

Lake Don Pedro Community Services District
9751 Merced Falls Rd., La Grange, CA 95329
(209) 852-2331 – www.ldpcsd.org

DIRECTORS
Danny Johnson, President
Dan Hankemeier, Vice President
Emery Ross
Russell Warren
James Sult

Regular Meeting Minutes of the Board of Directors
NOTE SPECIAL MEETING LOCATION
Don Pedro High School, Multipurpose Room 3090 Merced Falls Rd
LaGrange, CA 95329

July 18th, 2016, at 1:00 p.m.

1. **CALL TO ORDER:** Presiding Officer: Establish Quorum, Pledge of Allegiance:
The Board of Directors of the Lake Don Pedro Community Services District held a regular meeting at 3090 Merced Falls Rd., La Grange, CA 95329.
President Johnson called the meeting to order at 1:00 p.m.
Directors present: Johnson, Hankemeier, Sult, Ross, and Warren
Also present: IGM P. Kampa
Also present: Staff S. Marchesiello
2. **PUBLIC COMMENT:**
Three public members spoke
3. **PRESENTATION ONLY:**
 - a. Presiding Officer's Report
President Johnson stated in his report he wanted to address previous questions raised regarding the validity of the board. He wanted it publicly known that his decision to be on the board was to improve the District and he does not have a set agenda other than make it better for the community. He stated that has been his goal for the last 3+ years. He thanked the public that voted for him. He also stated that if you have a technical question to contact Pete Kampa because he is the voice of the District.
 - b. General Manager's Report: Peter J. Kampa
Presented by GM P. Kampa
 - c. Chief Plant Operator's Report: R. Gilgo
Presented by GM P. Kampa
4. **APPROVAL OF CONSENT AGENDA: The following items may all be approved in one motion or considered separately as determined appropriate by the President**
 - a. Read and file the June 2016 Treasurer's Report
 - b. Approval of the Minutes – Finance Committee Meeting of June 20, 2016 and Regular Board Meeting June 20, 2016

Motion: To approve the consent calendar

Votes: Carried 5-0

Approved August 15, 2016

First: Hankemeier Second: Ross

Ayes: Hankemeier, Ross, Sult, Warren, and Johnson

Nays: None

5. DISCUSSION AND ACTION ITEMS:

- a. Discussion and Action Regarding the District Organizational Chart, Personnel Responsibilities and Position Requirements

Motion: To move forward with the recommended motion to authorize and direct staff to prepare a policy that further defines the General Manager's role and responsibility as it relates to the development and amendment of the district organizational charts and job descriptions, and prepare a revised 2016/17 salary chart for Board consideration

Votes: Carried 5-0

First: Johnson Second: Ross

Ayes: Johnson, Ross, Hankemeier, Sult, and Warren

Nays: None

- b. Adoption of a Resolution Approving a Revised Policy on Employee Benefits including Medical, Dental and Vision and Eligibility Therefore

Motion: To accept the recommended motion to adopt Resolution 2016-xx, a resolution approving a revised policy on employee benefits including medical, dental and vision and eligibility therefore

Votes: Carried 5-0

First: Hankemeier Second: Sult

Ayes: Hankemeier, Sult, Johnson, Ross, and Warren

Nays: None

Public member presented board with hand out requesting it to be a part of the record (see attached)

- c. Adoption of a Resolution Approving Revisions to Personnel Policies Regarding Work Hours and Schedules, Overtime Pay, Standby Duty, Meals and Rest Periods, Salary and Merit Reviews, Use of Time clocks, Cell Phones, Attendance and District Vehicles

Motion: To adopt resolution 2016-xx a resolution approving revisions to personnel policies regarding work hours and schedules, overtime pay, standby duty, meals and rest periods, salary and merit reviews, use of time clocks, cell phones, attendance and district vehicles and all employees receive a copy of the policies and sign their acknowledgment

