



# ENROLLMENT YEAR 2016 GUIDE



### Hanover Township's Principles of Our Health Care Strategy:

- Create a sustainable, holistic health and wellness strategy
- Actively engage and support employees and their families in making wise healthcare decisions
- Support the diverse needs of employees
- Provide the opportunity for effective cost management for the plan members

## Understanding your benefits...

Can be difficult at times. When it comes to your wellness and health, Hanover Township is committed to providing quality, cost-effective insurance coverage that can help give you peace of mind.

We offer an array of programs and benefits for both part and full time employees that are designed to help and encourage employees to reach their wellness goals.

Your efforts to stay healthy go hand-in-hand with curbing health care costs. By being as healthy as you can helps keep all healthcare costs in line and help your bottom line.

As in year's past, we are encourage employees to take a proactive approach to their health and the Township is committed to providing a competitive benefits package to that end.

Hanover Township is proud to be an organization that offers employees quality health care benefits; and encouraging employee wellness meets not only our principle strategies for providing these benefits, but also helps you achieve your own wellness goals.

We encourage you to take an active role in your wellness an health care purchasing decisions. Think about your needs and learn more about the options available to you. It is all about making wise health care decisions, and we want to help you get there by supporting you with the tools and resources you need every step of the way.

## Eligibility Requirements:

Full Time Employees are considered those employees who work more than thirty, (30)\*, hours per week. All employees regardless of time are eligible for benefits described in "Benefits for All Employees." All benefits become active after 30 days of continued employment for new employees.

*\*30 Hours is considered full-time status; unless the employee had been working 25 hours a week or more prior to July 1, 2008.*

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## Benefits Year 2016 Enrollment

### Key Terms

**Primary Care Physician (PCP)** - A physician chosen by you to provide primary health care services. PCPs include general practice, family practice, internal medicine, pediatric and OB/GYN physicians.

**Preferred Provider Option**—A health care organization of physicians and care centers that agree to provide services at reduced fees.

**Health Maintenance Organization (HMO)** - A type of insurance plan that limits coverage to care from doctors who work for or contract with HMO. With an HMO plan, you pick one primary care physician and all health care services go through that doctor.

**FSA**—An account funded with pre-tax dollars to be used for eligible medical, dental, vision, dependent

care, parking and transportation expenses. Funds from this account do not roll over. What you don't use, you lose. (Special rules apply while on leave).

**Pre-Tax Contribution**—Money deducted from your paycheck, before taxes are subtracted. Pre-tax contributions result in less tax withholding and higher take-home pay than after-tax contributions.

**Deductible**—The portion of health care services you must pay before the plan begins paying benefits.

**Co-insurance**—The percentage of health care expenses that the plan pays after your plan deductible is satisfied.

**Co-pay**—A fixed fee that you pay at the time of receiving services, typically for office visits or prescriptions. Co-pays do not satisfy your deductible.

**Out-of-pocket Maximum**—The maximum amount you will pay for services within a given year. Once this limit has been reached, the plan pays 100% of covered services.

**Formulary**—A list of brand name drugs that the plan has determined are effective for treating conditions, and typically cost less than other brand name drugs.

**Plan Year**—Usually coincides with a calendar year. This defines when all expenses and deductibles are met during the course of your plan. Ours runs from October 1 to September 30.



# Ready, Set, Enroll! Your Benefits:

Use this summary to learn about your benefits.

### Ready: Learn about your benefits

Please review all documentation related to your benefits, and don't be afraid to ask. Understanding your benefits helps you better manage your health and wellness.

### Set: Choose your plans, and other options

- Choose the Health Plan that meets your needs.
- Elect an FSA based on your need.
- Elect dependent coverage, if you need it.
- Review the ancillary benefits awarded to you.
- Ask questions if you need help in evaluating which plans may be best for you.

### Enroll: When can I elect coverage?

Open Enrollment for the Township is **through September 30**. If you are just beginning employment, you have 15 days to complete all

paperwork associated with enrollment.

### How do I enroll?

**Open enrollment begins in May following approval of coverage by the Township Board. Open enrollment will run through September 30, with coverage beginning October 1.**

Forms will be distributed to all employees during a Township wide educational meeting to explain the plans in detail.

