

City Manager (802) 334-5136
334-3891
City Clerk/Treasurer 334-2112
334-3892
Public Works 334-2124
Zoning Adm./Assessor... 334-6992
Recreation/Parks 334-6345
Fax 334-5632



City of Newport
222 Main Street
Newport, Vermont 05855

Newport City Council Meeting
Council Meeting Agenda
Monday, Dec 2, 2024, beginning at 6:00 p.m.
Newport City Council Room

Google Meet joining info

Video call link: <https://meet.google.com/cot-zrvz-dbj>

Or dial: (US) +1 615-697-3265 PIN: 594 266 430#

City Council: Linda Joy Sullivan, Mayor
Chris Vachon, Council President
Kevin Charboneau
Clark Curtis
Rick Ufford-Chase

James D. Johnson, City Clerk/Treasurer

1. Call the Council Meeting to Order
2. Additions/Deletions to the Agenda
3. Consent Agenda
 - a. Regular meeting minutes of November 18, 2024
 - b. AP Warrants 2024 11 20, 2024 11 22
 - c. PR Warrants 2024 11 27
 - d. Liquor Licenses / Vendor Permits / Special Events Permits
4. Causeway Contract Modification No. 1 - Potential Vote
5. MVP Health Plan - Potential Vote
6. Fire Department Personnel Matter - Executive Session (1 V.S.A. §313(a)(1)) - Potential Vote
7. Employee Evaluation of City Official -Executive Session (1 V.S.A. §313(a)(3)) - Potential Vote
8. Financial Discussion - Water and Sewer Discussion/Bond and Loan Expenditure Discussion

9. Comments Members of the Public
10. New Business
11. Old Business
12. Set next meeting: Regularly Scheduled Council Meeting: December 16, 2024
13. Adjourn

Newport City Council Meeting Participation Guidelines

Newport City Council meetings are for the purpose of allowing Council members to conduct City business. Distinct from public hearings or town meetings, City Council meetings are held in public, but are not meetings of the public. City Council meetings are the only time the City Council members have to discuss, deliberate and decide upon City matters. In an effort to conduct orderly and efficient meetings, the Mayor kindly requests your cooperation and compliance with the following guidelines:

1. Please be respectful of each other, Council members, city staff, and the public.
2. Please raise your hand to be recognized by the Mayor. Once recognized, please state your name and address or affiliation.
3. Please address only the Mayor and not members of the public, staff, or presenters.
4. Please abide by any time limits. Time limits will be used to ensure everyone is heard and that there is sufficient time for the Council to complete their agenda within a reasonable timeframe.
5. The Mayor will make a reasonable effort to allow everyone to speak once before speakers address the Council a second time per the limited 2 minute timeline adopted on January 23, 2017.
6. Once public comment has been heard, discussion will be limited to the City Council members.
7. Please do not interrupt or mock other speakers or otherwise exhibit disruptive behavior during the City Council meeting.
8. Please do not repeat the points made by others, except to indicate agreement or disagreement with other views.
9. Please use the hallway for side conversations. It is difficult to hear speaker remarks when side conversations are occurring in the Council Chamber.
10. Presentations to the Council are not open to public comment. However, per the policy adopted on December 21, 2015, matters on the agenda requiring a vote are open to public comment immediately prior to the Council vote.
11. Individuals who do not abide by these procedures will be asked to leave the Council Chamber.

Council Minutes

November 18, 2024

A duly warned meeting of the Newport City Council was held on Monday, November 18, 2024 at the Gateway. Present were Mayor Linda Sullivan, Council President Chris Vachon, council members Kevin Charboneau, Rick Ufford-Chase, Clark Curtis, City clerk/Treasurer James Johnson, Tom Bernier, Mike Brown, Travis Bingham, Frank Cheney, Mike Welsh, Dave LaForce, members of the Press and Public.

Mayor Sullivan called the meeting to order at 6:08 PM.

Additions/Deletions to the Agenda

Mayor Sullivan added AP Warrant for 11/13/24 to the consent agenda and added next meeting date to the agenda.

Consent Agenda

Mr. Vachon moved to approve the consent agenda with the addition of the 11/13/24 AP Warrant. Seconded by Mr. Curtis, motion carried.

Appointment of Health Officer

Mr. Vachon moved to appoint Michael Brown Health Officer effective immediately. Seconded by Mr. Ufford-Chase, motion carried.

NBRC Authorized Official & General Resolution (attached)

Mike Welsh presented the NBRC General and Authorized Official Resolutions. Mr. Vachon moved to approve and have the Mayor or the mayor's designee sign the authorized official and general resolutions and other documents as needed for submission and required for completion and compliance of the grants. Seconded by Mr. Curtis, motion carried.

Ambulance Services Agreement (attached)

Charles Pronto and Jeff Johansen presented the agreement for ambulance service effective January 1, 2025. Mr. Vachon moved to approve the agreement with Newport Ambulance Services as presented. Seconded by Mr. Ufford-Chase, motion carried.

Presentation/discussion Regarding VHB Improved Master Plan

Dave LaForce from NDD, David Saladino, and Michael Willard from VHB presented the Master Plan for Newport City. It included plans for housing, infrastructure and funding. NDD will do a mass mailing of flyer and a survey to Newport residents, there will be a public forum at the library on November 25th, the Mayors hours on November 20 and 27th will be dedicated to the plan, public comment will end on November 27th, feedback will be submitted to VHB on December 2nd and the council will approve the plan on December 16, 2024. Mr. Vachon moved to approve distribution of the Master Plan to the public for continued discussion purposes with the community and stakeholders. Seconded by Mr. Curtis, motion carried.

Comments by the Public

John Wilson commented on the Water/Sewer Rates

Pamela Ladds commented on the November 8, 2024 council meeting.

Laurie Grimm commented on the termination of Jonathan DeLaBruere's contract with the city.

New Business

Mayor Sullivan is planning meetings with North Country Hospital Administration and the Green Mountain Care board.

Old Business

None

Next Meeting Date

Mr. Curtis moved to set the next meeting date for December 2, 2024. Seconded by Mr. Vachon, motion carried.

Adjournment

Mr. Charboneau moved to adjourn at 7:48 PM. Seconded by Mr. Curtis, motion carried.

Attested _____ This _____ Day of _____ 2024

_____ Mayor

DRAFT

City of Newport Accounts Payable
Check Warrant Report # Current Prior Next FY Invoices
Unpaid Invoices For Check Acct 01(GENERAL FUND) From 11/22/24 To 11/22/24