Votes: Carried 5-0

First: Hankemeier Second: Sult

Ayes: Hankemeier, Sult, Johnson, Ross, and Warren

Nays: None

5. DISCUSSION AND ACTION ITEMS, CON'T:

- d. Review of 2015 Proposition 84 Integrated Regional Water Management Implementation Grant from the Department of Water Resources, and Report on the Process and Schedule for Implementation of:

- i. Grant Agreement Administration
Informational - No action taken
- ii. Emergency Groundwater Well Project
Informational - No action taken
- iii. Regional Water Use Efficiency Project
Informational - No action taken
- iv. Water Service Line Replacement Project
Informational - No action taken

e. **Adoption of a Resolution Approving a New Policy on District Financial Reserves**

Motion: To approve Resolution 2016-xx a resolution approving a new policy on District Financial reserves with the understanding the numbers will be provided to the board for further review

Votes: Carried 4-1

First: Ross Second: Hankemeier

Ayes: Hankemeier, Johnson, Ross, and Warren

Nays: None

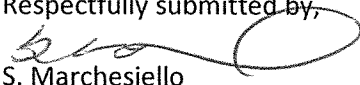
Abstain: Sult

6. **DIRECTORS COMMENTS:**

Warren - Commented he liked the new website. He would like to see the IRWMP grant items get fully documented on the site. He would like to see that everything in this packet is posted.

7. **ADJOURNMENT: 4:30 p.m.**

Respectfully submitted by,


S. Marchesiello
Board Secretary

July 18, 2016

Lake Don Pedro Community Services District
Board of Directors

I applied for retirement with CalPers in December of 2015, as part of that process I also sent medical insurance enrollment forms to the District. Kim Topie also applied for retirement and asked me to include her application as well. Copies of those forms are included. As you can see the word "Active" was crossed out on both forms leaving the word "Retired". In response we received a letter from Raymond Carlson attorney for the District which I have also included today.

In response Mrs. Topie sent a reply to Mr. Carlson (enclosed) stating that I could speak for her as well as sending in another enrollment form in which she left the "Reason for Change" blank and said either him or the District could check the appropriate box.

As of today she/we have not heard anything from either the District or Mr. Carlson.

Prior to September 2007 the District was contracted with CalPers for Retirement/Pension and Medical Insurance. The enrollment process for former employees that were no longer employed with the District but met the requirements was handled through the "Retirement" process by CalPers. There were 2 former employees that were not in the employ of the District but were later placed on the insurance rolls through their retirement process as they met the eligibility requirements, George "Wes" Snyder and Arvin "Mert" Flowers. In September 2007 the District in an effort to control the rising cost of medical insurance switched providers to ACWA (Association of California Water Agencies). The enrollment process, according to ACWA, is done through the District and therefore up to the District to decide how they want the form filled out.

In February 2016 the Board was presented with GASB 45 information. Employees hired prior to 1/1/2013 are eligible for retired medical insurance at age 50 and 5 years of service, those hired after 1/1/2013 are eligible after age 52 and 5 years of service. District Resolution 94-2 (included) sets the District's contribution at 100% for both active and retired employees and 90% for both active and retired family members. As demonstrated in the documents accompanying the staff report, this Resolution has not been rescinded and is still in effect. Further, the language in the 2014 Employee Handbook, adopted by the Board on February 18, 2014, states in pertinent part that: "Full time employees hired on or before 9/7/2005 will be grand-fathered to maintain the medical coverage offered as of XXXX date after his/her retirement . . ." Again, both Robin and I meet the requirements under the terms of the Medical Insurance policies adopted in 2014. In addition to Mrs. Topie and myself I believe there are two additional former employees who qualify Jason McCullough and Mrs Lois Di Tore-Alameda.

I submitted this information to Syndie and requested that it be placed on today's agenda for presentation to the Board of Directors. That request along with Mrs. Topie's and my previously submitted enrollment applications have been ignored.

