



# Saline County Board of Commissioners

## Meeting Agenda

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### AGENDA

#### SALINE COUNTY BOARD OF COMMISSIONERS

#### SALINE COUNTY COURTHOUSE

#### Wilber, NE

#### 9:30 AM

#### **DATE: November 26, 2024**

This agenda is kept on a daily basis and may change from day to day as requests come in to the County Clerk's office. Requests to be on the agenda must be in the County Clerk's office 24 hours prior to the start of the meeting as stated above. This agenda is considered current on the day of the meeting and cannot be changed or altered except for an emergency.

The Board reserves the right to go into executive session if such session is clearly necessary for the protection of the public interest or for the prevention of needless injury to the reputation of an individual.

#### **ROLL CALL**

#### **APPROVAL OF AGENDA**

#### **APPROVAL OF MINUTES OF THE PREVIOUS MEETING**

**CITIZENS FORUM - In compliance with the Open Meetings Act and Saline County Resolution #2023-34 a rule of five (5) minutes per person to speak has been established.**

#### **CORRESPONDENCE**

#### **REPORT OF OFFICIALS**

#### **BUSINESS FOR ACTION**

Senator Tom Brandt - Q&A Discussion

Dustin Will & Dan Duran, Benefit Management - review 2025 benefits

Discuss/Approve 2025 Benefits as presented by Benefit Management

#### **RESOLUTIONS TO TRANSFER FUNDS**

Discuss/Approve Resolution #2024-070 Transfer \$140,000.00 from Inheritance Fund to General Fund

Discuss/Approve Resolution #2024-071 Transfer \$165,000.00 from Inheritance Fund to Road and Bridge Fund, to be reimbursed when funds are available

Discuss/Approve Resolution #2024-072 Transfer \$1,400.00 from Inheritance Fund to Juvenile Services Aid Program Fund, to be reimbursed when funds are available

#### **HIGHWAY SUPERINTENDENT - ROAD AND BRIDGE MATTERS**

Discuss /Approve/Deny Moving Project C76(687) to one (1) year plan from the six (6) year plan.

#### **CLAIMS APPROVAL**

Closed Session - Employee Performance Reviews

Discuss/Approve Wage Increases for Appointed Officials

#### **11:30 COUNTY GENERAL ASSISTANCE AND CLOSED SESSION MATTERS**

#### **ADJOURNMENT**

# NIS

National Insurance Services

Client Focused. Solution Driven.

 **Madison<sup>®</sup>  
National Life**  
a Horace Mann company



## Proposal for Employee Benefits



Saline County  
Group Short Term Disability Insurance

Presented By: Erin Eby - Account Representative  
October 31, 2024

**Underwritten By:** Madison National Life Insurance Company, Inc.

**Administered By:** National Insurance Services (NIS)

**Corporate Headquarters:** 300 North Corporate Drive, Suite 300, Brookfield, WI 53045

**Offices Nationwide:** 800.627.3660 | [www.NISBenefits.com](http://www.NISBenefits.com)

Saline County, Wilber, Nebraska  
Proposal for a Short Term Disability Insurance Policy

This insurance provides periodic benefit payments to help replace income when the insured is unable to work as a result of physical disease or injury.

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Date prepared October 31, 2024  
This proposal is valid for 90 days  
Proposed effective date January 1, 2025

Presented by:  
National Insurance Services  
Erin Eby  
800.627.3660

Underwritten by:  
MADISON NATIONAL LIFE INSURANCE COMPANY, INC.

# SHORT TERM DISABILITY INSURANCE PROPOSAL

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## COVERED MEMBERS

To be eligible for insurance, an Employee must be actively at work on the effective date of the insurance, be a member of an insured eligible class and meet the minimum hourly work requirement.

01 All Eligible Employees

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**PLAN DETAILS**

Rate Guarantee	24 months
STD Benefit Percent	60% of basic earnings
Maximum Benefit	\$1,000
Minimum Benefit	\$25
Benefit Calculation Type	Direct
Minimum Hourly Work Requirement	20 hours per week
Elimination Period	Injury: 0 days; Physical Disease: 7 days
Cumulative Elimination Period	None
24 Hour Coverage	No; Non-Occupational Only
Guarantee Issue	\$1,000
Pre-Disability Earnings	Base Wage Only
Evidence of Insurability	Required for late enrollees, benefit increases, or insurance in excess of the Guarantee Issue amount.
Maximum Benefit Period	Commencing at the end of the Elimination Period and continuing for the lesser of 13 weeks or until LTD Benefits become payable
Own Occupation Period	Duration of Benefits
Definition of Disability	Total
Pre-Existing Conditions	3 months/12 months
Other Income Integration (includes but is not limited to):	Social Security – Full Family Sick Pay – Direct Offset Employer's Retirement Plan – Direct Offset Worker's Compensation – Direct Offset
Recurrent Disability	2 weeks
Employer Premium Contribution	0%
Minimum Participation Required	25%
Continuation of Insurance	Insurance may continue with payment of premiums during FMLA

Reasonable Accommodation Expense Benefit	No
Child-Family Care Expense Adjustment	No
Rehabilitation	No
Contingency	Madison National Life Insurance Company's STD offer is only available as a package with the LTD.

