getting information and quotes for the plans. Because of timing and the December 1st renewal date, the renewal information will be presented and voted on in the November meeting (at the same meeting).

Mr. Dan Davis discussed the ISE contract amendment. Mr. Dan Davis stated this is ISE's contract with WASA for the last year as the General Manager, HR Representative, Finance person and Operations director. With bringing Mr. McNeil and Ms. Shah onboard, ISE can relinquish some of those efforts; Mr. Dial has been transitioning operation duties to Mr. McNeil and Mr. Bo Davis has been working closely with Ms. Shah to transition the financial part. Mr. Dan Davis stated that as such there is not as much effort required by ISE and we're looking to amend ISE's contract. The contract has been reviewed by the Board Counsel. Mr. Dan Davis stated ISE will continue to provide some involvement in finance and operations (some budget for Mr. Bo Davis and Mr. Dial to provide proper support), but will be ramping down efforts (for example: Bo helping with the audit and Cary helping with pump stations). Mr. Dan Davis will remain active as the General Manager and Ms. Baer will remain active with the HR efforts. Mr. Dan Davis stated ISE's contract last year was \$289,000 and will be \$193,000 this year. Mr. Prebor asked if that will continue. Mr. Dan Davis responded yes, that will continue as long as the Board wishes ISE to remain in that role or a General Manager is hired; the contract can be canceled with a 30-day notice. Mr. King stated they've seen a complete turn-around with WASA and ISE has done an exceptional job; and he thinks that will continue as ISE phases out, which was the intent in July 2018. Ms. Fleisch stated the Board appreciates all of the efforts by ISE's staff. Mr. Madden asked about the hourly rates included in the contract; if there is an unforeseen issue, will we remain at the flat rate of \$193,000. Mr. Dan Davis responded yes. Mr. Madden made a motion to accept the ISE contract amendment as stated, seconded by Mr. Prebor. Motion carried. Mr. Dan Davis stated this has been a good team effort between himself, Mr. Bo Davis, Mr. Dial and Ms. Baer.

Ms. Fleisch asked for a motion to adjourn into Executive Session for the purpose of Real Estate, Personnel, and Potential Litigation. The motion was made by Mr. King and seconded by Mr. Ernst. Motion carried. The meeting was adjourned into Executive Session at 6:41 pm.

The meeting was reconvened at 7:44 pm.

Ms. Fleisch asked for a motion to adjourn. The motion was made by Mr. Madden and seconded by Mr. Prebor. Motion carried. The meeting was adjourned at 7:44 pm.

Chairman - Vanessa Fleisch


Treasurer/Secretary - Terry Ernst



J. Smith Lanier & Co.
a Marsh & McLennan Agency LLC company

Peachtree City Water & Sewerage Authority

Effective December 1, 2019

	UNITED HEALTHCARE AU-VV/286A Split Copay Current Base	UNITED HEALTHCARE BI-TI/286A Split Copay Renewal Base	UNITED HEALTHCARE AU-VS/286A Split Copay Current Buy Up	UNITED HEALTHCARE BI-TD/285A Split Copay Renewal Buy Up	UNITED HEALTHCARE BI-TH/252A Split Copay Option 1 Base	UNITED HEALTHCARE BI-S9/286A Split Copay Option 2 Base	UNITED HEALTHCARE BI-TE/285A Split Copay Option 1 Buy Up
In-network	BASE - GOLD		BUY UP - PLATINUM		BASE OPTIONS		BUY UP OPTION
Deductible Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,000	\$2,000	\$2,000
Deductible Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$4,000	\$4,000
Out-of-pocket maximum - individual	\$7,350	\$7,900	\$2,000	\$2,000	\$7,900	\$4,000	\$2,500
Out-of-pocket maximum - family	\$14,700	\$15,800	\$4,000	\$4,000	\$15,800	\$8,000	\$5,000
Coinsurance	80%	80%	100%	100%	80%	60%	100%
Office Visit(PCP) Copay	\$35	\$35	\$25	\$25	\$40	\$40	\$10
Office Visit(specialist) Copay	\$70	\$70	\$50	\$50	\$80	\$100	\$30
Urgent Care Copay	\$50	\$50	\$50	\$50	\$50	\$50	\$50
Emergency Room Copay	\$250	\$500	\$250	\$500	\$500	\$500 + 40% After Deductible	\$500
Emergency Room Physician/Other Charges	100% After Deductible	No Additional Charge	100% After Deductible	No Additional Charge	No Additional Charge	60% After Deductible	No Additional Charge
Inpatient - facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	60% After Deductible	100% After Deductible
Outpatient surgery - facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	60% After Deductible	100% After Deductible
Out-of-network							
Deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$2,000/\$6,000	\$4,000/\$8,000	\$5,000/\$10,000
Out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$8,000/\$16,000	\$15,000/\$30,000
Coinsurance	60%	60%	80%	80%	60%	60%	70%
Pharmacy							
Deductible	N/A	NA	N/A	N/A	N/A	N/A	N/A
Tier 1 - Retail	\$10 Copay	\$10 Copay	\$7 Copay	\$7 copay	\$15 Copay	\$10 Copay	\$7 Copay
Tier 2 - Retail	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay	\$45 Copay	\$35 Copay	\$15 Copay
Tier 3 - Retail	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay	\$85 Copay	\$70 Copay	\$50 Copay
Tier 4 - Retail	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	\$200 Copay	\$150 Copay	\$150 Copay
Tier 1 - Home Delivery	\$30 Copay	\$30 Copay	\$21 Copay	\$21 Copay	\$45 Copay	\$30 Copay	\$21 Copay
Tier 2 - Home Delivery	\$105 Copay	\$105 Copay	\$45 Copay	\$45 Copay	\$135 Copay	\$105 Copay	\$45 Copay
Tier 3 - Home Delivery	\$210 Copay	\$210 Copay	\$150 Copay	\$150 Copay	\$255 Copay	\$210 Copay	\$150 Copay
Tier 4 - Home Delivery	\$450 Copay	\$450 Copay	\$450 Copay	\$450 Copay	\$600 Copay	\$450 Copay	\$450 Copay
Financial Summary							
Composite Rates	Current Base	Renewal Base	Current Buy Up	Renewal Buy Up	Base Option	Base Option	Buy Up Option
Employee	\$757.40	\$809.92	\$916.33	\$991.74	\$801.44	\$802.39	\$967.01
Employee + Spouse	\$1,514.80	\$1,619.84	\$1,832.66	\$1,983.48	\$1,602.88	\$1,604.78	\$1,934.02
Employee + Children	\$1,401.19	\$1,498.35	\$1,695.21	\$1,834.72	\$1,482.66	\$1,484.42	\$1,788.97
Family	\$2,158.59	\$2,308.27	\$2,611.54	\$2,826.46	\$2,284.10	\$2,286.81	\$2,755.98