In reviewing the medical insurance policy for new employees the Board should be commended, however just as in 2007 when the switch was made from CalPers to ACWA there should be no change for qualified current or former employees as they should be considered grand-fathered in. However, changing the medical policies at this point does not change the rights of those employees previously qualified for retiree medical insurance. Both Ms. Topie and I have timely submitted requests and I feel that 6 months has been plenty of time for the District to have addressed the issue of how to fill out an enrollment form.

Thank you for your time and consideration.

A handwritten signature in cursive script that reads "Bob Kent". The signature is written in black ink and is positioned above a horizontal line.

Bob Kent

All Plans: I agree to comply with the terms of the group contract. All of the information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied. In the case of deliberate fraud, my coverage may be retroactively terminated, resulting in my financial responsibility for claims paid. I have read and understand the provisions outlined on this form. I understand that at hire (or initial benefits eligibility), at Open Enrollment, and when experiencing a qualifying life event (such as birth, marriage or gain/loss of other coverage) I have the opportunity to make changes to my benefits enrollment. I must initiate a change within 31 days of the qualifying life event or wait until the following Open Enrollment. I cannot terminate my coverage mid-year without a qualifying life event justifying such a change in coverage.

Deduction Agreement: If applicable, I authorize my employer to deduct the required premiums from my wages.

Dental and Vision Plans: I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force.

Anthem Blue Cross plans:

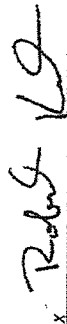
Arbitration Agreement - I understand any dispute between myself (and/or any enrolled family member) and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by law suit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both the Member and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint are giving up the right to have any dispute decided in a court of law before a jury.

Non-Participating Provider - I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

Declining Coverage - If I am permitted to decline coverage for myself and/or my dependents, I will complete & attach a Health Deduction Form and provide proof of other coverage.

Authorization to Obtain or Release Medical Information - Anthem Blue Cross is authorized to obtain and release information in compliance with the Insurance & Privacy Protection Act, Section 56.10 et. Sequence of the California Civil Code. I hereby authorize any physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original.

Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, claims that cannot be subject to binding arbitration under governing law), any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

X 

Signature Required for enrollment in ALL Plans

11/30/2015
Date

X _____
Signature Required for Kaiser Permanente HMO or HSA Deductible Plan Date

All Plans: I agree to comply with the terms of the group contract. All of the information on this form is correct and true. I understand that it is the basis on which coverage may be issued under the plan. Any misstatements or omissions may result in future claims being denied. In the case of deliberate fraud, my coverage may be retroactively terminated, resulting in my financial responsibility for claims paid. I have read and understand the provisions outlined on this form. I understand that at hire (or initial benefits eligibility), at Open Enrollment, and when experiencing a qualifying life event (such as birth, marriage or gain/loss of other coverage) I have the opportunity to make changes to my benefits enrollment. I must initiate a change within 31 days of the qualifying life event or wait until the following Open Enrollment. I cannot terminate my coverage mid-year without a qualifying life event justifying such a change in coverage.

Deduction Agreement: If applicable, I authorize my employer to deduct the required premiums from my wages.

Dental and Vision Plans: I agree to continue membership in the programs in which the employer covers all employees, or all employees and dependents, during employment and while the program is in force.

Anthem Blue Cross plans:

Arbitration Agreement – I understand any dispute between myself (and/or any enrolled family member) and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint must be resolved by binding arbitration, if the amount in dispute exceeds the jurisdictional limit of the Small Claims Court, and not by law suit or resort to court process, except as California law provides for judicial review of arbitration proceedings. Under this coverage, both the Member and Anthem Blue Cross of California/CaliforniaCare Health Plans/WellPoint are giving up the right to have any dispute decided in a court of law before a jury.

Non-Participating Provider – I understand that I am responsible for a greater portion of my medical costs when I use a non-participating provider.