Vendor	Invoice	Invoice Description	Purchase Amount	Discount Amount	Amount Paid	Check Number	Check Date
ABLE COM	ABLE COM ANSWERING SERVICE, IN 241000776101	Answering Services	295.20	0.00			--/--/--
BUDBOS	AG SUPERMARKETS, INC 01-358389	Supplies/Materials	11.98	0.00			--/--/--
BUDBOS	AG SUPERMARKETS, INC 01-366081	Supplies/Materials	9.59	0.00			--/--/--
BUDBOS	AG SUPERMARKETS, INC 01-409243	Supplies/Materials	15.18	0.00			--/--/--
BUDBOS	AG SUPERMARKETS, INC 02-390455	Supplies/Materials	9.57	0.00			--/--/--
BUDBOS	AG SUPERMARKETS, INC 03-408024	Supplies/Materials	47.43	0.00			--/--/--
FA&A	ALDRICH & ELLIOTT, PC 82588	Proj 20024.004 ES Storag	3604.00	0.00			--/--/--
FA&A	ALDRICH & ELLIOTT, PC 82600	Proj 22022.003 Bluff PS	582.12	0.00			--/--/--
ALLEN ENG	ALLEN ENGINEERING & CHEMICAL 112-505659-0	Supplies/Materials	1958.80	0.00			--/--/--
ATT MOBIL	AT&T MOBILITY 110624	CM & PW Phone	149.55	0.00			--/--/--
CALKINS	CALKINS SAND & GRAVEL INC 47964	Topsoil	2603.73	0.00			--/--/--
CAMERAS	CAMERA NETWORKING & SECURITY, 8439	Security Camera Repairs	645.00	0.00			--/--/--
CANON	CANON FINANCIAL SERVICES INC. 36410492	CM Copier Contract	175.49	0.00			--/--/--
CANON SOL	CANON SOLUTIONS AMERICA INC 6009779596	CM Copier	21.31	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3070328	Disposal	589.50	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3072086	Sludge Disposal	878.51	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3070342	Sludge Disposal	3367.12	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3068323	Sludge Disposal	1997.62	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3073964	Disposal	512.82	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3073962	Disposal	497.76	0.00			--/--/--
CASELLA	CASELLA WASTE MGT INC 3073959	Disposal	121.87	0.00			--/--/--
COMCAST	COMCAST 120524 GP	GP Internet	136.28	0.00			--/--/--
COMCAST	COMCAST 120524 PB	PB Internet	349.27	0.00			--/--/--
COMCAST	COMCAST 120824 MB	MB Fax/Elevator Lines	319.98	0.00			--/--/--
COMCAST	COMCAST 120924 PB2	PB Bldg 2 Internet	79.28	0.00			--/--/--
CONS COMM	CONSOLIDATED COMMUNICATIONS 121024	Pump Station Alarm Lines	79.48	0.00			--/--/--
DERBY AP	DERBY APPLIANCE REPAIR 111424	PD Washer Repairs	297.00	0.00			--/--/--
R DESROCH	DESROCHERS, INC. 17263	Crane Service	420.00	0.00			--/--/--
BENNDQ	DONNA BENNETT 111324	Reimbursement	32.04	0.00			--/--/--
LEINEM	EMILY LEINOFF 111424	Mileage Reimbursement	114.88	0.00			--/--/--
PSB VISA	FIRST BANKCARD 111424 RT	Supplies/Materials	1070.73	0.00			--/--/--
FREDS	FRED'S PLUMBING & HEATING INC 093024	Fuel Acct 1661	123.66	0.00			--/--/--
FREDS	FRED'S PLUMBING & HEATING INC 103124	Fuel Acct: 1661	1416.94	0.00			--/--/--
GILLS POI	GILLS POINT S TIRE 2069522	PW Tire Change	195.00	0.00			--/--/--
GRAYS	GRAY'S PAVING & ASPHALT PLANT, 5645	Asphalt	4818.32	0.00			--/--/--
HOAGIES	HOAGIES PIZZA & PASTA 111524	Gift Cards:Pomerleau Xma	3300.00	0.00			--/--/--
JP SICARD	J.P. SICARD, INC. 100124 - 8	Proj 20024 Water System	158400.00	0.00			--/--/--
KIMBALL	KIMBALL MIDWEST 102754286	Supplies/Materials	69.49	0.00			--/--/--
LAWSON	LAWSON PRODUCTS INC 9311963751	Supplies/Materials	67.36	0.00			--/--/--
LAWSON	LAWSON PRODUCTS INC 9311971465	Supplies/Materials	447.85	0.00			--/--/--
LEBLANC'S	LEBLANC'S PEST CONTROL 27566	Pest Control	55.00	0.00			--/--/--
MAGEE	MAGEE OFFICE PRODUCTS 638119	Office Supplies	143.18	0.00			--/--/--
MAGEE	MAGEE OFFICE PRODUCTS 638124	Office Supplies	135.00	0.00			--/--/--
MISSION C	MISSION COMMUNICATIONS, LLC 1093497	Annual Service Contracts	2304.40	0.00			--/--/--
MR CLEAN	MR. CLEAN 1136	PD Boat Maintenance	200.00	0.00			--/--/--
NADEAUS	NADEAU'S PLUMBING & HEATING IN 138517	WWTF Boiler Repairs	1942.60	0.00			--/--/--
NCDD	NEWPORT CITY DOWNTOWN DEVELOPM 111324	FY 24/25 Walmart Funds	30000.00	0.00			--/--/--
NEWRENAIS	NEWPORT CITY RENAISSANCE CORP. 11152024	Downtown Dollars	3300.00	0.00			--/--/--
MARINA	NEWPORT MARINA INC 9148	P&R Boat Winterization	687.75	0.00			--/--/--

11/22/24
11:27 am

City of Newport Accounts Payable
Check Warrant Report # Current Prior Next FY Invoices
Unpaid Invoices For Check Acct 01(GENERAL FUND) From 11/22/24 To 11/22/24

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Vendor	Invoice	Invoice Description	Purchase Amount	Discount Amount	Amount Paid	Check Number	Check Date
NWPT RENT NEWPORT RENTAL CENTER INC	1-576780	Equipment Rental	85.00	0.00			--/--/--
NWPT RENT NEWPORT RENTAL CENTER INC	1-576860	Equipment Rental	170.00	0.00			--/--/--
NWPT RENT NEWPORT RENTAL CENTER INC	1-576841	Equipment Rental	40.00	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-153518	Credit Memo	-30.00	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-158125	Parts	11.89	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-158044	Parts	105.67	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-158034	Credit Memo	-42.99	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-159035	Parts	4.79	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-159230	Parts	40.74	0.00			--/--/--
OREILLY O'REILLY AUTO PARTS	5691-155078	Parts	39.45	0.00			--/--/--
PPM PROPERTY PROTECTION MONITORING	180275	Garage Signal Monitoring	265.00	0.00			--/--/--
RAYS RAY'S AUTO SERVICE	69179	FD Spartan Service	77.64	0.00			--/--/--
RAYS RAY'S AUTO SERVICE	69178	FD Spartan Repairs	76.88	0.00			--/--/--
RAYS RAY'S AUTO SERVICE	69282	Repairs	27.25	0.00			--/--/--
ROUND ROUND HILL FENCE & SECURITY IN	19080	FD Annual Alarm Monitori	295.00	0.00			--/--/--
SOUTHBAY SOUTH BAY SUPPLY	753698	Credit Memo	-6.59	0.00			--/--/--
SOUTHBAY SOUTH BAY SUPPLY	753565	Supplies/Materials	158.62	0.00			--/--/--
SOUTHBAY SOUTH BAY SUPPLY	753391	Supplies/Materials	53.19	0.00			--/--/--
SOUTHBAY SOUTH BAY SUPPLY	729156	Supplies/Materials	59.95	0.00			--/--/--
SOUTHBAY SOUTH BAY SUPPLY	754015	Supplies/Materials	129.29	0.00			--/--/--
SOUTHWORTH SOUTHWORTH MILTON INC	INV3395988	Parts	268.41	0.00			--/--/--
SP&F ATT SP&F ATTORNEYS, P.C.	83379	Professional Services	12136.24	0.00			--/--/--
SP&F ATT SP&F ATTORNEYS, P.C.	87948	Professional Services	13532.08	0.00			--/--/--
STICKS STICKS & STUFF DERBY	144444	Supplies/Materials	25.56	0.00			--/--/--
SWAMPGUAN SWAMPGUANA DIVING LLC	1089	Remove Bottom Barriers	2000.00	0.00			--/--/--
SYMOKONIC SYMQUEST GROUP INC	528373988	Credit Memo	-18.04	0.00			--/--/--
SYMOKONIC SYMQUEST GROUP INC	541291852	FD Copier Contract	573.55	0.00			--/--/--
TAPLINESEP TAPLIN SEPTIC SERVICE	I2456	Service	70.00	0.00			--/--/--
COUTTE TERRY COUTURE SEWING AND KNITT	111024	FD Patches	10.00	0.00			--/--/--
MEMPRESS THE MEMPHREMAGOG PRESS INC.	61504	Folding Utility Bills	39.99	0.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304153	Supplies/Materials	4.49	0.22			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303766	Credit Memo	-20.00	0.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304387	Supplies/Materials	4.49	0.22			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304346	Supplies/Materials	29.98	1.50			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304397	Supplies/Materials	14.18	0.71			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304396	Supplies/Materials	12.99	0.65			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304559	Supplies/Materials	24.99	1.25			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304568	Supplies/Materials	32.86	1.64			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304551	Supplies/Materials	21.99	1.10			--/--/--
PIC SHOY THE PICK & SHOVEL INC	304088	PW Work Attire	3587.38	0.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303283	Supplies/Materials	6.49	0.32			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303701	Supplies/Materials	87.25	4.36			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303358	Supplies/Materials	52.35	0.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303364	Supplies/Materials	32.97	1.65			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303370	Supplies/Materials	79.98	4.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303372	Supplies/Materials	119.96	6.00			--/--/--
PIC SHOY THE PICK & SHOVEL INC	303450	Supplies/Materials	17.99	0.90			--/--/--
PIC SHOY THE PICK & SHOVEL INC	305355	Supplies/Materials	52.77	2.64			--/--/--
PIC SHOY THE PICK & SHOVEL INC	305765	Supplies/Materials	35.00	1.75			--/--/--
PIC SHOY THE PICK & SHOVEL INC	305697	Supplies/Materials	2.19	0.11			--/--/--

11/22/24
11:27 am

City of Newport Accounts Payable
Check Warrant Report # Current Prior Next FY Invoices
Unpaid Invoices For Check Acct 01(GENERAL FUND) From 11/22/24 To 11/22/24