Note: The plan descriptions are based on JSL's interpretation of the current plan design. We have attempted to duplicate the existing schedule of benefits, but actual plan provisions and claim administration will vary between insurance carriers. This description does not replace or supersede the contract. Insurance company offers are based on the information submitted and plan design outlined. Rating and conditions may be modified or withdrawn in the event that the risk characteristics at the time of enrollment are materially different from those assumed in the quotation.



J. Smith Lanier & Co.
a Marsh & McLennan Agency LLC company

Peachtree City Water & Sewerage Authority

Effective December 1, 2019

	UNITED HEALTHCARE AU-VV/286A Split Copay Current Base	UNITED HEALTHCARE BI-TI/286A Split Copay Renewal Base	UNITED HEALTHCARE AU-VS/286A Split Copay Current Buy Up	UNITED HEALTHCARE BI-TD/285A Split Copay Renewal Buy Up	ANTHEM BCBS POS 1500/20%/7900 Gold 3J4S Option 1 Base	ANTHEM BCBS SMART CSP POS 2000/0%/3500 3UWD Option 2 Base	ANTHEM BCBS SMART CSP POS 1750/0%/3250 3UWF Option 3 Base	ANTHEM BCBS SMART CSP POS 1500/0%/3000 3UWH Option 1 Buy Up	ANTHEM BCBS POS 1500/0%/5000 3J4N Option 2 Buy Up
In-network	BASE - GOLD		BUY UP - PLATINUM		BASE OPTIONS			BUY UP OPTIONS	
Deductible Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$2,000	\$1,750	\$1,500	\$1,500
Deductible Family	\$3,000	\$3,000	\$3,000	\$3,000	\$4,500	\$4,000	\$3,500	\$3,000	\$4,500
Out-of-pocket maximum - individual	\$7,350	\$7,900	\$2,000	\$2,000	\$7,900	\$3,500	\$3,250	\$3,000	\$5,000
Out-of-pocket maximum - family	\$14,700	\$15,800	\$4,000	\$4,000	\$15,800	\$7,000	\$6,500	\$6,000	\$10,000
Coinsurance	80%	80%	100%	100%	80%	100%	100%	100%	100%
Office Visit(PCP) Copay	\$35	\$35	\$25	\$25	\$20	\$30	\$30	\$30	\$30
Office Visit(specialist) Copay	\$70	\$70	\$50	\$50	\$40	\$60	\$60	\$60	\$60
Urgent Care Copay	\$50	\$50	\$50	\$50	\$100	\$75	\$75	\$75	\$100
Emergency Room Copay	\$250	\$500	\$250	\$500	\$300 + 20% Coinsurance	\$300	\$300	\$300	\$300
Emergency Room Physician/Other Charges	100% After Deductible	No Additional Charge	100% After Deductible	No Additional Charge	80% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Inpatient - facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Outpatient surgery - facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible	100% After Deductible
Out-of-network									
Deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,500/\$13,500	\$6,000/\$18,000	\$5,250/\$15,750	\$4,500/\$13,500	\$4,500/\$13,500
Out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$23,700/\$71,100	\$10,500/\$31,500	\$9,750/\$29,250	\$9,000/\$27,000	\$15,000/\$45,000
Coinsurance	60%	60%	80%	80%	60%	50%	50%	50%	70%
Pharmacy									
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 1 - Retail	\$10 Copay	\$10 Copay	\$7 Copay	\$7 Copay	\$5/\$20 Copay	\$5/\$20 Copay	\$5/\$20 Copay	\$5/\$20 Copay	\$5/\$20 Copay
Tier 2 - Retail	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay	\$50 Copay	\$45 Copay	\$45 Copay	\$45 Copay	\$50 Copay
Tier 3 - Retail	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay	\$90 Copay	\$80 Copay	\$80 Copay	\$80 Copay	\$90 Copay
Tier 4 - Retail	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Tier 1 - Home Delivery	\$30 Copay	\$30 Copay	\$21 Copay	\$21 Copay	\$13/\$50 Copay	\$13/\$50 Copay	\$13/\$50 Copay	\$13/\$50 Copay	\$13/\$50 Copay
Tier 2 - Home Delivery	\$105 Copay	\$105 Copay	\$45 Copay	\$45 Copay	\$150 Copay	\$135 Copay	\$135 Copay	\$135 Copay	\$150 Copay
Tier 3 - Home Delivery	\$210 Copay	\$210 Copay	\$150 Copay	\$150 Copay	\$270 Copay	\$240 Copay	\$240 Copay	\$240 Copay	\$270 Copay
Tier 4 - Home Delivery	\$450 Copay	\$450 Copay	\$450 Copay	\$450 Copay	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance	20% Coinsurance
Financial Summary									
Composite Rates	Current Base	Renewal Base	Current Buy Up	Renewal Buy Up	Option 1 Base	Option 2 Base	Option 3 Base	Option 1 Buy Up	Option 2 Buy Up
Employee	\$757.40	\$809.92	\$916.33	\$991.74	\$921.77	\$913.69	\$924.18	\$934.77	\$988.35
Employee + Spouse	\$1,514.80	\$1,619.84	\$1,832.66	\$1,983.48	\$1,843.54	\$1,827.37	\$1,848.35	\$1,869.55	\$1,976.70
Employee + Children	\$1,401.19	\$1,498.35	\$1,695.21	\$1,834.72	\$1,705.27	\$1,690.32	\$1,709.72	\$1,729.33	\$1,828.45
Family	\$2,158.59	\$2,308.27	\$2,611.54	\$2,826.46	\$2,627.04	\$2,604.01	\$2,633.90	\$2,664.11	\$2,816.80