Declining Coverage – If I am permitted to decline coverage for myself and/or my dependents, I will complete & attach a Health Declination Form and provide proof of other coverage.

Authorization to Obtain or Release Medical Information – Anthem Blue Cross is authorized to obtain and release information in compliance with the Insurance & Privacy Protection Act, Section 56.10 et. Sequence of the California Civil Code. I hereby authorize any physician, health care practitioner, hospital, clinic, or other medical or medically related facility to furnish an agent, designee, or representative of Anthem Blue Cross of California any and all records pertaining to medical history, services rendered, or treatment given to anyone enrolled here under or added here after for purposes of review, investigation, or evaluation of an application, or evaluation of an application or a claim. I also authorize Anthem Blue Cross of California and its affiliates, or its agents, designees or representatives to disclose to a hospital or health care service plan, self-insurer, or insurer any such medical information obtained if such disclosure is necessary to allow the processing of any claim. If my coverage is under a Group Master Agreement held by my employer, an association, trust fund, union or similar entity, this authorization also permits disclosure to them for purposes of utilization review or financial audit. This authorization shall become effective immediately and shall remain in effect as long as necessary to enable Anthem Blue Cross of California and its affiliates to process claims. A photocopy of this authorization shall be as valid as the original.

Kaiser Foundation Health Plan Arbitration Agreement: I understand that (except for Small Claims Court cases, claims subject to a Medicare appeals procedure, and, claims that cannot be subject to binding arbitration under governing law), any dispute between myself, my heirs, relatives, or other associated parties on the one hand and Health Plan, its health care providers, or other associated parties on the other hand, for alleged violation of any duty arising out of or related to membership in Health Plan, including any claim for medical or hospital malpractice (a claim that medical services were unnecessary or unauthorized or were improperly, negligently, or incompetently rendered), for premises liability, or relating to the coverage for, or delivery of, services or items, irrespective of legal theory, must be decided by binding arbitration under California law and not by lawsuit or resort to court process, except as applicable law provides for judicial review of arbitration proceedings. I agree to give up our right to a jury trial and accept the use of binding arbitration. I understand that the full arbitration provision is contained in the Evidence of Coverage.

x Kimberly Polio
Signature Required for Enrollment in ALL Plans

11-20-15
Date

x Kimberly Polio
Signature Required for Kaiser Permanente HMO or HSA Deductible Plan

11-20-15
Date

Robert M. Dowd*
Robert W. Gin†
Randy L. Edwards
Jim D. Lee
Jeffrey L. Levinson*
Raymond L. Carlson
Ty N. Mizote*
Michael R. Johnson*
Mario U. Zamora*
Janae D. Lopes

**GRISWOLD
LaSALLE**
COBB DOWD & GIN LLP

Lyman D. Griswold
(1914-2000)

Michael E. LaSalle
(Retired)

Steven W. Cobb
(1947-1993)

*A Professional Corporation
†Of Counsel

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carlson@griswoldlasalle.com

December 18, 2015

BY E-MAIL rkent18@comcast.net & U.S. MAIL

Bob Kent

[REDACTED]
Oakdale, CA 95316

Re: Letter dated December 5, 2015 to Lake Don Pedro Community Services District

Dear Mr. Kent:

This letter responds to the above. Your letter encloses forms filled out (presumably by you) for you, your spouse, and Mr. and Mrs. Topie to be enrolled in health insurance through the District.

You are not licensed to represent Ms. Topie, her husband or anyone else. You provide no authorization you are allowed by Ms. Topie or anyone else to represent them in this or any other matter.

The forms contain incorrect statements about your status with the District. Therefore, they are returned to you enclosed herewith.

Sincerely,

GRISWOLD, LaSALLE, COBB
DOWD & GIN, L.L.P.

By


RAYMOND L. CARLSON

Enclosures

Cc: District (w/ encl.)