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Vendor	Invoice	Invoice Description	Purchase Amount	Discount Amount	Amount Paid	Check Number	Check Date
TIMS D	TIM'S DIESEL	846 PW Truck Repairs	275.00	0.00			--/--/--
TWOHIG	TWOHIG POLYGRAPH SERVICES LLC	111524 Professional Services	450.00	0.00			--/--/--
VRPA	V R P A	110524 Registration - Track Mee	384.00	0.00			--/--/--
VBA	VERMONT BROADCAST ASSOCIATES	103124 Ads 19747-1 & 19747-2	760.00	0.00			--/--/--
VTSPRINGS	VERMONT SPRINGS LLC	057281 Garage Water Supplies	51.70	0.00			--/--/--
VTSPRINGS	VERMONT SPRINGS LLC	058300 C/T Water Supplies	23.90	0.00			--/--/--
VTSPRINGS	VERMONT SPRINGS LLC	058299 Council Water Supplies	39.70	0.00			--/--/--
VTELEC	VT ELECTRIC COOPERATIVE INC	120324 Electric Services	15125.96	0.00			--/--/--
W B MASON	W.B. MASON CO., INC.	250301057 Office Supplies	107.98	0.00			--/--/--
W B MASON	W.B. MASON CO., INC.	250302084 Office Supplies	107.98	0.00			--/--/--
Report Total			280,415.33	29.02	0.00		

CITY COUNCIL

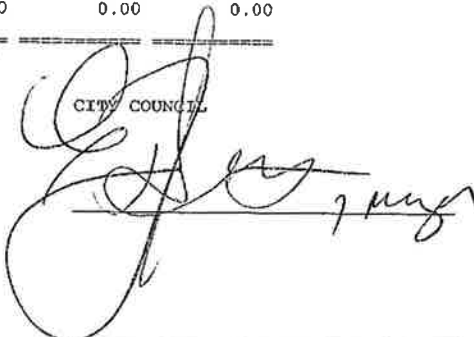
To the Treasurer of City of Newport, We Hereby certify that there is due to the several persons whose names are listed hereon the sum against each name and that there are good and sufficient vouchers supporting the payments aggregating \$ ***280,386.31
Let this be your order for the payments of these amounts.

11/20/24
10:28 am

City of Newport Accounts Payable
Check Warrant Report # Current Prior Next FY Invoices
Unpaid Invoices For Check Acct 01 (GENERAL FUND) From 11/20/24 To 11/20/24

Vendor	Invoice	Invoice Description	Purchase Amount	Discount Amount	Amount Paid	Check Number	Check Date
BELOIN	BELOIN COMPUTING	110824	IT Contract	10500.00	0.00		--/--/--
VTELEC	VT ELECTRIC COOPERATIVE INC	221755	Eastside Water Tower Pro	66360.50	0.00		--/--/--
Report Total			76,860.50	0.00	0.00		

To the Treasurer of City of Newport, We Hereby certify that there is due to the several persons whose names are listed hereon the sum against each name and that there are good and sufficient vouchers supporting the payments aggregating \$ ****76,860.50
Let this be your order for the payments of these amounts.

CITY COUNCIL


11/25/2024
11:37 am

City of Newport Payroll
Check Warrant Report #
Check date 11/27/2024 to 11/27/2024

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stherrien

Employee Number	Employee Name	Check Number	Check Date	Net Amount	Elec Amount
BENND0	BENNETT, DONNA J.	20747	11/27/24	365.71	0.00
BENND0	BENNETT, DONNA J.	20748	11/27/24	436.55	0.00
Total of 2 items for BENND0				802.26	0.00
BERNTH	BERNIER, THOMAS L.	E2088774	11/27/24	0.00	2380.30
BINGTR	BINGHAM, TRAVIS R.	E2088749	11/27/24	0.00	2203.30
BOUCBE	BOUCHER, BENJAMIN G.	E2088775	11/27/24	0.00	1481.34
BRASAR	BRASSARD, ARNOLD J.	20751	11/27/24	364.60	0.00
BROWMI	BROWN, MICHAEL E.	E2088789	11/27/24	0.00	1703.70
BRYASC	BRYANT, SCOTT A.	E2088764	11/27/24	0.00	1469.93
CAMBTU	CAMBER, TUCKER J.	E2088776	11/27/24	0.00	1419.38
CARBAN	CARBINE, ANDREW W.	20740	11/27/24	130.90	0.00
CARBAN	CARBINE, ANDREW W.	20739	11/27/24	299.21	0.00
Total of 2 items for CARBAN				430.11	0.00
CARRER	CARRIER, ERIC A.	E2088784	11/27/24	0.00	1896.28
CHENDE	CHENETTE, DENIS A.	20738	11/27/24	75.74	0.00
CHENFR	CHENEY, FRANCIS E., III	20737	11/27/24	1741.76	0.00
CHURRO	CHURCHILL, ROBYN D. H.	20736	11/27/24	1487.40	0.00
COLLDA	COLLINS, DANIEL F.	20743	11/27/24	1655.00	0.00
DAVIRO	DAVIO, ROBERT E., JR	20728	11/27/24	94.68	0.00
DILLTR	DILLON, TRAVIS J.	E2088777	11/27/24	0.00	1743.84
FINNPA	FINN, PATRICK W.	E2088790	11/27/24	0.00	1402.47
FLYNKU	FLYNN, KURK O.	E2088765	11/27/24	0.00	2963.61
GAGELA	GAGE, LARRY L., JR	E2088778	11/27/24	0.00	1495.01
GONYAN	GONYAW, ANDREW T.	E2088750	11/27/24	0.00	1976.27
GOSSRO	GOSELIN, ROBERT J.	E2088792	11/27/24	0.00	1335.50
GOSSRO	GOSELIN, ROBERT J.	E2088793	11/27/24	0.00	143.17
Total of 2 items for GOSSRO				0.00	1478.67
GOSSROG	GOSELIN, ROGER M.	E2088770	11/27/24	0.00	232.73
GRENLE	GRENIER, LEO C., III	20744	11/27/24	1807.04	0.00
GRUBRO	GRUBE, ROSS E.	E2088785	11/27/24	0.00	1862.29
GUYEDA	GUYER, DAVIS M.	E2088751	11/27/24	0.00	2022.57
HARTER	HARTMAN, ERIC P.	E2088779	11/27/24	0.00	1231.41
HERMJA	HERMAN, JASON M.	E2088786	11/27/24	0.00	2197.95
HORNDU	HORNE, DUSTIN J.	E2088769	11/27/24	0.00	838.33
JACODA	JACOBS, DAVID M.	E2088752	11/27/24	0.00	2684.06
JACOTA	JACOBS, TANNER D.	E2088753	11/27/24	0.00	1856.04
JOHNJA	JOHNSON, JAMES D.	E2088747	11/27/24	0.00	1763.16
KEITNI	KEITHAN, NICHOLAS N.	E2088754	11/27/24	0.00	2065.64
KINGCA	KING, CARL P.	20729	11/27/24	162.92	0.00
LACOKE	LACOSS, KEVIN W.	E2088773	11/27/24	0.00	1047.25
LACOKE	LACOSS, KEVIN W.	E2088772	11/27/24	0.00	710.63
Total of 2 items for LACOKE				0.00	1757.88

11/25/24
11:37 am

City of Newport Payroll
Check Warrant Report #
Check date 11/27/2024 to 11/27/2024