Note: The plan descriptions are based on JSL's interpretation of the current plan design. We have attempted to duplicate the existing schedule of benefits, but actual plan provisions and claim administration will vary between insurance carriers. This description does not replace or supersede the contract. Insurance company offers are based on the information submitted and plan design outlined. Rating and conditions may be modified or withdrawn in the event that the risk characteristics at the time of enrollment are materially different from those assumed in the quotation.



J. Smith Lanier & Co.
a Marsh & McLennan Agency LLC company

Peachtree City Water & Sewerage Authority

Effective December 1, 2019

 Guidance when you need it most	UNITED HEALTHCARE AU-VV/286A Split Copay Current Base	UNITED HEALTHCARE BI-TI/286A Split Copay Renewal Base	UNITED HEALTHCARE AU-VS/286A Split Copay Current Buy Up	UNITED HEALTHCARE BI-TD/285A Split Copay Renewal Buy Up	HUMANA NPOS OPT 8 Gold Ref #21 Option 1 Base	HUMANA Simplicity NPOS OPT 1 Gold Ref #9 Option 1 Buy Up	HUMANA NPOS OPT 1 Platinum Ref #16 Option 2 Buy Up
In-network	BASE - GOLD		BUY UP - PLATINUM		BASE OPTION	BUY UP OPTIONS	
Deductible Individual	\$1,500	\$1,500	\$1,500	\$1,500	\$1,500	\$0	\$1,000
Deductible Family	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000	\$0	\$2,000
Out-of-pocket maximum - individual	\$7,350	\$7,900	\$2,000	\$2,000	\$5,000	\$6,000	\$3,500
Out-of-pocket maximum - family	\$14,700	\$15,800	\$4,000	\$4,000	\$10,000	\$12,000	\$7,000
Coinsurance	80%	80%	100%	100%	80%	100%	100%
Office Visit(PCP) Copay	\$35	\$35	\$25	\$25	\$30	\$40	\$20
Office Visit(specialist) Copay	\$70	\$70	\$50	\$50	\$60	\$75	\$40
Urgent Care Copay	\$50	\$50	\$50	\$50	\$100	\$100	\$100
Emergency Room Copay	\$250	\$500	\$250	\$500	\$400	\$400	\$350
Emergency Room Physician/Other Charges	100% After Deductible	No Additional Charge	100% After Deductible	No Additional Charge	No Additional Charge	No Additional Charge	No Additional Charge
Inpatient - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	\$1,000/Day up to 3 Days	100% After Deductible
Outpatient surgery - Facility	80% After Deductible	80% After Deductible	100% After Deductible	100% After Deductible	80% After Deductible	\$1,000/Visit	100% After Deductible
Out-of-network							
Deductible (individual/family)	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$5,000/\$10,000	\$4,500/\$9,000	\$5,000/\$10,000	\$3,000/\$6,000
Out-of-pocket maximum (individual/family)	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$15,000/\$30,000	\$18,000/\$36,000	\$10,500/\$21,000
Coinsurance	60%	60%	80%	80%	60%	70%	70%
Pharmacy							
Deductible	N/A	N/A	N/A	N/A	N/A	N/A	N/A
Tier 1 - Retail	\$10 Copay	\$10 Copay	\$7 Copay	\$7 Copay	\$10 Copay	\$10 Copay	\$10 Copay
Tier 2 - Retail	\$35 Copay	\$35 Copay	\$15 Copay	\$15 Copay	\$40 Copay	\$35 Copay	\$35 Copay
Tier 3 - Retail	\$70 Copay	\$70 Copay	\$50 Copay	\$50 Copay	\$75 Copay	\$55 Copay	\$55 Copay
Tier 4 - Retail	\$150 Copay	\$150 Copay	\$150 Copay	\$150 Copay	25% Coinsurance	25% Coinsurance	25% Coinsurance
Tier 5 - Retail	N/A	N/A	N/A	N/A	35% Coinsurance	35% Coinsurance	35% Coinsurance
Tier 1 - Home Delivery	\$30 Copay	\$30 Copay	\$21 Copay	\$21 Copay	\$25 Copay	\$25 Copay	\$25 Copay
Tier 2 - Home Delivery	\$105 Copay	\$105 Copay	\$45 Copay	\$45 Copay	\$100 Copay	\$87.50 Copay	\$87.50 Copay
Tier 3 - Home Delivery	\$210 Copay	\$210 Copay	\$150 Copay	\$150 Copay	\$187.50 Copay	\$137.50 Copay	\$137.50 Copay
Tier 4 - Home Delivery	\$450 Copay	\$450 Copay	\$450 Copay	\$450 Copay	25% Coinsurance	25% Coinsurance	25% Coinsurance
Financial Summary							
Composite Rates	<i>Current Base</i>	<i>Renewal Base</i>	<i>Current Buy Up</i>	<i>Renewal Buy Up</i>	<i>Option 1 Base</i>	<i>Option 1 Buy Up</i>	<i>Option 2 Buy Up</i>
Employee	\$757.40	\$809.92	\$916.33	\$991.74	\$863.08	\$824.71	\$995.30
Employee + Spouse	\$1,514.80	\$1,619.84	\$1,832.66	\$1,983.48	\$1,726.15	\$1,649.41	\$1,990.60
Employee + Children	\$1,401.19	\$1,498.35	\$1,695.21	\$1,834.72	\$1,596.69	\$1,525.71	\$1,841.31
Family	\$2,158.59	\$2,308.27	\$2,611.54	\$2,826.46	\$2,459.76	\$2,350.42	\$2,836.61