December, 29 2015

Re: Your response Letter dated December 18, 2015 to Mr. Robert Kent

Mr. Raymond Carlson,

I, Kimberly Topie, am writing this letter to you, to address your response to my request for Retiree medical enrollment.

First, I gave my Medical Forms to Robert Kent to mail along with his to the Lake Don Pedro CSD office, and I gave my verbal consent for Robert Kent to include me in his request for enrollment in the retirement medical benefits that I (we) are entitled to through the Lake Don Pedro CSD. It is my signature on the forms that were submitted to the District. Robert Kent does have my verbal, and now written consent to represent me regarding this matter.

The second matter at hand is your comment about our enrollment forms containing incorrect statements about our status with the District. I placed a call to the ACWA (Association of California Water Agencies) requesting help to fill out the forms correctly, the lady I spoke to at first told me that I would have to call the District for the proper information and to turn the forms into the LDPCSD and then she offered to call LDPCSD for me, when she returned to the phone she told me to contact the Districts Lawyer and she refused to help me.

I believe that I have done my due diligence in trying to obtain the information regarding Retiree Medical benefits through the District, and for reasons above my understanding, no one is able to provide me with the information you are contending to be incorrect. So with that being said, I am requesting from you, the proper information to fill out my request for Retiree medical benefits that the Districts Contracts and policies provide for past and present employees. This way, I can correctly fill out the request for Retiree Medical benefits and the information on the form will no longer "contain incorrect information."

Better yet, I have enclosed a signed Employee Benefits Enrollment/ Change Form, that you or the District office staff can check the correct Reason for Coverage or Change Box.

Sincerely,

Kimberly Topie

Enclosures

Participant Report

Organization Name: 1309 Lk Don Pedro

Retirement System: PERS

Participant Status: Retired

As of Date: 2/9/2007

Total Number of Participants: 4

Total ER Share Amount: \$1,639.05

Last Name	First Name	MI	Plan	ER Share	Premium
Aldeguer	Margaret	K	3391	\$371.68	\$371.68
Flowers	Arvin	M	3171	\$289.68	\$289.68
Newman	Janet	C	3371	\$371.68	\$371.68
Snyder	George	W	3132	\$606.01	\$637.90

6243²²
 3289.32
 1572⁹⁵

*Best Care
out of State
Health Insurance
September*

*Part of Presentation from
Sept. 2007*

82-1a
RESOLUTION ELECTING TO BE SUBJECT TO
PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT
AND
FIXING THE EMPLOYER'S CONTRIBUTION AT AN AMOUNT
GREATER THAN THAT PRESCRIBED BY SECTION 22825 OF THE GOVERNMENT CODE

- WHEREAS, (1) Government Code Section 22850 provides the benefits of the Public Employees' Medical and Hospital Care Act to employees of local agencies contracting with the Public Employees' Retirement System on proper application by a local agency; and
- WHEREAS, (2) Section 22825.6 of the Act provides that a local contracting agency shall fix the amount of the employer's contribution; and
- WHEREAS, (3) Lake Don Pedro Community Services District hereinafter referred to as Public Agency, is a local agency contracting with the Public Employees' Retirement System; and
- WHEREAS, (4) The Public Agency desires to obtain for its employees and annuitants the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations; now, therefore, be it
- RESOLVED, (a) That the Public Agency elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further
- RESOLVED, (b) That the employer's contribution for each employee or annuitant shall be the amount necessary to pay the full cost of his enrollment, including the enrollment of his family members, in a health benefits plan or plans providing base and major medical coverages, or if less, \$58.00 with respect to employees or annuitants enrolled for self alone, \$107.00 for an employee or annuitant enrolled for self and one family member, and \$138.00 for an employee or annuitant enrolled for self and two or more family members; and be it further
- RESOLVED, (c) That the executive body appoint and direct, and it does hereby appoint and direct, Frederick Bolte to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Public Agency all functions required of it under the Act and Regulations of the Board of Administration; and be it further
- RESOLVED, (d) That coverage under the Act to be effective on March 1, 1982.