If you are just beginning employment everything will be explained to you during the O4U! Township Orientation Program.

A folder is located on BambooHR in the Benefits folder, under the File tab.



Open Enrollment for Major Medical and Ancillary Plans is  
**Through May 29, 2015.**

Open Enrollment for FSA Plans is  
**Dec. 1—Dec. 31, 2015**

New Employees have 15 Days to complete enrollment paperwork.

## Flexible Spending Accounts (FSAs) - How They Work

FSAs are a tax-advantaged savings account that works for you by lowering your taxable income, and qualified purchases made with your FSA are tax free. During enrollment you estimate what your out of pocket expenses will be for qualified health care purchases. **You cannot roll over balances on your FSA each year. Any unused funds from the previous year are forfeited.**

### Types of FSAs Offered:

- Unreimbursed Health Care FSA—used for qualified medical, dental and vision expenses. For example, co-pays and deductibles.
- Dependent/Child Care FSA—used for employment related or educational related dependent care giving services.
- Transit Reimbursement FSA—used for public transportation services to and from work.

All FSAs are separate, however you may have more than one,

although no money can be transferred between the several accounts.

### The Reimbursement Process

As you incur health care expenses throughout the year, you can submit claim forms, along with documentation of your expenses for reimbursement to the FSA carrier. You can file the claims as often as you would like, but always keep receipts and other documentation.

There is a grace period for reimbursement claims through March 15th of the next calendar year on claims for the previous calendar year.

### Eligible FSA Expenses and Important Considerations:

Visit: [www.tasconline.com](http://www.tasconline.com)



## Commonly Asked Questions

FSA	
Do I have to enroll in a specific medical plan to be eligible?	<b>Maybe.</b> You can contribute to an FSA regardless of your health care plan choice
Do I forfeit funds that I do not use in a plan year?	<b>Yes.</b> You forfeit any FSA funds that you do not use by the end of the plan year.
Does the money in my account earn interest?	<b>No.</b> Your FSA funds do not earn interest.
Can I change my contribution amount during the year?	<b>No.</b> Not unless you have a qualifying event during the year.
What's the maximum annual amount I can contribute?	You can contribute up to the annual maximum each year as defined per plan by the FSA carrier.
Do I keep my account if I leave the organization?	<b>No.</b> However, you do have until the end of the plan year to request reimbursement from your amount for claims incurred by the end of the month in which you terminate employment.
Do I forfeit my account upon death?	<b>Yes,</b> if you have single coverage. <b>No,</b> not immediately if you have covered dependents.



## Colonial Life Insurance Options

Colonial Insurance policies can help you manage many of the expenses that your major medical insurance doesn't cover after an unexpected injury.

Colonial Life's coverage's share important features:

- Coverage is available for your spouse and children with most products.
- Benefits are paid directly to you, unless you specify otherwise.
- With most plans, you can continue coverage when you retire or change jobs, with no increase in premiums.
- With most plans you received benefits regardless of any

other insurance you may have with other insurance companies.

Colonial Life offers the following policy options.

### Disability Insurance

Replaces a portion of your income to help make ends meet if you become disabled from a covered accident or covered sickness.

### Accident Insurance

Helps offset the unexpected medical expenses, such as emergency room fees, deductibles and co-payments, that can result from a fracture, dislocation or other covered accidental injury.

### Life Insurance

Enables you to tailor coverage for your individual needs and helps provide financial security for your family members.

### Cancer Insurance

Helps offset the out-of-pocket medical and indirect, nonmedical expenses related to cancer that most medical plans don't cover. This coverage also provides a benefit for specified cancer-screening tests.

### Critical Illness Insurance

Complements your major medical coverage by providing a lump-sum benefit that you can use to pay the direct and indirect costs related to a covered critical illness, which can often be expensive and lengthy.

### Hospital Confinement Insurance

Provides a lump-sum benefit for a covered hospital confinement and a covered outpatient surgery to help offset the gaps caused by copayments and deductibles that are not covered by most major medical plans.



Colonial Life Insurance is only available through the Township. You may request individual or dependent rates through our broker below:

**Michael Sweeney**  
(847) 340-8291



## Employee Assistance Program

Because today's world can be stressful both at work and home, it is not unusual that you may need help with sorting out a difficult situation. The Township provides this free, confidential service to all employees to help

resolve any problems that may be negatively impacting their life.