Note: The plan descriptions are based on JSL's interpretation of the current plan design. We have attempted to duplicate the existing schedule of benefits, but actual plan provisions and claim administration will vary between insurance carriers. This description does not replace or supersede the contract. Insurance company offers are based on the information submitted and plan design outlined. Rating and conditions may be modified or withdrawn in the event that the risk characteristics at the time of enrollment are materially different from those assumed in the quotation.

Alex Waller, FLMI
Senior Group Representative
3930 East Jones Bridge Rd. Suite 315 / Norcross, GA 30092
Bus: 678-417-1740 / Fax: 678-417-1745
E-mail: awaller@ameritas.com



September 24, 2019

Leslie Baer
Peachtree City Water & Sewerage
1127 Highway 74 S
Peachtree City, GA 30269

Subject: Peachtree City Water & Sewerage renewal effective December 1, 2019 Policy Number 010.035285

Thank you for choosing an Ameritas Dental and Eye Care Plan.

We're proud to provide plans that help employees get the dental and eye care coverage they need for good health, and we'll work hard to keep earning the privilege of insuring Peachtree City Water & Sewerage.

A team of associates with actuarial, administrative, marketing, and sales experience has prepared this renewal for the year beginning December 1, 2019. To predict your plan's future performance, we analyzed Peachtree City Water & Sewerage's claims history and combined this with the historical data of all groups insured for similar benefits.

We are pleased to inform you that your Dental and Eye Care rates will remain unchanged. Effective 12/1/2019 through 11/30/2020, the following rates will apply:

DENTAL RATES	<u>CURRENT</u>	<u>RENEWAL</u>
Employee	\$ 30.32	\$ 30.32
Employee + Spouse	\$ 60.64	\$ 60.64
Employee + Child(ren)	\$ 57.56	\$ 57.56
Employee + Spouse + Child(ren)	\$ 90.84	\$ 90.84

EYE CARE RATES	<u>CURRENT</u>	<u>RENEWAL</u>
Employee	\$ 7.88	\$ 7.88
Employee + Spouse	\$ 17.00	\$ 17.00
Employee + Child(ren)	\$ 13.76	\$ 13.76
Employee + Spouse + Child(ren)	\$ 22.84	\$ 22.84

Thank you again for your business. We look forward to serving you for years to come. If you need additional information, please do not hesitate to contact our office.

Sincerely,

A handwritten signature in dark ink that reads "Alex Waller".

Alex Waller, FLMI
Senior Group Representative

cc: Todd Browning, J. Smith Lanier & Co.



September 20, 2019

PEACHTREE CITY WATER AND SEWERAGE AUTHORITY
ATTN: LESLIE BAER
1127 HWY 74 SOUTH
PEACHTREE CITY, GA 30269

MARSH & MCLENNAN AGENCY LLC
MARSH & MCLENNAN AGENCY LLC DBA J SMITH LANIER
300 W 10TH ST
WEST POINT, GA 31833-1212

As you approach your upcoming renewal with Principal Life Insurance Company, we would like to thank you for your business over the past year. Our goal is to offer competitive benefit solutions supported with exceptional service. Your business is very important to us and we look forward to working with you over the next year.

Your Renewal

Your renewal rates can be found on the following pages. Your Principal Life coverage will renew on your policy anniversary date of December 1, 2019.

How to Renew Coverage

To renew coverage, your payment of the premium due is acceptance of your rates. We look forward to continuing our relationship with you and fulfilling your needs in the coming year.

Contact Us

To inquire about this renewal or explore alternate benefit designs contact your broker or local Principal Life Insurance Company sales office at 770-956-8300.

Sincerely,

Group Benefits Underwriting
Specialty Benefits Division

RENEWAL RATES
Effective December 1, 2019

Rates below assume all coverages are renewed. A change to coverages may cause rates to change.

GROUP TERM LIFE - Rates are expressed as Per \$1,000

Renewal rates are guaranteed through November 30, 2020.

ALL MEMBERS				
Volume Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$2,252,000 22	\$0.335	\$754.42	\$0.352	\$792.70
Renewal Premium Percent of Change				5.1% Increase

ACCIDENTAL DEATH & DISMEMBERMENT - Rates are expressed as Per \$1,000

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2020.

Active Members Only				
Volume Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$2,252,000 22	\$0.038	\$85.58	\$0.038	\$85.58
Renewal Premium Percent of Change				No change

DEPENDENT LIFE - Rates are expressed as Per Family Per Month

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2020.

Active Members Only				
Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
18	\$1.91	\$34.38	\$1.91	\$34.38
Renewal Premium Percent of Change				No change

LONG TERM DISABILITY

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2020.

SAL MBRS EARNING LESS THAN 40K, SAL MBRS EARNING 40K O				
Rates are expressed as a Percent of Covered Monthly Earnings				
Covered Monthly Earnings/Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$80,521 / 23	1.05%	\$845.47	1.05%	\$845.47
Renewal Premium Percent of Change				No change

SHORT TERM DISABILITY - Rates are expressed as a Per \$10

Your rates are not changing.