**COST**

Eligible Class	Number of Lives	Volume	Approximate Annual Premium
01 - All Eligible Employees	TBD	TBD	TBD
TOTALS	TBD	TBD	TBD

Age	Rate
18 - 24	\$0.48 per \$10 of Weekly Benefit
25 - 29	\$0.76 per \$10 of Weekly Benefit
30 - 34	\$0.55 per \$10 of Weekly Benefit
35 - 39	\$0.72 per \$10 of Weekly Benefit
40 - 44	\$0.59 per \$10 of Weekly Benefit
45 - 49	\$0.59 per \$10 of Weekly Benefit
50 - 54	\$0.75 per \$10 of Weekly Benefit
55 - 59	\$0.97 per \$10 of Weekly Benefit
60 - 64	\$1.23 per \$10 of Weekly Benefit
65+	\$1.49 per \$10 of Weekly Benefit

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## **CARRIER RATING**

Underwritten by Madison National Life Insurance Company, Inc. (MNL)

Founded in 1961, Madison National Life Insurance Company, Inc. (MNL) is headquartered in Madison, the rapidly growing capital city of Wisconsin. Madison National Life is licensed in 49 states and specializes in group life, disability and specialty health insurance. The company is a wholly owned subsidiary of Horace Mann Educators Corporation (NYSE:HMN), the largest financial services company focused on providing America's educators and school employees with insurance and retirement solutions.

Madison National Life has a Financial Strength Rating of A (Excellent) and a Long-Term Issuer Credit Rating of "A" (Excellent) from AM Best with a stable outlook.

## SERVICES INCLUDED

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### FLEXIBLE BILLING

Self-bill and list-bill options are available. Payments can be made on a monthly basis by multiplying the total insured payroll for the month by the rate indicated on this proposal.

### COMBINED BILLING

When you purchase any combination of Long Term Disability, Short Term Disability, Group Term Life and AD&D insurance from National Insurance Services (NIS), you can opt for combined billing (either list-bill or self-bill) which includes:

- Summary sheet with totals for all your benefits.
- One payment by check or electronically through ACH.
- No need to calculate any billing adjustments. When changes affect billing, we will make the adjustments on a subsequent statement.

### CLAIMS MANAGEMENT

Madison National Life Insurance Company, Inc. (MNL) understands that a disability may not only be stressful for an Employee and their family, but also for the employer. So, even though it's not part of an insurance policy, we believe part of our job is to reduce the stress associated with a disabling physical disease or injury. In coordination with our carrier partners, we employ the following methods for handling claims and assisting a successful return-to-work.

- One point of contact – most groups assigned one claim specialist
- Expedited answers – most calls returned in 24 hours or less
- Rehabilitation intervention – vocational and site-modification programs
- Patient advocacy – helps restore patient's outlook and manage disability
- Social Security application assistance
- Contact with claimant at certain milestones depending upon physical disease or injury

### CLAIM PAYMENT METHOD

School groups may choose to have benefits paid on a daily compensation basis. If elected, teachers and other "contract day" Employees will have their annual pay divided by the number of contract working days to determine a daily benefit. For "non-contract day" Employees, the claimant's annual pay will be divided by the number of months which is closest to the insured person's actual work year.

### FICA TAX ADMINISTRATION

Madison National Life Insurance Company, Inc. will pay the Employer's portion of FICA withholding and release the Employer from 941 and W-2 reporting requirements. Madison National Life Insurance Company, Inc. will invoice the Employer for reimbursement of the FICA tax expenses.

## KEY DEFINITIONS AND PROVISIONS

(These provisions may vary by state)

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### EMPLOYEE ELIGIBILITY

To be eligible for insurance, the Candidate must be an Employee who works for the Employer as a member of an Eligible Class who is reported on the Employer's records for Social Security and tax withholding purposes. The Candidate must be a citizen or legal resident of the United States or Canada, and must reside in the United States or Canada. The Candidate must be Actively at Work and capable of sustained Active Work on the effective date of their insurance and must be meeting the Minimum Hourly Work Requirement. The Candidate cannot be a full-time member of the armed forces of any country, leased Employee or independent contractor and must satisfy their Waiting Period.

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### DEFINITION OF DISABILITY

During the Elimination Period and the Benefit Payment Period, Disability and Disabled means the Insured is, as a result of Physical Disease, Injury, Pregnancy or Mental Disorder, unable to perform a majority of the Material Duties of their Own Occupation.