Adopted at a regular/special meeting of the Board of Directors, Lake Don Pedro Community Services District at La Grange this 7th day of January 1982.

Note: This resolution is to be used to (1) contract for coverage and (2) establish the employer's contribution as an amount equal to that currently contributed by the State. *Use Resolution 20A4 if agency wishes to periodically adjust to maintain parity with the State.

Signed: Frederick Bolte
(President, Chairman, etc.)

Attest: Margaret K. Adkins
(Secretary or appropriate officer)

Amended on Res. 82-4

No. 82-1b
RESOLUTION AUTHORIZING A CONTRACT PROVIDING FOR THE PARTICIPATION OF
THE PUBLIC AGENCY IN THE PUBLIC EMPLOYEES' RETIREMENT SYSTEM
MAKING ITS EMPLOYEES MEMBERS OF SAID SYSTEM

WHEREAS, the Public Employees' Retirement Law provides for the participation of
Public Agency in the Public Employees' Retirement System, making its
employees members of said system, and

WHEREAS, the BOARD OF DIRECTORS of
(Name of Governing Body)
LAKE DON PEDRO COMMUNITY SERVICES DISTRICT

(Name of Public Agency)
on February 4, 19 82, adopted a Resolution giving notice of intention
to approve a contract providing for such participation, and

WHEREAS, the employees of said Agency, whose memberships in said Retirement System
are contemplated, have approved said participation, by majority vote,

NOW, THEREFORE, BE IT RESOLVED, that said BOARD OF DIRECTORS
(Name of Governing Body)
authorizes, and it does hereby authorize a contract between said

BOARD OF DIRECTORS and the Board of Administration,
(Name of Governing Body)
Public Employees' Retirement System, a copy of said contract being
attached hereto marked Exhibit "A" and by such reference made a part here-
of as though herein set out in full, and

BE IT FURTHER RESOLVED, that the presiding officer of said BOARD OF
DIRECTORS be, and he is hereby authorized, empowered
(Name of
Governing Body)
and directed to execute said contract for and on behalf of LAKE DON PEDRO
COMMUNITY SERVICES DISTRICT (Name of
Public Agency)

Adopted this 4th day of February, 19 82

Friedrich Bolte
Presiding Officer

Attest:

Margaret K. Adger
Clerk Secretary

RESOLUTION ELECTING TO BE SUBJECT TO
PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL CARE ACT
AND
FIXING THE EMPLOYER'S CONTRIBUTION AT AN AMOUNT
GREATER THAN THAT PRESCRIBED BY SECTION 22825 OF THE GOVERNMENT CODE

- WHEREAS, (1) Government Code Section 22850 provides the benefits of the Public Employees' Medical and Hospital Care Act to employees of local agencies contracting with the Public Employees' Retirement System on proper application by a local agency; and
 - WHEREAS, (2) Section 22825.6 of the Act provides that a local contracting agency shall fix the amount of the employer's contribution; and
 - WHEREAS, (3) Lake Don Pedro Community Services District hereinafter referred to as Public Agency is a local agency contracting with the Public Employees' Retirement System; and
 - WHEREAS, (4) The Public Agency desires to obtain for its employees and annuitants the benefit of the Act and to accept the liabilities and obligations of an employer under the Act and Regulations; now, therefore, be it
- RESOLVED, (a) That the Public Agency elect, and it does hereby elect, to be subject to the provisions of the Act; and be it further
- RESOLVED, (b) That the Resolution setting forth the Employer's contribution of January 7th, 1982, be amended to read as follows:

That the employer's contribution for each employee or annuitant shall be the amount necessary to pay for the full cost of his enrollment in a health benefits plan or plans providing base and major medical coverages, and 90% of the full cost for the enrollment of his immediate family members in a health benefits plan or plans providing base and major medical coverages; and be it further

- RESOLVED, (c) That the executive body appoint and direct, and it does hereby appoint and direct, Frederick Bolte to file with the Board of Administration of the Public Employees' Retirement System a verified copy of this Resolution, and to perform on behalf of said Public Agency all functions required of it under the Act and Regulations of the Board of Administration; and be it further
- RESOLVED, (d) That coverage under the Act as amended by this Resolution be retroactive to August 1, 1982.