Renewal rates are guaranteed through November 30, 2021.

ALL OTHER MEMBERS, EXECUTIVES				
Volume / Lives	Current Rate	Current Monthly Premium	Renewal Rate	Renewal Monthly Premium
\$13,464 / 23	\$0.38	\$511.63	\$0.38	\$511.63
Renewal Premium Percent of Change				No change

Renewal Premium Percent of Change. The renewal premium percent of change is based on information presented in this letter.



Principal Life Insurance Company
Des Moines, Iowa 50392
©2013 Principal Financial Services, Inc.



Better Benefits. Stronger Families.

FSA HRA HSA COBRA ACA ERISA
Compliance & Administration

2019 Proposal Flexible Spending Arrangement Administrative Services

Prepared For:

Peachtree City Water & Sewage Authority

Presented By:

J. Smith Lanier

October 2019



Better Benefits. Stronger Families.

FSA HRA HSA COBRA ACA ERISA
Compliance & Administration

Why Admin America?

We specialize in providing consulting and administrative services for:

- Flexible Spending Account Arrangements
- Health Savings Accounts
- COBRA
- ACA 1094/1095 Reporting
- Health Reimbursement Arrangements
- Section 125 Premium Only Plans
- ERISA Wrap Documents
- Form 5500 Filing
- Transportation Reimbursement Plans

We appreciate your consideration in working with Admin America and are pleased to be able to present this formal proposal. We are confident that our commitment to customer service and support is the highest quality you will find in the marketplace.

Let us know if we can help you with any of your other administration needs and reach out to our sales team to discuss our multi-line discounts on all the products we offer.

Flexible Spending Account Administration

By offering an FSA plan to your employees and their families you can help them pay for eligible medical, dental and vision expenses with pre-tax money and help them increase their take home pay with a benefit that could pay for itself.

See a list below of the benefits to both the employer and employee when using an FSA plan:

Benefits to Employers

Lower Insurance Premiums
-
Tax saving can pay for the plan
-
Open enrollment support in person and via webinar to help increase participation
-
Dedicated contacts internally for employers
-
Enhances overall benefit offering
-
Online employer portal to view necessary reports and account information

Benefits to Employees

Significant tax savings
-
Easily accessible money with debit card
-
Mobile app and online portal for 24/7/365 access to account information
-
Easy claim submission
-
Increased take home pay
-
Dedicated team to support participants and help them manage their account

FSA Plan Options:

Medical Care FSA

A Medical FSA plan lets employees set aside money on a pre-tax basis to pay for eligible medical, dental and vision expenses. The money can also be used towards expenses incurred by their spouse (if married) and children below the age of 26. The maximum dollar amount set by the IRS that can be set aside during the plan year is \$2,700.00 per participant.

Dependent Care FSA

A Dependent Care FSA plan pays for expenses related to child care or those of a dependent who is physically or mentally incapable of self-care. The maximum dollar amount set by the IRS that can be set aside during the plan year is \$5,000.00 per household.

Qualified dependents under this plan are:

- Dependent children under the age of 13
- Dependent children, spouse or elderly parent of an employee who are mentally or physically disabled and are claimed as a dependent on the employee tax return.

Limited Purpose FSA

Limited Purpose FSA plans are designed to allow participants to pay for eligible dental and vision expenses only. These plans are a great value add to an employer who is offering a QHDHP and HSA.

Admin America can run both the full purpose FSA and the limited purpose FSA at the same time with no additional fees for running both plans together.

Transportation/Parking FSA

The Transit/Parking FSA Program allows you to set aside pre-tax dollars to pay for mass transit or parking costs associated with commuting to work. This benefit can only pay for expenses pertaining to the employee.

What is included in my FSA administration with Admin America?

- Plan design consultation with broker and client
- Free Section 125 Premium Only Plan document
- Summary Plan Description and Plan Document for FSA Plan
- On-site representative (additional fees may apply) and webinar enrollment meetings
- Online employee enrollment
- Online employer reports
- Annual Non-Discrimination Testing on FSA plan
- Multiple reimbursement options
- Debit Cards (2 per participant)
- Employer and employee online portal for 24/7/365 account access
- Online and Mobile App claim filing

Enrollment Process

Admin America can receive enrollment information via EDI Feeds, CSV excel template, through participants secure online portal and via paper forms.

Electronic Reports for Employer and Employees

Employers and employees can see the status and history of claims received, checks disbursed and account balances.

Employers may access transactional activity both at the employee level as well as aggregate information of the plans.

Claims Handling Procedures:

Claims can be accepted via e-mail, U.S. mail, online and mobile app. Clean claims post within two business days to participant accounts. Claims processing is available monthly, bi-weekly, semi-monthly and weekly.

ACH and Check Reimbursement Options:

For out of pocket expenses requiring manual reimbursement, Admin America offers the following:

- Admin America creates check in-house on our stock with clients banking information and digital signature.
- Admin America will create checks internally and send to client to sign and distribute.
- Admin America will ACH funds from **client's** bank account for direct **deposit to participant's bank account they set up on their employee portal.**

Mobile App

The Admin America mobile app for both Android and iOS smartphones will allow participants to view their accounts and file claims anywhere, anytime.





The Benny™ Prepaid Benefits Card

The **Benny™** Prepaid Benefits Card helps employers increase FSA participation among their employees. On average, employers realize a 60% increase in overall dollars contributed to the FSA plans resulting in additional FICA savings to the employer.

The card reduces the need for employees to pay cash for eligible expenses and results in fewer transactions that require supporting documentation to be filed after the point of sale has occurred. These two factors increase the overall satisfaction Participants have with their FSA plans.

