## IN THE COUNTY LEGISLATURE OF JACKSON COUNTY, MISSOURI

**A RESOLUTION** transferring \$28,229.00 within the 2020 General Fund to provide funding for one part-time wellness coordinator position within the Human Resources Department.

**RESOLUTION NO. 20381, March 2, 2020** 

INTRODUCED BY Crystal Williams, County Legislator

WHEREAS, as part of the County's health insurance benefit plan, Blue Cross and Blue Shield of Kansas City allocates \$75,000.00 annually toward health and wellness programs and activities within the County; and,

WHEREAS, the Interim Director of Human Resources recommends that a portion of this allocation be used to continue to fund a part-time wellness coordinator position to oversee wellness initiatives throughout the County; and,

WHEREAS, a transfer is necessary to place the required funds in the appropriate spending accounts; now therefore,

BE IT RESOLVED by the County Legislature of Jackson County, Missouri, that the following transfer within the 2020 General Fund be and hereby is made:

<b>DEPARTMENT/DIVISION</b>	CHARACTER/DESCRIPTION	FROM	<u>TO</u>
General Fund			
Human Resources	EG711 Mollages Incentive	¢26.222	
001-1202 001-1202	56711 – Wellness Incentive 56120 –	\$26,223	
001-1202	Car Allowance and Mileage	\$ 2,006	
001-1202	55025 – Part-Time Salaries		\$26,223
001-1202	55040 – FICA Taxes		\$ 2,006

Effective Date: This Resolution shall be effective immediately upon its passage by a majority of the Legislature.

APPROVED AS TO FORM Chie Deputy County Court	den	County Gounselor	Court
Certificate of Passage			,
I hereby certify that the was duly passed onCounty Legislature. The vo	March	9	0381 of March 2, 2020, 2020 by the Jackson
Yeas9		Nays	
Abstaining		AbsentO	,
3,9,2020  Date  Funds sufficient for this tra		Mary Jo Spino, Cleil	
ACCOUNT NUMBER: ACCOUNT TITLE: NOT TO EXCEED:	001 1202 567 General Fund Human Resource Wellness Incenti \$26,223.00	es	
ACCOUNT NUMBER: ACCOUNT TITLE: NOT TO EXCEED:	001 1202 562 General Fund Human Resource Car Allowance a \$2,006.00	es	
2/27/2020 Date		Chief Administrative	Officer



## **Wellness Stipend Request**

Group Name:	Jackson County, Missouri
Group Number:	31418000
Type of Request: (Check one box)	Issue Reimbursement to Group  Must attach proof of payment
	Issue Payment for Invoice to Vendor  Must attach invoice from vendor
	Vendor Name: Jackson County, Missouri
Amount Reque	ested: 4 28, 229

## Guidelines for expediting payment of an invoice or reimbursement request:

- Requests for items not included in the Stipend Usage list are subject to approval and must be submitted in advance.
- Individual request form is required per stipend usage category.
- Expenses must be incurred within client's current medical plan year.
- All requests require itemized documentation.
  - o Reimbursement requests must be submitted within 60 days of the incurred expense. Proof of payment is required.
  - o Invoice payment requests must be submitted within 60 days of the incurred expense.
- All requests must be submitted within five (5) business days following the conclusion of the client's current medical plan year.
- Payments will be processed based only on the available balance within the stipend.
- At the conclusion of the medical plan year any remaining balances will be forfeited.
- Non-standard A Healthier You program expenses will automatically be deducted from the stipend balance.

Please allow 10 business days to process your approved request.

Group Representative Signature

Date

I warrant that I am an authorized representative for this group who is requesting an authorized distribution from the Group's Wellness Stipend. I further acknowledge that distributions from the Wellness Stipend are limited to the balance in this account at any time.

To expedite payment, please scan and email this form to:

Tracey Foreman

tracey.foreman@bluekc.com