Employee Number	Employee Name	Check Number	Check Date	Net Amount	Elec Amount
LADDDPA	LADDS, PAMELA M.	20730	11/27/24	126.24	0.00
LANCRJ	LANCASTER, ROYCE J., JR	E2088780	11/27/24	0.00	1419.38
LANCRO	LANCASTER, ROYCE E., SR	E2088755	11/27/24	0.00	2010.71
LECLJJ	LECLAIR, JAMES A., JR	E2088756	11/27/24	0.00	1896.38
LEINEM	LEINOFF, EMILY R. L.	E2088766	11/27/24	0.00	1951.42
LILLJO	LILLIS, JOSHUA S.	E2088757	11/27/24	0.00	2143.93
MARCCO	MARCOUX, COREY J.	E2088781	11/27/24	0.00	863.21
MARSJA	MARSH, JARED A.	E2088788	11/27/24	0.00	1535.27
MAYHCO	MAYHEW, COLLEEN A.	20746	11/27/24	271.77	0.00
MCKEDO	MCKENNY, DOUGLAS G., JR	20745	11/27/24	1542.43	0.00
MCNEHU	MCNEAL, HUGH R.	20731	11/27/24	75.74	0.00
MILLER	MILLER, ERIC R.	E2088767	11/27/24	0.00	1777.70
MORIJO	MORIN, JONATHAN L.	E2088758	11/27/24	0.00	2466.32
MOULCH	MOULTON, CHARLES D.	E2088759	11/27/24	0.00	2971.86
NEWTCH	NEWTON, CHARLES W.	20741	11/27/24	374.02	0.00
NEWTCH	NEWTON, CHARLES W.	20742	11/27/24	299.21	0.00
Total of 2 items for NEWTCH				673.23	0.00
PATEAN	PATENAUDE, ANDREW M.	E2088782	11/27/24	0.00	1711.16
POGIDI	POGINY, DIANA L.	20732	11/27/24	94.68	0.00
PRUEMI	PRUE, MICHAEL R.	E2088783	11/27/24	0.00	1434.30
QUARHE	QUARLES, HENRY A., III	E2088787	11/27/24	0.00	969.16
RIVENI	RIVERS, NICHOLAS R.	E2088760	11/27/24	0.00	3012.39
ROBEJA	ROBERGE, JACQUES M.	20733	11/27/24	100.99	0.00
ROBESU	ROBERGE, SUSAN M.	20734	11/27/24	94.68	0.00
RONDJO	RONDEAU, JOSEE	E2088791	11/27/24	0.00	555.84
ROWEJO	ROWE, JONATHAN M.	20752	11/27/24	344.61	0.00
SAAMAB	SAAMAN, ABRAHAM J.	E2088761	11/27/24	0.00	1804.45
SHAFRE	SHAFE, REGINALD D.	20749	11/27/24	474.68	0.00
SMITCO	SMITH, CODY M.	E2088762	11/27/24	0.00	1872.31
SMITGR	SMITH, GREGORY P.	20750	11/27/24	584.89	0.00
SYKECO	SYKES, COLIN S.	E2088763	11/27/24	0.00	2061.26
THERST	THERRIEN, STACEY L.	E2088748	11/27/24	0.00	1027.26
WALTKR	WALTERS, KRISTEN L.	E2088771	11/27/24	0.00	339.36
WELLMO	WELLS, MONICA R.	E2088768	11/27/24	0.00	1652.13
WILLDO	WILLOUGHBY, DONNA S.	20735	11/27/24	75.74	0.00
				13081.19	77601.96

11/25/24
11:37 am

City of Newport Payroll
Check Warrant Report #
Check date 11/27/2024 to 11/27/2024

Page 3 of 3
stherrien

Employee Number	Employee Name	Check Number	Check Date	Net Amount	Elec Amount
--------------------	------------------	-----------------	---------------	---------------	----------------

To the Treasurer of City of Newport Vermont:

We hereby certify that there is due to the several persons whose names are listed hereon the sum against each name and that there are good and sufficient vouchers supporting the payments aggregating \$ **90,683.15
Let this be your order for the payments of these amounts.

City Council:



Home (/DLLLicenseManagement/s/)

Application
DLL - Application - 49425

Download

APPLICATION DETAILS

RELATED INFORMATION

Application Information

Primary Phone No
(802) 673-8696

DLL - Application Id
DLL - Application - 49425

Business Entity Name
For the Love of Food Catering, LLC

Business Entity Phone
(802) 673-8696

Foundational License
[LP-022448 \(/DLLLicenseManagement/s/detail/a5At000000CqHIFAK\)](#)

Renewal Application

Student Name

Town User Approval/Rejection Comments
Approved 11/04/2024

Contact Engagement
[Cassy Moulton \(/DLLLicenseManagement/s/detail/a4zt000000ErdcKAAS\)](#)

Designated Caterers Details

Training Completion Record

Indoor Or Outdoor
Indoor

Days Since Last Modified
8

Estimated time period for alcohol

Name and address from whom you purchase

Renewal Change Indicated

Renewal Change Description

URL for Policies & Procedures

URL for Duties

Primary Contact Person
Cassy Moulton

Internal Status
License issued

External Status
License issued

Historical Id
CARQ

Application Type
Permit

Application Category
Caterer

Application For
Request to Cater Permit

Mode of Training

Applicant Email
[fortheloveoffood4@outlook.com \(mailto:fortheloveoffood4@outlook.com\)](mailto:fortheloveoffood4@outlook.com)

Applicant Name:

Training Completion Date

Applicant Action Comments

License/Permit Location Description
Corporate Christmas Party held in Community Financials office.

Quantity of Alcohol required
what purpose this alcohol is used to be

Where is this alcohol to be used

End date of event
12/5/2024 7:00 PM

Physical Location Name
Community Financial Christmas Party

Physical Location State
Vermont

Event Details

Start date of event
12/5/2024 2:00 PM

Physical Location Street 1
100 Main Street 260

Physical Location Street 2/Unit/Suite

Town Clerk/ Municipal Jurisdiction

Newport City

Physical Location City/Town

Newport

Do you Lease the Premises

Lease Expiration Date

Outside Side Consumption Start time

Physical Location Zip

05855

Location

[LN-029406 \(/DLLLicenseManagement/s/detail/a0A8x000C0459eREAC\)](#)

Outside Side Consumption Days Requested

Describe the type of event/ OCP Area

Corporate Christmas Party held in Community Financials office.

Days or specific bingo date(s)

Created By

[Cassy Moulton \(/DLLLicenseManagement/s/profile/C051C00000B7NBuAAN\)](#),
10/30/2024 11:14 AM

Outside Side Consumption End time

Outside Side Consumption Hours Requested

Landlord Name

Landlord Email

Business Location

Approximate Number of Persons Expected:

26

Last Modified By

[Martin Prevost \(/DLLLicenseManagement/s/profile/0051C00000A18vXAAR\)](#),
11/18/2024 9:25 PM

Post Question Poll

Share an update...

Share

Search this feed...



[Cassy Moulton \(/DLLLicenseManagement/s/profile/C051C00000B7NBuAAN\)](#) (Customer) created this dll application.
[October 30, 2024 at 11:14 AM \(/DLLLicenseManagement/s/feed/0D5eq00000BK1WPCA1\)](#)

[DLL - Application - 49425](#)

[View more details](#)

Like

Comment



Write a comment...

Contact Violations

Violation Id	First Name	Last Name	Contact Role	Offense	Date of Off
CV-5052 (https://dllportal.myx...	Cassy Moulton	Moulton		Prior Conviction Reported	

Application Documents

Name	Document Type	Associated With
There are no Application Documents found		

CITY OF NEWPORT
Causeway Traffic Signals Removal & Replacement

CONTRACT MODIFICATION #1

It is hereby agreed by and between the municipality of the City of Newport, hereinafter referred to as the MUNICIPALITY, and Electric Light Company, Inc., hereinafter referred to as the CONTRACTOR, that the Construction Agreement dated September 21, 2023, as modified by Change Order #1 dated April 4, 2024, shall be modified as follows:

1. **MEASUREMENT AND PAYMENT (REVISED) Causeway Traffic Signal & Street Lighting Replacement Project** is hereby modified by modifying Payment Items 3A, 3B and 3C by replacing bullets (a)(1) through (a)(6) in the Basis of Payment section with the following:
 - (1) Payment of 25% of the Contract Unit Price will be paid upon the completion of the installation of the reinforced concrete foundations for the new traffic signal cantilever/mast arm poles and pedestal posts.
 - (2) Payment of 20% of the Contract Unit Price will be paid upon the completion of the installation of the new traffic signal cantilever/mast arm poles and pedestal posts.
 - (3) Payment of 10% of the Contract Unit Price will be paid upon the completion of the installation of new traffic signal and detector conduits and wiring not otherwise paid for under other Payment Items.
 - (4) Payment of 15% of the Contract Unit Price will be paid upon the completion of the installation of the installation of all new traffic signal hardware (signal heads, pedestrian signals, etc.) on the new traffic signal cantilever/mast arm poles and pedestal posts.
 - (5) Payment of 10% of the Contract Unit Price will be paid upon completion of the installation of new traffic signal vehicle detection equipment.
 - (6) Payment of 20% of the Contract Unit Price will be paid upon completion of the installation of the new traffic signal controller cabinets, all appurtenances contained therein, and all other equipment, labor and materials necessary to complete the new traffic signals and make them operational.
 - (7) Retainage of 10% will be withheld from the above partial payments as outlined in the above-referenced Construction Agreement.

2. This **Contract Modification** does not include any changes to the previously agreed upon Contract Sum, the Contract Time or Contract Completion Date.

Except as modified by this and all previous Contract Modifications and Change Orders, all other provisions of the original Construction Agreement dated September 21, 2023 shall remain in full force and effect.