Adopted at a regular meeting of the Board of Directors of the Lake Don Pedro Community Services District at La Grange, CA, this 7th day of October, 1982.

Signed: _____
Frederick Bolte, Chairman

Attest: Margaret K. Aldeguer
Margaret K Aldeguer, Secretary

Amends
82-1A

5

LAKE DON PEDRO COMMUNITY SERVICES DISTRICT

94-2

RESOLUTION FIXING THE EMPLOYER'S CONTRIBUTION UNDER THE
PUBLIC EMPLOYEES' MEDICAL AND HOSPITAL ACT

WHEREAS Government Code Section 22825.6 provides that a special district, contracting agency under the Public Employees' Medical and Hospital Care Act shall fix the amount not less than the amount required under Section 22825 of the Act, and

WHEREAS Lake Don Pedro Community Services District, hereinafter referred to as a Public Agency is a contracting agency under the Act for participation by members of the Public Employees' Retirement System now, therefore be it

- RESOLVED 1.) That the employer's contribution for each active or retired employee shall be the amount necessary to pay the full cost (100%) of his/her enrollment.
- 2.) The employer's contribution for enrollment of each active or retired employee shall be the amount necessary to pay (90%) of the health benefits of his/her family members.
- 3.) The employer will pay administrative fees and Contingency Reserve Fund Assessments (100%).

Adopted at a regular meeting of the Board of Directors of the Lake Don Pedro Community Services District at the District Office on this the 16th day of May 1994.

Ayes: 5

Noes: 0

Absent: 0

Abstain: 0

Attest:


Lois S. Di Tore, Secretary


Mary Ann Haarberg, Chairman

Amends
Res 82-6

**Minutes for the Special Meeting of the
Lake Don Pedro Community Services District
Thursday, September 27, 2007 @ 9:00 a.m.**

1. CALL TO ORDER: The Special Meeting of the Lake Don Pedro Community Services District was held Thursday, September 27, 2007 @ 9:00 a.m. in the Director's /Board Room. President Punte called the meeting to order.

BOARD PRESENT: President Punte
Vice-President Barclay
Director Duste
Director Gile

STAFF PRESENT: General Manager Kent
Secretary Holley

ABSENT: Director Snyder (Due to conflict of interest as he is a retiree of the District.)

2. PUBLIC COMMENT §54954.3: C. Holley wanted to thank the Board for forming a personnel committee. She said although it was formed in the March meeting, no meetings have been held to set boundaries and parameters. She stated she believed this needs to be done in order for the employees to know they have a vehicle to express their issues and concerns.