This option allows FSA Plan Participants to pay for qualified Section 125 expenses at the point of purchase. When a Participant uses their **Benny™** Prepaid Benefits Card, the **Participant's eligibility and available fund balances** are instantly **verified electronically**. **The funds are then “Debited” from an escrow account established in the Employer's name**. The vendor processes the card just like any other credit card. It is as simple as that.

Once the transaction is complete, **the Participant has “paid” for the expense** without being **“out-of- pocket” any money**. IRS regulations require all transactions to be substantiated to verify that they were for eligible expenses. IRS regulations and improving technology are allowing many office and **prescription “co-payments” as well as qualified transactions at many retail stores to be “auto-substantiated”** which eliminates the need for participants to present any supporting documentation following the transaction.

If an eligible provider does not accept Visa then the Participant still can file a manual claim with Admin America. In those instances, Participants will receive a reimbursement check just as FSA plans have traditionally issued in the past.

If you are interested in taking advantage of the additional benefits offered by the **Benny™ Prepaid Benefits Card**, please contact us for more information.

FSA FEE SCHEDULE

Implementation

Initial plan design consultation, custom plan documentation, enrollment materials, employee education meetings and HIPAA compliance documents.	\$200.00 (Applies to groups with 20 or less eligible EE's)
Annual plan renewal cost	No charge

Administration

Base monthly FSA administration cost for scheduled manual reimbursement processing per month	\$4.50 <i>PPE/M</i> <i>\$50.00 Monthly Minimum</i>
Benny Prepaid Benefits Card	No Charge

Special Notes:

Let us know if we can help you with any of your other administration needs and **reach out to our sales team to discuss our multi-line discounts on all the products we offer.**

Owners (Members, Partners, etc.) of Entity Types other than Corporations are not-eligible for participation in the plans maintained by that entity. More than 2% shareholders of S-Corporations and their family members are not eligible for participation in plans maintained by the S-Corporation.

October 17th 2019
STATE OF GEORGIA

COUNTY OF FAYETTE

**EXCLUSIVE RISK CONSULTANTS SAFETY PROGRAM AGREEMENT, & HOLD
HARMLESS**

THIS AGREEMENT, is made and entered into this ____ day of December, 2019, by and between **Padgett Risk Consultants, LLC**, a corporation organized and existing, in good standing, under the laws of the State of Georgia (hereinafter referred to as "Padgett"), and **Peachtree City Water and Sewerage Authority**, a public body corporation organized and existing, in good standing, under and by virtue of the laws of the State of GA, and having an office located at 1127 Hwy.74 S. , Peachtree City, GA 30269 (hereinafter referred to as the "Principal").

WITNESSETH:

WHEREAS, the Principal wishes to implement a Padgett Risk Consultants Safety Program for monthly audits of the Principal's facilities, employees, and agents; and

WHEREAS, the parties hereto deem it expedient for their best interests and the welfare of their relationship to impose certain restrictions and obligations on themselves and on each other;

NOW, THEREFORE, in consideration of the mutual agreements and covenants contained herein, the parties, intending to be legally bound, hereby agree as follows:

1. Appointment. The Principal hereby designates and appoints Padgett as a Risk Consultant for its facilities, employees and operations, and Padgett hereby accepts such appointment.
2. Term. The term of this appointment shall begin on the date hereof and shall continue until three months of first action, upon which date the appointment shall continue monthly with 30 days notice of intent to cancel agreement.
3. Compensation. As compensation for the SAFETY services rendered for and on behalf of the Principal by Padgett hereunder, Padgett shall receive a first-time payment in an amount equal to \$5,000 and \$3,400 for each month after the first month.
4. Exclusivity. The parties hereby agree that Padgett shall, except as specifically excluded by the Principal in writing, be the sole and exclusive Risk Consultant of the Principal with respect to its facilities, employees and operations until this agreement has expired and is complete.
5. Obligations of Padgett.
 - (a) Padgett hereby agrees to use its best efforts to educate the Principal's employees with regard to the use of industry standards that promote the health and safety of Principal's employees and

clients.

- (b) Padgett hereby further agrees to respect, abide by, and comply with, all reasonable operating procedures of the Principal, so long as said policies and procedures are not in conflict with any applicable government regulations.

6. Obligations of the Principal. The Principal shall provide to Padgett access to any and all safety records, facilities, employees, and agents necessary to provide training, OSHA representation and/or audits of the Principal's risk and safety violations.

7. Disclaimer of Agency. The parties agree that the Principal and Padgett are independent businesses. Neither party shall be considered, or hold itself out as, the employer or employee of the other party. The parties shall not have, nor shall they represent themselves as having, any authority to make contracts in the name of, or binding upon, the other party or to pledge the other party's credit or to extend credit in the other party's name.

8. Expenses. Principal agrees to pay all expenses incurred and all disbursements made by it, limited to the auditing and training of the Principal's facilities, employees and agents. Padgett shall not incur any liability for such expenses and disbursements by the Principal, and the Principal shall indemnify Padgett in relation thereto.

9. Agents of Padgett. Padgett shall be solely responsible for the hiring, compensation, termination, and all other matters relating to any persons, companies, or corporations employed or appointed by Padgett for any reason whatsoever, including, but not limited to the auditing and training of the Principal's facilities, employees and agents.

10. Termination. The term of this appointment shall begin on the date hereof and shall continue until the agreement is complete, upon which date the appointment shall terminate at the Principal's notice of 30 days.

11. Assignment. Except as expressly provided herein to the contrary, this Agreement may not be assigned or otherwise transferred by either party.

12. Parties Bound. The rights and obligations of the parties under this Agreement shall inure to the benefit of and be binding upon the successors and assigns of the parties.

13. Severability. The invalidity or unenforceability of any of the particular provisions of this Agreement shall not affect any other provisions hereof, and this Agreement shall be construed in all respects as if such invalid or unenforceable provision were omitted.

14. Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of Georgia.

15. Entire Agreement. This Agreement constitutes the entire understanding of the parties with respect to the subject matter hereof and may not be modified except by agreement in writing signed by each party hereto.

16. Counterparts. This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed an original, but all of which together shall constitute one and the same agreement.

17. Terminology and Captions. All pronouns, singular or plural, masculine, feminine or neuter, shall mean and include the person, entity, firm or corporation to which they relate as the context may require. Wherever the context may require, the singular shall mean and include the plural and the plural shall mean and include the singular. The term "Agreement" as used herein, as well as the terms "herein," "hereof," "hereunder," "hereinafter," and the like mean this Agreement in its entirety and all exhibits, amendments and addenda attached hereto and made a part hereof. The captions and paragraph headings hereof are for reference and convenience only and do not enter into or become a part of the context.

18. Waiver. The waiver by any party of a breach of any provision of this Agreement shall not operate, or be construed as, a waiver of any other breach of that provision, nor as a waiver of any breach of any other provision.

19. Time. Time is of the essence of this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement, or have caused the same to be executed by their duly authorized officers, as of the day and date first above written.

PADGETT RISK CONSULTANTS _____Justin R. Padgett_____

By: Justin R. Padgett
By: Justin Padgett
Its: President

[Padgett Risk Consultants]
Authority }

By: _____
By:
Its:

[Peachtree City Water and Sewerage



WORK AUTHORIZATION

To: Board of Directors
Company: Peachtree City WASA
Address: 1127 Highway 74 South
Peachtree City, GA 30269

Date: October 30, 2019
From: Cary R. Dial, P.E.
Copy to: L.H. (Dan) Davis, Jr., P.E.
file

Project: Industrial Pretreatment Program, 2019-2020 EPD Year

Background Information:

The Peachtree City Water and Sewer Authority (WASA) owns and operates a sewer system, inclusive of a Georgia Environmental Protection Division (GEPD) approved pretreatment program. Currently, five (5) industries within the system have industrial permits issued by WASA. WASA would like assistance in administering the program. This work authorization covers July 2019 through June 2020 (12 months) for actual inspections, with July 2020 serving for year close-out.

Scope of Work:

Task 1- Project Management

This task includes project management of the project, including such items as monthly invoicing and report. ISE will also assist the Authority with any record organization necessary to ensure ease of review by the GEPD in the future.

Task 2- Monthly Report Processing

ISE will review monthly self-monitoring reports from each of the five industrial users and identify compliance/non-compliance with each user's industrial permit. If an industrial user is out of compliance on an item that does not involve a surcharge, ISE will prepare a Notice of Violation for the Authority to send to the user. The Notice of Violation will include next steps for the user and required follow-up by ISE and/or the Authority. Next steps will be as prescribed in the Authority's Pretreatment Program. If the industrial user is out of compliance on an item that involves a surcharge, ISE will prepare a notification and calculate the surcharge required. If the industry is significantly out of compliance, ISE will contact the Authority immediately upon receipt of the monthly report so that a pass-through/interference incident does not occur. Additionally ISE will assist in the publication of known violators, per Section 13 of the Authority's Pretreatment Ordinance.

For the purposes of this Work Authorization, it is assumed there will be no more than 12 total non-compliance events in a 12-month period. Should there be significantly more than 12 non-compliance events, ISE will inform the Authority and may request an additional service addendum to this Work Authorization.

WORK AUTHORIZATION

Task 3- Annual Inspections

ISE will physically inspect each industry once a year to determine compliance with the overall industry's permitted requirements. ISE will use the "Industrial Inspection Form" included in the Authority's Pretreatment Program. As part of this task, ISE will coordinate obtaining the samples needed for the Authority's annual review and will provide said samples to the Authority's chosen lab for processing. This task does not include the cost of the sample analysis.

Task 4- Annual Reports

ISE will prepare the POTW Pretreatment Annual Report using the latest GEPD form for both the Rockaway WPCP and the Larry B. Turner WRF. These reports summarize the Authority's pretreatment program during the July 2019 – June 2020 year and include monthly activities, surcharges, and notices of violation.

Task 5- Assistance with Requests for Information from GEPD

Should the Authority require assistance in responding to an audit, Request for Information or Notice of Significant Non-compliance from the GEPD, then ISE will assist the Authority in preparing the response as well as gathering appropriate documentation as necessary. This task will be completed on an hourly, as need basis at the direction and at the request of the Authority.

Schedule:

ISE is ready to commence this work immediately upon receipt of proper authorization. The project is dependent on input from the Authority, but should be completed monthly, with the requisite annual report completed yearly.

Fee Estimate:

ISE proposes to complete the work for each task per the following fee schedule:

Task No.	Task Name	Contract Amount	Billing Type
1	Project Management	\$3,000	Lump sum
2	Monthly Report Processing	\$9,600	Lump sum (\$800 monthly)
3	Annual Inspections	\$12,000	Hourly, not to exceed
4	Annual Report	\$2,200	Lump sum
5	Assistance with Requests for Information from GEPD	As needed	Hourly
TOTAL		\$26,800	Without Task 5

ISE will invoice this project on a monthly basis to Peachtree City WASA. All work will be performed in accordance with the attached Terms and Conditions. The fees listed contain ISE labor, subconsultants, and direct project expenses previously noted in the Scope of Work section. Additional efforts, including fees and services outside the Scope of Work detailed herein will be coordinated directly with the WASA prior to proceeding. Additional fees will be billed hourly and in accordance with the rate schedule herein.

WORK AUTHORIZATION

Authorization:

Authorized by: _____ Title: _____

Print Name: _____ Date: _____

Terms and Conditions Included

WORK AUTHORIZATION

TERMS AND CONDITIONS

Integrated Science & Engineering, Inc. (ISE) shall perform the services outlined in this agreement for the stated fee arrangement.