NOT VALID UNTIL SIGNED BY THE CONTRACTOR AND OWNER.

CITY OF NEWPORT
NEWPORT, VERMONT

BY: _____

TITLE: _____

DATE: _____

ELECTRIC LIGHT COMPANY, INC.
CAPE NEDDICK, MAINE 03902

BY:  _____

TITLE: Kenneth P. Miller - President

DATE: 11/22/2024

Vermont Small Group Recertification



Instructions for Completing this Request

Submit all pages of this completed form and any required documents via email to your **MVP Account Representative** or by fax to **518-836-3279**.

Section 1: Group Information *(Please print)*

Group Name City of Newport	Group No. 427787
--------------------------------------	----------------------------

All Federal Tax ID No(s). (FEIN) Associated with Group
03-6000595

All Principal(s) of this Company *(include Owners, Officers, Directors, Partners, Legal Council, and Elected or Appointed Officials or Trustees)*

Name	Title

Section 2: Group Administration Details

Solely for purposes of determining whether an employer is a large or small employer, the employer is required to calculate the number of Full-Time Equivalents (FTE) it employed **during the most recent rolling 12 months**, and count each such FTE as one full-time employee. Refer to the employee definitions below.

Common Law Employees are eligible for health insurance coverage. Common law employees are defined as anyone who performs services for an employer as long as the employer has financial and/or behavioral control for these employees. Leased employees, 1099 employees, and union employees are considered employees under this definition and should be included in the group size count.

Retirees are not "employees" and are not counted in group size.

Part-Time Employees are those who work less than 30 hours per week and are counted using the FTE counting method. To convert the number of part-time employees to an FTE number, the average monthly aggregate number of hours worked for part-time employees is divided by 120. Part-time hours are capped at 120 hours per employee, per month.

COBRA participants are not included in the FTE calculation for determining group size.

To assist you in calculating your group's part-time FTEs, visit [irs.gov/affordable-care-act](https://www.irs.gov/affordable-care-act) and select *Employers*, then *Determining if an Employer is an Applicable Large Employer*.

What is the total number of part-time and full-time employees during the most recent rolling 12 months?
(Used to determine Coordination of Benefits for members 65 and older)

What is the total number of FTE employees during the most recent rolling 12 months?
(Used to determine if Small or Large Group)

Does at least one employee taking coverage live, work, or reside in the MVP service area? Yes No
(If you are unsure of the counties and state covered within the MVP service area, contact your broker or MVP Account Representative)

*The full-time equivalent employee counting method in 26 U.S. Code § 4980H(c)(2) must be utilized to determine group size. This method is the same calculation used to determine employer liability under the Shared Responsibility for Employers provisions of the Affordable Care Act (ACA) and Internal Revenue Code.

Group Name **City of Newport**

Group No. **427787**

Section 3: Separate Entities with Multiple Tax ID Numbers

Only complete this Section if this circumstance applies to the Group recertifying. Group size for groups under common ownership is determined based upon the total Full-Time Equivalents (FTE) for all entities. To combine separate groups into one employer group for group insurance purposes, the commonly owned businesses or affiliates must qualify as a single employer under subsection (b), (c), (m), or (o) of the Internal Revenue Service section 414.

If any of the following conditions apply, tax documentation certifying that at least 80% common ownership may be required upon request.

If any of the following conditions apply, MVP may, at its discretion, require the employer to submit documentation demonstrating common ownership under section 414.

Acceptable tax forms are: (1) IRS Form 851 (Affiliations Schedule) with the names of all entities or (2) IRS Form 1065 (Schedule K-1).

Select all of the following conditions that apply to this Group.

- Multiple Tax ID Numbers are listed in Section 1
- This/These Groups are owned by another entity
- This Group owns another entity
- This Group is one of multiple groups that are owned by the same entity/entities

Section 4: Group Addresses and Contacts

Physical Street Address 222 Main St	City Newport	State VT	Zip Code 05855
---	-----------------	-------------	-------------------

County	Phone No. ()
--------	-----------------------

Mailing and Billing Street Address	<input checked="" type="checkbox"/> Same as Physical Address	City	State	Zip Code
---	--	------	-------	----------

County	Phone No. ()
--------	-----------------------

Health Benefits Administrator Main Contact Linda Sullivan	Health Benefits Administrator Business Email Mayor.Sullivan@NewportVermont.org
---	--

Billing Contact Name Stacey Therrien	Billing Contact Email S.Therrien@NewportVermont.org
--	---

Billing Contact Phone No. 802-334-2112	Broker/Agency Name Jacques Roberge Independent Insurance Broker
--	---

Additional Business Locations

Include all business locations not listed above, including any located outside of New York State.

Street Address	City	State	Zip Code
----------------	------	-------	----------

County	Phone No. 802-334-2112
--------	---------------------------

Street Address	City	State	Zip Code
----------------	------	-------	----------

County	Phone No. ()
--------	-----------------------

Group Name **City of Newport**

Group No. **427787**

Section 5: MVP Vision Plan Attestation

If your group is enrolled in an MVP Vision plan and MVP Vision plan(s) are offered with non-voluntary rates, you attest that the employer contribution is 80% or more to the Vision plan premium.

Employer
Initials

Section 6: Authorization

For a group health plan to be considered a "group health plan" under the Employee Retirement Income Security Act (ERISA), there must be at least one common law employee enrolled as a contract holder. Pursuant to 29 CFR 2510.3-3(b), an "employee benefit plan" does not exist if no "employees" are covered by the plan. An "employee" does not include the owner(s) of a business or a spouse of the business owner.

By signing this document, you attest that your group has made MVP Health Care coverage available to all common law employees and that at least one common law employee is currently enrolled with one of your group sponsored health plans for the term of the benefit year. Please note that waivers of coverage, including spousal waivers, cannot be used to determine group eligibility.

Employer
Initials

MVP Health Care reserves the right to request your group's tax documents at any time throughout the year. Failure to produce requested documents could result in the termination of your group health insurance.

Employer
Initials

I certify that, to the best of my knowledge and belief, and under penalty of perjury, the information listed on this form is true and complete, including that the persons proposed for coverage work at least 17.5 hours per week or are otherwise eligible for coverage.

Employer
Initials

I understand that any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Employer
Initials



Before signing below, please check that you have completed all Sections of this Application! This Application will be returned to you if any information is missing.

The parties agree that this authorization may be electronically signed. The parties agree that the electronic signature appearing on this Recertification form is the same as a handwritten signature for the purposes of validity, enforceability, and admissibility.

Employer Signature

Date

Employer Name (print)

Title

2025 Vermont Small Group Plans Selection



Instructions for Completing this Request

Select below the plan(s) you would like to offer your employees.

	Single	Single + Spouse	Single + Child(ren)	Single + Spouse + Child(ren)
MVP VT Plus (Non-Standard) Plans				
<input type="checkbox"/> Gold 3 QHDHP \$3,000/\$6,000 AGG Deductible, \$3,000/\$6,000 AGG OOPM	\$1,052.10	\$2,104.20	\$2,030.55	\$2,956.40
<input checked="" type="checkbox"/> Gold 4 New! \$5,000/\$10,000 EMB Deductible, \$8,000/\$16,000 EMB OOPM	\$1,003.03	\$2,006.06	\$1,935.85	\$2,818.51
<input type="checkbox"/> Reflective Silver 1¹ \$2,500/\$5,000 EMB Deductible, \$7,600/\$15,200 EMB OOPM	\$810.02	\$1,620.04	\$1,563.34	\$2,276.16
<input type="checkbox"/> Reflective Silver 2 QHDHP¹ \$5,800/\$11,600 EMB Deductible, \$5,800/\$11,600 EMB OOPM	\$826.68	\$1,653.36	\$1,595.49	\$2,322.97
<input type="checkbox"/> Bronze 1 \$7,250/\$14,500 EMB Deductible, \$8,400/\$16,800 EMB OOPM	\$722.72	\$1,445.44	\$1,394.85	\$2,030.84
<input type="checkbox"/> Bronze 5 \$9,200/\$18,400 EMB Deductible, \$9,200/\$18,400 EMB OOPM	\$717.83	\$1,435.66	\$1,385.41	\$2,017.10
MVP VT (Standard) Plans				
<input type="checkbox"/> Platinum 1 \$450/\$900 EMB Deductible, \$1,600/\$3,200 EMB OOPM	\$1,203.09	\$2,406.18	\$2,321.96	\$3,380.68
<input type="checkbox"/> Gold 1 \$1,400/\$2,800 EMB Deductible, \$5,600/\$11,200 EMB OOPM	\$1,009.01	\$2,018.02	\$1,947.39	\$2,835.32
<input type="checkbox"/> Reflective Silver 3¹ \$3,500/\$7,000 EMB Deductible, \$9,200/\$18,400 EMB OOPM	\$810.90	\$1,621.80	\$1,565.04	\$2,278.63
<input type="checkbox"/> Reflective Silver 4 QHDHP^{1,2} \$2,100/\$4,200 AGG Deductible, \$7,050/\$14,100 AGG OOPM	\$819.12	\$1,638.24	\$1,580.90	\$2,301.73
<input type="checkbox"/> Bronze 2 \$6,450/\$12,900 EMB Deductible, \$9,200/\$18,400 EMB OOPM	\$713.04	\$1,426.08	\$1,376.17	\$2,003.64
<input type="checkbox"/> Bronze 3 QHDHP² \$5,800/\$11,600 AGG Deductible, \$7,100/\$14,200 AGG OOPM	\$719.42	\$1,438.84	\$1,388.48	\$2,021.57
<input type="checkbox"/> Bronze 4 \$9,200/\$18,400 EMB Deductible, \$9,200/\$18,400 EMB OOPM	\$728.15	\$1,456.30	\$1,405.33	\$2,046.10

¹Reflective Silver plans are available only from MVP Health Care.