3. BENEFITS PRESENTATION BY GENERAL MANAGER KENT (Discussion/Action)

General Manager Kent presented the history and to the present of the medical benefits paid for the employees by the District. He explained that according to the information received from CalPers, the capping of the Benefits that was implemented by resolution in 2005 is not acceptable to CalPers. The District needs to make a decision today, on the change necessary for the coming year. One part of the Presentation was to give the Directors another choice for an insurance provider. The District is a member of Associations of California Water Agencies (ACWA), which also supplies insurance, however the premiums are quite a bit less, and if the District switched from CalPers to ACWA it could be a viable short-term fix. See attached presentation. At the close of the presentation, the GM recommended the District switch to ACWA insurance at 100% for the employee and 90% for the dependent as a short-term fix. He then recommended a Committee be formed to look at medical benefits for the long-term. He stated this Committee should consist of the GM, two Board Members, and two employees (one administrative and one field staff). After the Presentation, the employees of the District were given time to address the Directors regarding the medical benefits. Emery Ross stated he would address the Board on behalf of the retirees. He also mentioned GASBE, said it was just a reference for a bond rating, used if the District wanted to use a bond to raise money. He also said the time to withdraw from CalPers was past and the District would have to wait until next year if they decide that is what they want to do. Kim Topie thanked the Board and GM for the opportunity to address the Board on this issue. She stated the benefits were one of the reasons she had wanted to work here. She stressed the importance of water to all, and the relief in knowing that our water is safe. She spoke about the schooling and testing for certification that is necessary for the field staff. She emphasized that one of the greatest assets the District has, is the assurance of its safe drinking water. Dan Syria, he stated this is the first job where he has 'punched a timecard', he has been self-employed most of his life. He said when he was hired, he was told he would have health benefits, now and for retiring, later. He mentioned that the field staff is underpaid by about 8%. He stated that the District could not hire minimum wage earners to fill their positions, as they require certification

and continuous schooling. He said he felt it unfair for the District to pass all the increases on to the employees. Syndie Marchesiello introduced herself and explained her varied duties. She relates directly with the customers, both in person and on the phone. She handles all customer complaints, takes payments daily. Keeps accurate records of all payments received and the deposits made from those payments. She bills the water customers monthly, also those who rent our hydrant meters. She spoke about all the unseen and sometimes unappreciated tasks that go into getting water to our customers. She spoke about being a water consumer and District customer herself, and stated she does not believe the District can afford to have a "revolving door policy" regarding the employees. She mentioned the training needed in all positions both in the field and in the office. She reminded the Directors that their function is to oversee the District and assure it runs in a fiscally responsible way. She stated she did not want to raise rates, but did not want to see any of the services diminish either. She encouraged them to 'sharpen their collective pencils' and look for other ways to cut expenditures. Connie Holley, spoke to the Directors about the GM stating the employees are the District's greatest assets, and asked why would they look at cutting funds there first, if they believe the employees are the District's greatest assets. She stated she understood why the District needed to look at ways of cutting back on excess spending. Most people are having to cut back, but she encouraged the Directors to look at other avenues first. Dave Tougas spoke about having a family and having to make choices between diapers, formula or medical benefits. He stated he is now working seven days a week, just to be able to make ends meet. Jason McCulloch spoke to the Directors about the time it takes to train new hires in proper procedures. He mentioned how six to eight months ago Columbia had to shut their whole town down, because somebody fixed a leak wrong. He also told them how difficult his job is when there is a leak and you can't find your workers because they have to take a second job just to be able to pay for medical benefits. He spoke about the loyalty of the workers and how when you work so long together you begin to feel like family. He too mentioned the 'revolving door policy' and how it will not work here. There is too much technical details and knowledge needed for the safety of the water system.

Emery Ross asked what is the issue? Are you going to ACWA insurance or cut the benefits? The president answered that is the decision being made today. He then said that where he had worked on the coast, they did not fill a position for a while after it was vacated and used those funds for other purposes, like benefits. He was told this is too small a District to use that as a way to make up the difference. He then said, bottom line, you are just going to have to get creative in finding other ways to fund the benefits.

There was discussion among the Directors after the employees spoke.

Director Duste' made the motion to accept the General Manager's recommendation to go with ACWA and form a committee to evaluate long range benefits.

President Punte seconded the motion.

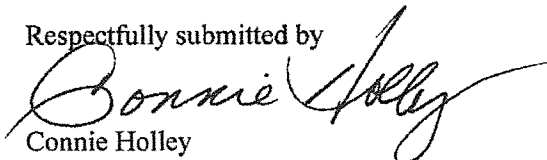
Ayes (3) Directors, Barclay, Duste' & Punte

Nay (1) Director Gile

Motion Carried

4. ADJOURNMENT: The meeting adjourned at 10:30 a.m.

Respectfully submitted by



Connie Holley
Secretary to the Board