This free, confidential service is available to you and anyone living in your household. It provides live counseling 24

hours a day, 365 days a year; as well as allows for up to 5 free one-on-one counseling sessions.

You can reach the EAP program by calling **(847) 742-4033**.

## Professional Development and Tuition Assistance\*

Hanover Township is committed to increasing the development and continuing education of all employees.

The Township may reimburse employees for professional

development costs related to preparatory and continuing education courses related to licensure and other professional development opportunities.

Requests must be approved by the immediate supervisor and

the Department Head as well as be provided for in the budget, prior to registering for the classes or programs.

Please see the Administrator for information on tuition assistance.

## Employee Wellness Options

Hanover Township is committed to help you adopt and lead a healthy lifestyle. The Township provides wellness options for all employees and a direct wellness benefit to full time employees.

All employees are awarded free wellness screenings and flu shots from our Community Health Office. Employees are also provided information from that office in helping achieve the

goal of a healthy lifestyle.

Full Time Employees are awarded an additional \$200.00/ fiscal year compensation for wellness related expenses.

*\*Tuition Assistance is only available for Full Time Employees after one year of employment.*



## Illinois Municipal Retirement Fund:

### Pension, Short and Long Term Disability, Death Benefit

Hanover Township is a member of the Illinois Municipal Retirement Fund; a defined pension benefit, meaning the amount of the benefit is based on a member's salary, and years of service credit. The benefit is guaranteed for life.

Members become vested in the program after eight years of service\* and can begin to take advantage of the program benefits after one year of service.

Employees are statutorily required to provide 4.5% of their paycheck towards the fund, while the Township provides 10.28% of the employees pay towards the fund. Members may request retirement from the

fund, after eight years\* cash compensation or a tax-deferred transfer of their contributions may be available upon separation of employment of retirement.

#### Short and Long Term Disability:

Temporary disability benefits are paid if you are unable to perform the duties of any position which might reasonably be assigned by your current IMRF employer.

Total and permanent disability benefits are paid after temporary disability benefits have expired and if you are unable to engage in any gainful activity for any employer.

#### Death Benefit:

The amount payable

as an IMRF death benefits is dependent upon the member's years of service credit and participation status. IMRF members do not contribute toward the cost of their IMRF death benefit. Such benefit is paid entirely by IMRF employers.

If you die while participating in IMRF, a lump sum death benefit is paid to your beneficiary regardless of your years of service credit. The lump sum is equal to one year's earnings plus any balance in your member account (member contributions plus interest less any benefit prepayments).

Log onto [www.imrf.org](http://www.imrf.org) for more information.

\*If enrolled after January 1, 2011, an employee will be vested after 10 years of service credit per state statute.

## Major Medical Plans\* UnitedHealthcare

Hanover Township provides major medical coverage to eligible Full Time employees through United-Healthcare company.

We provide the following options for your consideration:

PPO—\$0 Deductible\*\*

Small network CORE PPO—\$500

HMO Navigate - \$500

### UnitedHealthcare Network:

All plans are part of the United Healthcare CHOICE, CORE or NAVIGATE

networks. You can find out if your doctor is an in-network provider by logging onto [www.myuhc.com](http://www.myuhc.com) and selecting “Provider Look-Up”.

### Your Connection to a Healthier Lifestyle:

The Township encourages all employees to live an active and healthy lifestyle. In that effort, some plan options include preventative care coverage at no or a reduced cost.

## Prescription Drug Coverage

Enrolling in any available health plan automatically enrolls you in the prescription drug program administered through United Healthcare.

### In-Network Prescription Drug

	PPO , Core PPO, and HMO Networks		
	PPO Copay	Small PPO Copay	HMO CoPay
<b>Generic</b>	\$ 10.00	\$ 10.00	\$ 10.00
<b>Formulary Brand Name</b>	\$ 35.00	\$ 35.00	\$ 35.00
<b>Non-Formulary Brand Name</b>	\$ 60.00	\$ 60.00	\$ 60.00

### Prescription Drug Formularies

You can find out if your prescriptions are part of the United-Healthcare formulary by logging onto United-Healthcare’s website at: [www.myuhc.com](http://www.myuhc.com).