²This plan features an aggregate deductible and OOPM. Each member on a family plan will pay toward the family OOPM. No individual will pay more than the government mandated OOPM of \$9,200. The term **embedded** is used in Vermont Health Connect (VHC) materials to define this deductible and OOPM structure.

OOPM: Out-of-pocket maximum **HDHP:** High-Deductible Health Plan

Aggregate (AGG): All members of a family plan contribute toward the family deductible and OOPM until it is met.

Embedded (EMB): Each member pays toward, but never exceeds, their individual deductible and/or OOPM until the larger family deductible and/or OOPM is met, after which, the plan makes payments for all members on the contract. The term "Stacked" is used on VHC materials to define this deductible and/or OOPM structure.

Group Health Benefits Administrator Signature

Date

These plan overviews are intended to provide a general outline of coverage. For comprehensive benefit details, please review your Certificate of Coverage (COC), Schedule of Benefits, Summary of Benefits and Coverage (SBC), and any applicable Rider(s). Your COC, SBC, and Rider(s) will be controlling. These documents can be found in your MVP online account, or are available by request.

Health benefit plans are issued or administered by MVP Health Plan, Inc.; MVP Health Insurance Company; MVP SelectCare, Inc.; and MVP Health Services Corp., operating subsidiaries of MVP Health Care, Inc. Not all plans available in all states and counties.

Group Name

City of Newport

Group No.

427787



MVP Select Care, Inc.
 Health Reimbursement Account
 Small Group Administrative Fee Renewal Proposal for
CITY OF NEWPORT

Effective Date: January 1, 2025 through December 31, 2025

Per Participant Per Month Administrative Fee **\$3.50**

Other Charges:

Renewal Fee **No Charge (\$500 late renewal fee)**

Summary Plan Document (SPD)

- Yes, SPD Requested \$75 per document
- No, SPD **Not** Requested

Changes/Customized Programming/Corrections/Audit Requests: \$100 per hour

Non-Discrimination Testing (*per test, if requested*): \$350 per Test

Claims Run Out Service:

Charges for the first three months following the *Employer Group* termination date are based upon the following percentages of the total administrative fee for the month prior to termination:

Month 1: 100% Month 2: 50% Month 3: 50%

Notes:

Final pricing is subject to Home Office Approval and may be revised based upon plan design. All Comprehensive HRA plan designs require prior approval. Plans requiring manual processing will not be implemented.

ACH Payment Processing for claims funding is required for all services. Pre-funding is required for all debit card enabled accounts.

Administrative Fees will be invoiced separately from claims activity and medical premiums.

Please check here if you would the monthly Administrative Fees deducted via ACH from the bank account indicated on the Spending Account application.

This MVP Select Care, Inc. Administrative Fee Renewal shall constitute an amendment to the Administrative Services Agreement between MVP Select Care, Inc. and CITY OF NEWPORT. This Administrative Fee Renewal shall govern in the event of any conflict between this Administrative Fee Renewal and the Agreement.

Agreement:

Client Signature: _____

Title: _____ Date: _____

MVP Signature: _____

Title: _____ Date: _____



Spending Account Services Application

Instructions for Completing this Request

! If you are applying for Spending Account Services for a NY Small Group Silver 4 plan Health Reimbursement Arrangement (HRA), **do not use this application**. There is a separate Application for that HRA. Consult your MVP Health Care Sales Representative to obtain that Application.

Complete and submit all pages of this form to your MVP Sales Representative prior to plan implementation.

MVP Sales Representative Name: _____

Once this application has been processed, MVP will send you a **Member Welcome Letter** to distribute to your employees. The letter provides details about the plan and includes instructions on how to register for the **WealthCare portal** and the **myHealthSpend mobile app**. If you need this letter in language(s) other than English, please provide the additional language(s) required below.

Provide the Welcome Letter in these Additional Language(s): _____

Request Type (select one): New Application Renewal Application

Section 1: Company Information

Company Name <u>City of Newport</u>	Tax ID No. <u>03-6000595</u>	MVP Group No. <u>427787</u>	Effective Date <u>1-1-25</u>
Street Address <u>222 Main St</u>	City <u>Newport</u>	State <u>Vt</u>	Zip Code <u>05855</u>

Business Type (select one):

- C Corporation
 S Corporation
 Partnership
 Limited Liability (LLC)
 Government or Church
 Not-for-Profit
 Other: _____

Owners of businesses that operate as a C Corporation are eligible to receive reimbursements tax free. Sole Proprietors, Partners, or S Corporation shareholders that own more than 2% of the company's shares may participate for tracking purposes only. Please speak with your legal or tax advisor for further guidance.

Total Number of Eligible Employees for Plan(s) Offered

Estimated Number of Employees that Will Enroll in Plan(s) Offered

Reporting required to be listed by:

- Class
 Division
 Subgroup
 None

Section 2: Contact(s) Information

Contact Name _____	<input type="checkbox"/> Full Access Required for this Contact (includes all options below) <input type="checkbox"/> WealthCare Portal Access <input type="checkbox"/> Reporting with Member Detail <input type="checkbox"/> Funding Notifications <input type="checkbox"/> Administrative Fee Invoice
Email _____	

Contact Name <u>Stacey Therrien</u>	<input checked="" type="checkbox"/> Full Access Required for this Contact (includes all options below) <input type="checkbox"/> WealthCare Portal Access <input type="checkbox"/> Reporting with Member Detail <input type="checkbox"/> Funding Notifications <input type="checkbox"/> Administrative Fee Invoice
Email <u>Stacey.therrien@newportvermont</u>	

Contact Name _____	<input type="checkbox"/> Full Access Required for this Contact (includes all options below) <input type="checkbox"/> WealthCare Portal Access <input type="checkbox"/> Reporting with Member Detail <input type="checkbox"/> Funding Notifications <input type="checkbox"/> Administrative Fee Invoice
Email _____	

Broker Name <u>Jacques Roberge</u>	<input type="checkbox"/> WealthCare Portal Access <input checked="" type="checkbox"/> Reporting with Member Detail <input type="checkbox"/> Other: _____
Email <u>jacrobe1@comcast.net</u>	

Company Name City of Newport

Group No. 427787

Section 3: Bank Information

Financial Institution Name and Account Type

On file

Checking Savings

Account Routing No.

Bank Account No.

Claims Activity Funding needs to be pulled from separate bank accounts by:

Class Division Subgroup
 None

All point of service (debit card) transactions and manual claims will initially settle from an MVP-owned bank account. These transactions and claims will then be funded weekly by the Automated Clearing House (ACH) from the above designated bank account.

Confirm with your financial institution that there are no debit blocks on your account prior to the effective date of services. If you have debit blocks on your bank account, provide the following Company IDs to your financial institution to allow for funding: 9026235001, 9046573001, 1141704360, and 1141704349.

Section 4: Requested Spending Accounts

- Health Reimbursement Arrangement (HRA) (Complete Section 5)
- Flexible Spending Account (FSA) and Limited Purpose FSA (LPFSA) (Complete Sections 6 and 7)
- Dependent Care FSA (Complete Sections 6 and 8)

- Parking and/or Transit FSA (Complete Sections 6 and 9)
- Individual Coverage HRA (ICHRA)*
- Excepted Benefits HRA (EBHRA)*

*Requires additional information. Please consult your MVP Sales Representative.