Access to Site: Unless otherwise stated ISE will have reasonable access to the site for activities necessary for the performance of the services. If reasonable access is not provided and consequently ISE is denied or delayed in performing their services, the associated cost may be viewed as a reimbursable expense.

Billings/Payment: Invoices for ISE's services shall be submitted, at ISE's option, either upon completion of such services or on a monthly basis (unless noted otherwise) and are due when rendered. Invoices shall be considered "Past Due" if not paid within 30 days after the invoice date. If the invoice is not paid within 30 days, ISE may, without waiving any claim or right against the Owner, and without liability whatsoever to the Owner, terminate the performance of the service. Unpaid accounts shall be subject to a monthly service charge of 1.5% on the unpaid balance at the sole election of ISE. In the event any portion or all of an account remains unpaid 90 days after billing, the Owner shall pay all costs of collection.

Reimbursable Expenses: Any expenses that are required beyond those identified under professional services will be billed at a multiple of 1.15 times the cost incurred.

Additional Services: Additional services include increase or change in scope of project, major revisions when such revisions are inconsistent with written approvals or instructions previously given, services after award of contract in evaluation of substitutions proposed by the construction contractor, and other services that are not included under professional services; provided, however, that additional services shall not be classified as reimbursable expenses and will be billed at ISE's cost incurred or normal prevailing rate. ISE will only perform additional services when authorized in writing by the Owner.

Termination of Services: This agreement may be terminated by written notice by either the Client or ISE, Inc. should the other fail to perform its obligations hereunder. In the event of termination, the Client shall pay ISE for all services rendered to the date of termination and all reimbursable expenses.

Ownership of Documents: All documents produced by ISE under this agreement shall remain the property of ISE and may not be used by the Client for any other endeavor without the written consent of ISE. Any unauthorized use or distribution shall be at Client's and Recipient's sole risk and without liability to ISE. Client further agrees that documents produced by ISE pursuant to this agreement will not be used at any location or for any project not expressly provided for in this agreement without ISE's written approval.

Discovery of Unanticipated Hazardous Materials: Hazardous materials may exist where there is no reason to believe they could or should be present. The client acknowledges that ISE's scope of services for this project does not include any services related to hazardous wastes. ISE and the Client agree that the discovery of unanticipated hazardous materials constitutes a changed condition mandating a renegotiation of the scope of work or termination of services. ISE and the Client also agree that the discovery of unanticipated hazardous materials may make it necessary for ISE to take immediate measures to protect human health and safety, and/or the environment. ISE agrees to notify the Client as soon as practically possible should unanticipated hazardous materials or suspected hazardous materials be encountered. The Client encourages ISE to take any and all measures that in ISE professional opinion are justified to preserve and protect the health and safety of ISE personnel and the public, and/or the environment, and the Client agrees to compensate ISE for the additional cost of such work.

Site Operations: ISE field personnel will avoid hazards or utilities which are visible to them at the site. If ISE is advised or given data in writing that reveals the presence or potential presence of underground or overground obstructions, such as utilities, ISE will give special instructions to their field personnel. ISE will conduct the research that in its professional opinion is necessary to locate utility lines and other man-made objects that may exist beneath the site's surface. The Client recognizes that ISE's research may not identify all subsurface utility lines and man-made objects, and that the information upon which ISE relies may contain errors or may not be complete. ISE is not responsible for any damage or loss due to undisclosed or unknown surface or subsurface conditions, owned by Client or third parties. Evaluations of existing buildings require that certain assumptions be made regarding existing conditions, many of which are not able to be reviewed by reasonable visual observation. These assumptions cannot be verified without substantial cost of demolition. Where the detailed investigation of such a condition is not authorized, ISE shall not be responsible for the condition of the existing structure. The Client understands that actual field conditions may subsequently be found to vary from design assumptions which in turn may alter or increase the scope of the design and/or construction services. The Client is fully responsible for and assumes all risks associated with such conditions.

Construction Activities: Unless specifically stated otherwise, the Client and his contractor(s) are fully and solely liable for all means and methods of construction, temporary bracing and shoring, and construction site safety.

Integration: This agreement, the attached documents and those incorporated herein constitute the entire agreement between the parties and cannot be changed except by a written instrument signed by both parties.

Governing Law: Unless otherwise specified, this agreement shall be governed by the laws in the State of Georgia.

WORK AUTHORIZATION

UNIT RATES – 2019 BILLING RATES

Integrated Science & Engineering, Inc.

	Rate/Hour
Sr. Principal	\$ 210.00
Principal	\$ 195.00
Sr. Engineering Manager	\$ 170.00
Project Manager	\$ 145.00
Project Engineer I	\$ 125.00
Project Engineer II	\$ 135.00
Project Engineer III	\$ 145.00
Engineer I	\$ 105.00
Engineer II	\$ 115.00
Designer I	\$ 90.00
Designer II	\$ 110.00
Sr. Designer	\$ 135.00
GIS Professional I	\$ 85.00
GIS Professional II	\$ 95.00
GIS Professional III	\$ 115.00
Sr. Planner	\$ 95.00
Environmental Scientist	\$ 105.00
Sr. Environmental Scientist	\$ 145.00
Sr. Surveying Manager	\$ 135.00
Survey Crew (1-person)	\$ 120.00
Survey Crew (2-person)	\$ 140.00
Engineer / Survey Technician I	\$ 75.00
Engineer / Survey Technician II	\$ 90.00
Engineer / Survey Technician III	\$ 115.00
Intern	\$ 40.00
Administrative	\$ 65.00
Subcontractor / Subconsultant	Cost + 15%
Reimbursables	Cost + 15%