\*Please note that plan years are June 1—May 31 of the following year.

\*\*Deductibles that are listed only reflect plans with one individual.



## Your Medical Plan Options\*

Plan Options	PPO Network		PPO Core Network	
	In-Network	Out-of-Network	In-Network	Out-of-Network
<b>Program Basics</b>				
Lifetime Maximum	Unlimited		Unlimited	
Individual Deductible	\$0	\$5,000	\$500	\$5,000
Family Deductible	\$0	\$10,000	\$1,000	\$10,000
Individual Out of Pocket**	\$2,500	\$10,000	\$2,000	\$10,000
Family Out of Pocket**	\$5,000	\$20,000	\$4,000	\$20,000
<b>Physician Services</b>				
Office Visits - Preventative Care	100%	60% after deductible	100%	80% after deductible
Well Adult Care, (Ages 19+)	\$20 Copay, then 100%	60% after deductible	\$20 Copay, then 100%	80% after deductible
Well Child Care, (Ages 1-19)	\$0 Copay, then 100%	60% after deductible	\$0 Copay, then 100%	80% after deductible
Maternity Services	\$20 Copay, then 100%	60% after deductible	\$20 Copay, then 100%	80% after deductible
Medical/Surgical Services	80%	60% after deductible	100% after deductible	80% after deductible
<b>Hospital Services</b>				
Urgent Care	\$75 Copay, then 100%	60% after deductible	\$75 Copay, then 100%	80% after deductible
Inpatient Hospital Services	80%,	60% after deductible	100% after deductible	80% after deductible
Outpatient Hospital Services	80%,	60% after deductible	100% after deductible	80% after deductible
Outpatient Emergency Care (Accident or Illness)	\$250 Copay, then 80%		\$300 Copay, then 100%	
<b>Medical Services</b>				
Outpatient Surgery	80%,	60% after deductible	100% after deductible	80% after deductible
Mental Health/Chemical Dependence Care	See Benefit Summary		See Benefit Summary	

\*All plans are governed by the Specific Plan Description provided by United Healthcare. Contact the Administrator for a complete listing of coverage.

## BENEFIT YEAR 2016

### Your Medical Plan Options\*

Plan Options	HMO Network
	In-Network Only
Program Basics	
Lifetime Maximum	Unlimited
Individual Deductible	\$500
Family Deductible	\$1,000
Individual Out of Pocket**	\$2,000
Family Out of Pocket**	\$4,000
Physician Services	
Office Visits (with a referral from Primary Physician)	\$20 Copay, then 100%
Primary Physician Office Visit (Age 19+)	\$20 Copay, then 100%
Primary Physician Office Visit (Ages 1-19)	\$0 Copay, then 100%
Maternity Services	100% after deductible
Medical/Surgical Services	100% after deductible for services provided by Primary Physician (Physician)
Hospital Services	
Inpatient Hospital Services	100% after deductible
Outpatient Hospital Services	100% after deductible
Outpatient Emergency Care (Accident or Illness)	\$300 Copay per visit, then 100%
Medical Services	
Outpatient Surgery	See Benefit Summary
Mental Health/Chemical Dependence Care	See Benefit Summary

### Employee Health Care Monthly Premiums

Plan Type	PPO	Core PPO	HMO
Employee	\$143.13	\$96.41	\$89.19
Employee + Spouse	\$458.02	\$343.88	\$318.10
Employee + Child(ren)	\$349.24	\$258.39	\$239.02
Family	\$721.39	\$550.85	\$509.56



#### Important Notes:

It is important to note that all plans are governed by the Specific Plan Descriptions that outline all coverage through our contact with United Healthcare. These charts are a representation of the full benefit.

Please consult the Administrator should you have any questions.



## Dental Coverage

**MetLife**

Your Dental coverage is provided through MetLife PPO network. All eligible, Full Time employees are automatically enrolled in the Dental program, even if they have existing coverage. Dependent coverage is available for an additional cost.