Section 5: Health Reimbursement Arrangement (HRA) Details

MVP Medical Product(s) Offered with an HRA

MVP Health Plan Name <u>Sold 3 @ H DHP</u>	Product ID (Internal Use)	MVP Health Plan Name	Product ID (Internal Use)
MVP Health Plan Name	Product ID (Internal Use)	MVP Health Plan Name	Product ID (Internal Use)

All employees enrolled in the MVP medical plan(s) above will be enrolled in the HRA.

Are there exceptions (e.g., owners)? Yes (explain) _____ No

HRA Funding Arrangement

- The following funding arrangement selected applies to **all MVP medical plans** listed above.
- The following funding arrangement selected applies **only to MVP medical plan(s)**: _____

*If you have additional medical plans with HRA Funding Arrangements to define, make copies of the Health Reimbursement Arrangement Funding Type Addendum included with this form.

Select only one of the following funding types for the MVP medical plan(s) indicated above.

Employer First HRA Funding—The full employer contribution amount listed below is available to the employee on the start date of the plan.

Employer Contribution	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
	\$	\$	\$	\$

Member First HRA Funding—The member is responsible to pay out of pocket for claims before the HRA funds become available. Once the member out-of-pocket responsibility has been met, the HRA funds will pay for eligible expenses.

<u>Sub Group</u>	Member Out-of-Pocket Responsibility	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
		\$ <u>1500</u>	\$ <u>3000</u>	\$ <u>3000</u>	\$ <u>3000</u>
	Employer Contribution	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
		\$ <u>15000</u>	\$ <u>3000</u>	\$ <u>3000</u>	\$ <u>3000</u>

Company Name City of Newport

Group No. 427787

(Section 5: Health Reimbursement Arrangement (HRA) continued)

Comprehensive HRA Funding—Provides flexibility in cost-share with the member and the HRA, each paying a portion of claims.

Cost-Shares	Employer	Employee		
	%	%		
Employer Contribution	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
	\$	\$	\$	\$

Post-Deductible Funding—Pairs with an MVP Qualified High-Deductible Health Plan (QHDHP) and a Health Savings Account (HSA).

HSA Administrator Name

Member Out-of-Pocket Responsibility*	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
	\$	\$	\$	\$
Employer Contribution	Employee	Employee + Spouse	Employee + Child(ren)	Employee + Spouse + Child(ren)
	\$	\$	\$	\$

*Must meet IRS established minimum. Visit irs.gov.

HRA Expense Options

Eligible Medical Expenses
(select all that apply)

- Medical Deductible
- Medical Co-Pay
- Medical Co-Insurance
- Other:

Pharmacy Expenses
(select all that apply)

- Prescriptions
- IRS Approved Over-the-Counter Items

Other Expenses (select all that apply)

- IRS Approved Dental Expenses*
- IRS Approved Vision Expenses*
- IRS Approved 213(d) Expenses*
- Insurance Premiums (Retiree, ICHRA, EBHRA only)

*For information about IRS Approved Expenses, visit irs.gov.

HRA Claims Processing

Claims Processing Options Definitions

MVP CareFund Debit Card can be used by members for purchases at approved merchants.

Automatic Claims Transfer (ACT) loads claims processed through MVP to the HRA, and the member responsibility will be paid automatically.

Manual Submission requires members to submit claims via the WealthCare portal, mobile app, or paper claim form.

*The IRS requires MVP to confirm that all transactions meet Code §105(b) rules. This may result in customers being sent requests for substantiation.

Select one option for each claims processing category. If no option is selected, the manual submission option for claims processing will apply.

The HRA pays claims on an aggregate basis. Claims are paid in order of receipt regardless of the member's embedded deductible status.

Medical Claims Processing Options

- MVP CareFund Debit Card ACT Pay to Provider Manual Submission
- In-Network Only (for ACT claim processing only; if not checked, both in-network and out-of-network claims will be processed)

Pharmacy Claims Processing Options

- MVP CareFund Debit Card ACT Pay to Member Manual Submission

Other Claims Processing Options (Dental and Vision)

- MVP CareFund Debit Card Manual Submission

Spending Account Services Application

Company Name City of Newport

Group No. 427787

(Section 5: Health Reimbursement Arrangement (HRA) continued)

HRA Rules

Based on eligibility date, how are HRA contribution amounts prorated during the plan year?

Quarterly Monthly Not Prorated

Are year-end balances in an HRA currently allowed to rollover?

Yes, maximum rollover: \$ _____ Yes, maximum rollover: _____ % of balance Yes, no maximum No

Is there a cap on the total funds available to an employee (current year HRA + rollover)? Yes, Cap Amount: \$ _____ No

Plan Year Runout

The account will continue to pay for expenses incurred during the plan year for 180 days following termination, unless otherwise specified below:

Runout for Terminated Employees

The account will pay expenses for terminated employees with dates of service on or before their termination date if received within 180 days following termination, unless otherwise specified below:

Section 6: Payroll Calendar

Complete this Section if you are offering an FSA, Dependent Care FSA, or Parking and/or Transit FSA.

Weekly Deduction
Day of the Week

Bi-Weekly Deduction
Day of the Week

Other Deduction Period (monthly, semi-monthly)
Describe:

Date of First Deduction
for New Plan Year

Date of First Deduction
for New Plan Year

Date of First Deduction
for New Plan Year

Section 7: Flexible Spending Accounts Details

Plan Start Date

FSA Plan Type (select all that apply)

Plan End Date

Traditional FSA (all IRS Section 213(d) expenses allowed)

Limited Purpose FSA (offered alongside an HSA—dental and vision expenses only)

Employee Maximum FSA Contribution Amount for Plan Year

IRS Maximum Other: \$ _____

Is the employer contributing to the employees' FSA?

Yes: \$ _____ No

Employer contributions of more than \$500 per plan year may be subject to Patient-Centered Outcomes Research Institute (PCORI) trust fund fees. For information about PCORI, visit irs.gov.

Company Name *City of Newport*

Group No. *427787*

(Section 7: Flexible Spending Accounts Details continued)

Unspent FSA Dollars

Select and complete one of the options below.

Option 1: Rollover
 Unspent FSA dollars will rollover from one plan year to the next plan year.
 What remaining FSA dollars are allowed to rollover:
 IRS Maximum Rollover Amount
 Other Rollover Amount: \$ _____
 How will remaining FSA dollars be rolled over?
 (If no option is selected, FSA dollars will rollover until exhausted)
 Limit Rollover to only employees making an FSA election in the new plan year
 Limit Rollover to one year
 Allow Rollover until FSA dollars are exhausted*

*FSA monthly administration fees will be charged for all participants for the entirety of the plan year even after their rollover dollars are exhausted.

Option 2: Grace Period
 The Grace Period provides additional time after the end of the plan year to incur expenses against the remaining FSA dollars.
 Select a Grace Period for unspent FSA dollars:
 75-day, IRS maximum grace period
 Grace period of _____ days

Option 3: Forfeiture
 Unspent dollars are forfeited at the end of the plan year.

Plan Year Runout

At the end of the plan year, the account will continue to pay for expenses incurred during the plan year for 90 days, unless otherwise specified below.

Runout for Terminated Employees

The account will pay expenses for terminated employees with dates of service on or before their termination date if received within 90 days following termination, unless otherwise specified below.

FSA Claims Processing

Claims Processing Options Definitions

MVP CareFund Debit Card can be used by members for purchases at approved merchants.
Automatic Claims Transfer (ACT) loads claims processed through MVP to the FSA, and the member responsibility will be paid automatically.
Manual Submission requires members to submit claims via the WealthCare portal, mobile app, or paper claim form.
 *The IRS requires MVP to confirm that all transactions meet Code §213(d) rules. This may result in customers being sent requests for substantiation.

Select one option for each claims processing category. If no option is selected, the manual submission option for claims processing will apply.

Medical Claims Processing Options*

MVP CareFund Debit Card ACT Pay to Provider Manual Submission

*If an HRA with Automatic Claims Transfer (ACT) pay to provider is offered, the MVP CareFund Debit Card option for FSA medical claims is not allowed.

Pharmacy Claims Processing Options

MVP CareFund Debit Card ACT Pay to Member Manual Submission

Other Claims Processing Options (Dental, Vision, Over-the-Counter)

MVP CareFund Debit Card Manual Submission

Employees enrolling in the FSA, but not in the HRA, will have an MVP CareFund Debit Card to pay for all IRS Section 213d expenses.

