Michigan Department of Transportation 2067 (08/19)

## PUBLIC ACT 51, SECTION 18j, MCL 247.668j Annual Certification of Employee-related Conditions

| CERTIFICATION | YEAR | 2024 |
|---------------|------|------|
|               |      |      |

|  | COUNTY DOAD AO DIOVA   | LARAT  | Alger  |  |  |  |
|--|--|--|--|--|--|--|
|  | COUNTY ROAD AGENCY   | IAIVIE   | Aigoi  | •  |  |  |
| complian<br>develope<br>certify th<br>funded h   | ice to Section 18j(1) of Public Act 51<br>an employee compensation pla<br>at medical benefits are offered to | of 1951, MCl<br>n for its empl<br>its employees<br>011 PA 152, l | eptember 30 thereafter, certification mu<br>247.668j(1). A local road agency must celloyees as described OR (b) the local ro-<br>or elected public officials in compliance<br>MCL 15.561 to 15.569, or, that it does n | rtify that it has (a)<br>ad agency must<br>with the publicly |  |  |
|  | Compliance with (1)(a) I certify compliance with MCL 247.668)( Our compensation plan for employees)          | (1)(a).<br>meets the minim                                       | ium criteria of MCL 247.668j (a)(i - iv).  |  |  |  |
| $\boxtimes$  | Compliance with (1)(b) I certify compliance with MCL 247.668J  | (1)(b), and as si  | uch, offer one of the following:   |  |  |  |
| ☑ I certify that medical benefits are offered to employees or elected public officials in compliance with the publically funded health insurance contribution act, 2011 PA 152; or |  |  |  |  |  |  |
| ☐ I certify that the local road agency has exempted itself from the publically funded health insurance contribution act, 2011 PA 152; or   |  |  |  |  |  |  |
|  | ☐ I certify that medical benefits are no   | ot offered to emp  | ployees or elected public officials.   |  |  |  |
|  |  | certification of (a  | 8j(1).<br>a) or (b) of MCL 247.668j(1) may result in the wi<br>cy from the Michigan Transportation Fund.   | ithholding of all  |  |  |
|  | rm must be signed by the Chairman of t<br>of the County Road Agency.   | he County Road   | d Commission or the County Executive and the   | Chief Financial  |  |  |
| SIGNA  | ATURE I Clabel   |  | SIGNATURE  |  |  |  |
| PRINTED NAME   |  | PRINTED NAME   |  |  |  |  |
| Daniel L Rushford  |  |  | Robert L Lindbeck  | T DATE   |  |  |
| TITLE<br>Financ  | e Director   | DATE<br>  08/14/24   | TITLE<br>Engineer/Manager  | DATE<br>08/14/24   |  |  |

## Due Each September 30

Return the completed form to:

Michigan Department of Transportation, Financial Operations Division, P.O. Box 30050, Lansing, MI 48909, **OR**E-mail to: <a href="mailto:mbot-outreach@Michigan.gov">Mbot-outreach@Michigan.gov</a>, **OR** 

Fax to: (517) 335-1828