The chart below is a brief overview of the program benefits:

### Your Dental Plan

	In-Network	Out-of-
Annual Program Maximums	\$ 1,500.00	\$ 1,000.00
Orthodontia Lifetime Maxi-	\$ 1,000.00	\$ 1,000.00
Individual Deductible	\$ 50.00	\$ 50.00
Family Deductible	3x Individual	
Co-Insurance		
Type A - Preventative	100%	100%
Type B - Basic	90%	80%
Type C - Major	60%	50%

### Co-Insurance Types

To find out what each type of Co-Insurance level represents and covers, please consult the SPD or ask the Administrator.

For additional coverage questions, call MetLife at 800.936.0324 for 24/7 Customer Care Service.

Need to find a dentist fast?  
It's easy! Log onto [www.metlife.com](http://www.metlife.com)  
select "Insurance"  
then "Dental Insurance."

### Monthly Premiums

The Dental Programs are provided to eligible full time employees at no additional cost to them. The chart to the right highlights the additional premium costs for adding dependent coverage to the plan. Remember you can only modify the plans during open enrollment or a qualifying event.

### Monthly Premiums

Plan Type	PPO
Employee	\$0.00
Employee + Spouse	\$41.06
Employee + Child(ren)	\$74.12
Family	\$115.18



## Vision Coverage 12/12/24

**MetLife**

### Vision Plan Highlights

	In Network Costs	Out of Network Reimbursement
<b>Copayments</b>	\$10.00 Copay for exams / \$30	
<b>Comprehensive Exam</b>	Covered in Full after Copay	N/A
<i>Frequency: Every 12 Months</i>		
<b>Lenses</b>		
<i>Frequency: Every 12 Months</i>		
Single Vision	\$25 Copay, then 100%	\$25
Bifocal	\$25 Copay, then 100%	\$40
Trifocal	\$25 Copay, then 100%	\$60
Lenticular	\$25 Copay, then 100%	\$60
<b>Contact Lenses</b>		
<i>Frequency: Every 12 Months</i>		
Medically Necessary	\$0 Copay, Paid in Full	\$210.00
Elective	Allowance of \$130.00	\$104
<b>Frames</b>	Allowance of \$130.00	\$75
<i>Frequency: Every 24 Months</i>		

Hanover Township offers vision coverage to all full time eligible employees at no additional cost.

Dependent coverage may be added, but at an additional cost.

Vision Coverage is provided through MetLife. This plan covers routine eye exams, eye glass and contact lenses.

### Plan Highlights

You may use your benefits for contact or eye glasses, but not both in a 24 month period. Eye exams and lenses are allowed once in a 12 month period.

### Other Considerations

- Receive discounted fees for lens upgrades, such as progressive lenses, tints, scratch guard, etc.
- You will receive an additional discount for frames above the allowance amount.
- The 12 and 24 month benefit frequencies are measured from the date of last service.
- Discounts are available for LASIK or PRK procedures.

### Monthly Premiums

Plan Type	PPO
Employee	\$0.00
Employee + Spouse	\$4.06
Employee + Child(ren)	\$4.27
Family	\$11.02

## Life and Voluntary Life

## Dearborn

The Township offers every eligible full time employee \$25,000 in life insurance benefits. This benefit is administered through Dearborn National and is in addition to the IMRF Death benefit.

### Voluntary Life Insurance Options

Eligible, Full Time employees are also able to elect additional life insurance coverage through MetLife at the Township's group rate.

This additional benefit is portable and convertible; meaning that when you separate or retire from the Township, it can go with you—and when you reach the age of 70 you can convert it to a whole life insurance program, for additional fees.

For more information on the additional insurance and rates, please contact the Administrator.

## Paid Time Off

The Township realizes that having vacation and time away from work is also beneficial to a healthy lifestyle. In addition to paid holidays\* for all Township staff, eligible Full Time employees are awarded vacation time based on their years of service at the Township. Beginning after the first 30 days, employees are awarded 5 vacation days, and then on their anniversary date, they receive 10 days. All Vacation time must be used during the employees

employment year; unused time will be lost.

In addition to Vacation Time, eligible Full Time employees are awarded two personal days to use during the course of the employment year, and one floating holiday at the beginning of every calendar year.

Contact the Administrator for your specific Paid Time Off information.