Will qualified employees be offered the MVP CareFund Debit Card? Yes No

Company Name City of Newport

Group No. 427787

(Section 7: Flexible Spending Accounts Details continued)

Section 8: Dependent Care Flexible Spending Account Details

Plan Start Date	Dependent Care FSA Contribution Amounts	Employee Maximum Plan Year Contribution: <input type="checkbox"/> \$ _____ <input type="checkbox"/> \$5,000 IRS Maximum
Plan End Date		Employer Plan Year Contribution: <input type="checkbox"/> \$ _____ <input type="checkbox"/> Employer not contributing

Grace Period

The Grace Period allows for reimbursement of incurred expenses up to 75 days (IRS maximum) after the end of the plan year.

Will the Dependent Care FSA have a Grace Period? Yes, the 75-day IRS maximum Yes, _____ days No

Plan Year Runout

At the end of the plan year, the account will continue to pay for expenses incurred during the plan year for 90 days, unless otherwise specified below.

Runout for Terminated Employees

The account will pay expenses for terminated employees with dates of service on or before their termination date if received within 90 days following termination, unless otherwise specified below.

Section 9: Parking/Transit Flexible Spending Accounts Details

Plan Start Date	Parking/Transit FSA Contribution Amounts	<input type="checkbox"/> Parking FSA Reimbursement Maximum Employee Contribution: \$ _____ per month*
Plan End Date		<input type="checkbox"/> Transit FSA Reimbursement Maximum Employee Contribution: \$ _____ per month*

*The employee contribution cannot exceed the allowed monthly IRS maximum. Visit irs.gov.

Plan Year Runout

At the end of the plan year, the account will continue to pay for expenses incurred during the plan year for 90 days, unless otherwise specified below.

Runout for Terminated Employees

The account will pay expenses for terminated employees with dates of service on or before their termination date if received within 90 days following termination, unless otherwise specified below.

Section 10: Authorization

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each violation.

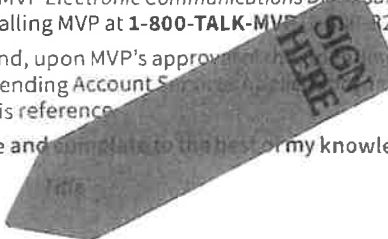
Additionally, the "Company" does hereby authorize MVP Health Care to withdraw from the bank account listed in Section 3 at such time as it deems necessary the amount owing for the provision FSA and/or HRA and other operating costs of the Company's plan. That in the case of an automatic bank debit form of payment, it shall be Company's responsibility to verify whether these payments are properly debited to its bank account, and Company will undertake to notify MVP Health Care of any change in information relating to Company's account for purposes of ensuring the proper application of payments.

Unless otherwise prohibited by law, I consent to the receipt of electronic communications related to my MVP health plan at the email address I provided. I have read and agree to the details outlined in the MVP *Electronic Communications Disclosure*, which is available at mvphealthcare.com/notice-privacy-practices-compliance, or by calling MVP at 1-800-TALK-MVP (625-5687).

I have read and agree to the authorization set forth in this Section 10 and, upon MVP's approval of my Spending Account Services Application, I accept and agree to all of the terms and conditions set forth in this Spending Account Services Application and in the MVP Ancillary Service Agreement attached hereto as Exhibit 1 and incorporated herein by this reference.

I hereby certify that the statements made in this application are true and complete to the best of my knowledge and belief.

Authorized Signature



Name (print)

Signature Date

Company Name *City of Newport Sub group 2* Group No. *427787*

Health Reimbursement Arrangement Funding Type Addendum

Use this Addendum to select funding type(s) for any additional MVP medical plans listed on page 2. Make copies as necessary.

The following funding type selected applies only to MVP medical plan(s): _____

Select only one of the following funding types for the MVP medical plan(s) indicated above.

Employer First HRA Funding—The full employer contribution amount listed below is available to the employee on the start date of the plan.

Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$
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Member First HRA Funding—The member is responsible to pay out of pocket for claims before the HRA funds become available. Once the member out-of-pocket responsibility has been met, the HRA funds will pay for eligible expenses.

Sub group #2

Member Out-of-Pocket Responsibility	Employee \$ <i>1000</i>	Employee + Spouse \$ <i>4000</i>	Employee + Child(ren) \$ <i>4000</i>	Employee + Spouse + Child(ren) \$ <i>4000</i>
Employer Contribution	Employee \$ <i>2000</i>	Employee + Spouse \$ <i>2000</i>	Employee + Child(ren) \$ <i>2000</i>	Employee + Spouse + Child(ren) \$ <i>2000</i>

Comprehensive HRA Funding—Provides flexibility in cost-share with the member and the HRA, each paying a portion of claims.

Cost-Shares	Employer %	Employee %		
Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$

Post-Deductible Funding—Pairs with an MVP Qualified High-Deductible Health Plan (QHDHP) and a Health Savings Account (HSA).

HSA Administrator Name _____

Member Out-of-Pocket Responsibility	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$
Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$

*Must meet IRS established minimum. Visit irs.gov.

Company Name City of Newport Subgroup #3 Group No. 427787

Health Reimbursement Arrangement Funding Type Addendum

Use this Addendum to select funding type(s) for any additional MVP medical plans listed on page 2. Make copies as necessary.

The following funding type selected applies **only to MVP medical plan(s)**: _____

Select only one of the following funding types for the MVP medical plan(s) indicated above.

Employer First HRA Funding—The full employer contribution amount listed below is available to the employee on the start date of the plan.

Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$
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Member First HRA Funding—The member is responsible to pay out of pocket for claims before the HRA funds become available. Once the member out-of-pocket responsibility has been met, the HRA funds will pay for eligible expenses.

Subgroup #3

Member Out-of-Pocket Responsibility	Employee \$ <u>1500</u>	Employee + Spouse \$ <u>3000</u>	Employee + Child(ren) \$ <u>3000</u>	Employee + Spouse + Child(ren) \$ <u>3000</u>
Employer Contribution	Employee \$ <u>1500</u>	Employee + Spouse \$ <u>3000</u>	Employee + Child(ren) \$ <u>3000</u>	Employee + Spouse + Child(ren) \$ <u>3000</u>

Comprehensive HRA Funding—Provides flexibility in cost-share with the member and the HRA, each paying a portion of claims.

Cost-Shares	Employer %	Employee %		
Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$

Post-Deductible Funding—Pairs with an MVP Qualified High-Deductible Health Plan (QHDHP) and a Health Savings Account (HSA).

HSA Administrator Name _____

Member Out-of-Pocket Responsibility	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$
Employer Contribution	Employee \$	Employee + Spouse \$	Employee + Child(ren) \$	Employee + Spouse + Child(ren) \$

*Must meet IRS established minimum. Visit irs.gov.

BC/BS 2025

rates

	Singles	Doubles	Families	parent W/child		
PD Subgroup 1						
Premiums	5 @ \$1146.17	2 @ \$2292.34	6 @ \$3220.74	1 @ \$2212.11		
Total	\$5,730.85	\$4,584.68	\$19,324.44	\$2,212.11		\$31,852.08
Deductibles	5 @ \$1475.00	2 @ \$2950	6 @ \$2950			
Total	\$7,375	\$5,900	\$17,700		#REF!	
PW Subgroup 2						
Total Premium	12 @ \$1146.17	2 @ \$2292.34				
	\$13,733.28	\$4,584.68				\$18,317.96
Deductible	14 @ \$1950.					\$27,300
Adm. Subgroup 3						
Total Premium	2 @ \$1146.17	2 @ 2292.34		2 @ \$3220.74		
	\$2,292.34	\$4,584.68		\$6,441.48		\$13,318.50
Deductibles	5 @ \$2950					\$13,375.00
Total Monthly						\$63,488.54
Total Annual						\$761,862.48
Potential deductible						\$71,650.00

MVP 2025

rates

PD Subgroup 1	Singles	Doubles	Families	parent w/child	Total
Premiums	5 @ \$1052.10	2 @ \$2104.20	6 @ \$2956.40	1 @ \$2030.55	
Total	\$5,260.50	\$4,208.40	\$17,738.40	\$2,030.55	\$29,237.85
Deductibles	5 @ \$1500	2 @ \$3000	5 @ \$3000		
Total	\$7,500	\$6,000	\$15,000		\$28,500.00
PW Subgroup 2					
Total	12 @ 1052.10	2 @ \$2104.20			\$16,833.60
Deductible	14 @ \$2000				\$28,000.00
Adm. Subgroup 3					
Total	2 @ \$1052.10	2 @ \$2104.20	2 @ \$2956.40		\$12,225.40
Deductibles	6 @ \$3000				\$18,000
Total Monthly					\$58,296.85
Total Annual					\$699,562.20
Potential Annual Deductible					\$80,500.00