*\*Part Time Employees are paid at a pro-rated amount for all Township holidays.*



## Frequently Asked Questions

### How often can I change my benefit options?

You can only change your benefits during open enrollment. There are exceptions; if a life changing event occurs, such as a birth, marriage, separation, etc., then you may be able to modify your plan options during the plan year.

### Which family members are eligible for dependent coverage?

Usually speaking, spouses and children, (age 26 or less), may be covered under the Township benefit plans.

### Are there any waiting periods for coverage?

For new employees, you must wait until the first of the month, following the first 30 days worked before benefits can become active.

### Are my pre-existing conditions covered?

They may be. Please consult the SPD, for specific answers to your conditions. There may be waiting periods depending on pre-existing conditions not covered under our group insurance if you did not have existing coverage..

### What if I'm enrolled in Medicare?

For major medical, if you or a dependent are enrolled in Medicare, Medicare will act as the primary insurer, where UnitedHealthcare would be secondary.

### How do I request a lost ID card?

To request a replacement ID card, simply contact the Township Administrator. Please note, some plans do not have an ID Card

### Where do I get a copy of the Specific Plan Description, or details on other Township benefits?

For complete coverage information, please contact the Administrator's office.

## **Disclosure Notices**

### **2016 Summary Plan Descriptions**

Obtain your Summary Plan Descriptions, (SPD), from the Administrators office.

### **Notice of HIPAA Special Enrollment Rights**

If you are declining enrollment for yourself or your dependents, including your spouse, because of other health insurance or group health plan coverage, you may be able to enroll yourself or dependents onto the Township's group health insurance plan if you or your dependents lose eligibility for that other coverage. You must request enrollment within 30days after your coverage has been lost. In addition, if you have a new dependent as a result of marriage, birth, adoption or placement adoption, you may be able to enroll yourself and dependents in the medical plan options. Contact the Administrator for more information and complete details.

### **COBRA Notice**

If you elect coverage through the group insurance, you have COBRA coverage. Please contact the Administrator for complete COBRA

coverage and details on major medical plan continuation after employment.

### **HIPAA Notice**

You have privacy rights under your health plans. For more information, please contact the Administrator.

### **Summary of Material Modifications**

This document serves as a Summary of Material Modifications, (SMM, updating information in the plans offered by the Township. Please keep this SMM with your copy of the SPDs. It is important to note that the official plan documents and/or insurance contracts serve as the final authority in all matters relating to plan provisions, operations and administration, and control over error, omission or ambiguity contained in the SMM. The Township reserve the right to terminate, suspend, withdraw, amend or modify plans, in whole or in part, at any time for any reason. If you have additional questions or concerns, please contact the Administrator.





Plan Type	Carrier	ID Card Issued	Web Address	HR Contact
Major Medical	UnitedHealthcare	Yes	<a href="http://www.myuhc.com">www.myuhc.com</a>	Suzanne Powers x 2124
Dental	MetLife	Yes	<a href="http://www.metlife.com">www.metlife.com</a>	Suzanne Powers, x 2124
Vision	MetLife	Yes	<a href="http://www.metlife.com">www.metlife.com</a>	Suzanne Powers, X2124
Life Insurance	Dearborn National	No	<a href="http://www.dearbornnational.com">www.dearbornnational.com</a>	Suzanne Powers, x2124
Colonial Life	Colonial Life	No	<a href="http://www.coloniallife.com">www.coloniallife.com</a>	Suzanne Powers, x2124
FSAs	TASC Systems	Yes	<a href="http://www.tasconline.com">www.tasconline.com</a>	Suzanne Powers, x2124
Retirement	Illinois Municipal Retirement Fund	No	<a href="http://www.imrf.org">www.imrf.org</a>	Suzanne Powers, x2124
Retirement	457b Plan Qualified Plan Associates	No	<a href="http://www.myretirementfuture.com">www.myretirementfuture.com</a>	Suzanne Powers, x2124
Disability	Illinois Municipal Retirement Fund	No	<a href="http://www.imrf.org">www.imrf.org</a>	Suzanne Powers, x2124
Professional Development	Hanover Township	No	<a href="http://team-ht.com">http://team-ht.com</a>	Suzanne Powers, x2124
Wellness Benefit	Hanover Township	No	<a href="http://team-ht.com">http://team-ht.com</a>	Suzanne Powers, x2124