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### WHEN STD BENEFITS END

An Insured Person's STD Benefits end automatically on the earliest of the following:

- ▶ The date the insured person is no longer Disabled;
- ▶ The date the insured person's Maximum Benefit Period ends;
- ▶ The date the insured person dies;
- ▶ The date the insured person becomes eligible for insurance under any other group STD plan obtained through employment;
- ▶ The date the insured person fails to provide satisfactory objective medical evidence of continued Disability;
- ▶ The date the insured person fails to comply with the Insurer's request to be examined by a Physician, other medical practitioner and/or a vocational or rehabilitation expert of the Insurer's choice;
- ▶ The date the insured person refuses to accept an accommodated position, offered by the Employer, which they are able to perform, whether it is in the Insured Person's Own Occupation or Any Occupation;
- ▶ The date at which the insured person has resided outside of the United States or Canada for 6 months;
- ▶ The date that the insured person is confined in a penal or correctional institution or under house arrest;
- ▶ The date that the insured person fails to comply with any requirements set forth in Section XIX, Responsibilities of Disabled Insureds.

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### INCOME THAT REDUCES DISABILITY PAYMENTS

Disability income from the Social Security Administration, any State Disability Plan and other deductible sources of income will be deducted from the insured's income for purposes of calculating benefits unless otherwise stated in the Plan Details section of this proposal. After the first deduction for Social Security benefits, the monthly benefit will not be further reduced due to any cost of living increase payable under Social Security benefits.

If the insured is eligible for Social Security Disability benefits, but chooses instead to receive Social Security Retirement benefits, this plan will estimate the amount of the eligible Social Security Disability benefit and reduce the gross Short Term Disability benefit with the estimated amount.

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## **INCOME THAT DOES NOT REDUCE DISABILITY PAYMENTS**

This policy will not deduct individual disability insurance benefits, accelerated benefits under a life insurance policy, group credit or mortgage disability insurance benefits, or deferred compensation from the insured's income for the purpose of calculating benefits. Also, the insured's benefit payments will not be reduced by income earned through an occupation held in addition to the own occupation prior to becoming disabled, unless that income exceeds the amount earned immediately prior to disablement.

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## **EXCLUSIONS**

Disabilities which are caused by or which the following contributed to are not insured by this plan:

- ▶ War or any act of war, declared or undeclared
- ▶ Active participation in a violent disorder or riot
- ▶ Commission of, or attempt to commit, any crime or while engaging in an illegal activity
- ▶ Intentionally self-inflicted injury or attempted suicide
- ▶ During military leave in the armed forces of any state or country, or while imprisoned
- ▶ Occupational Disability. Insureds are not covered for a disability arising out of or in the course of any employment for wage or profit. Insured is not covered for any Disability for which Worker's Compensation benefits are payable.

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## **PRE-EXISTING CONDITIONS**

The Insured is not covered for a Disability caused or contributed to by a Pre-existing Condition or medical or surgical treatment of a Pre-existing Condition unless they have been continuously insured under the Group Policy for at least 12 months and has been Actively at Work for at least one full day after the end of that 12 months.

If the Insured is not covered for a Disability because of the Pre-existing Condition exclusion for their current STD insurance, they are not covered for that same Disability for any STD insurance increase because of an Eligible Class or Group Policy change.

Pre-existing Condition means a mental or physical condition whether or not diagnosed or misdiagnosed for which the Insured has consulted a Physician or other licensed medical professional, received medical treatment, services or advice, undergone diagnostic procedures, including self-administered procedures, or taken prescribed drugs or medications at any time during the 3 months period just before the effective date of the Insured's insurance under the Group Policy or the effective date of the STD insurance increase.

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## **LIMITATIONS**

Foreign Residency. Payment of STD Benefits is limited to 6 months for each period of continuous Disability while the Insured resides outside of the United States or Canada.

Payment Limit. In no event will the STD Benefit plus Deductible Income plus Work Earnings exceed 100% of Predisability Earnings. In the event the Insured's STD Benefit plus Deductible Income plus Work Earnings exceeds 100% of Predisability Earnings, the STD Benefit will be reduced by the amount in excess of 100% of Predisability Earnings, subject to the Minimum Monthly Benefit.

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## **TERMINATION**

The Insurer may terminate insurance as follows:

- ▶ If a premium payment is not received by the due date or grace period.
- ▶ If the number of people insured is less than the minimum participation number or percentage.
- ▶ If the Employer fails to promptly furnish any requested information or fails to perform any other obligations relating to the group policy.

- By giving the Employer at least 60 days advance written notice or on the date that the Employer breaches any part of the contract.

The Employer may terminate insurance under the group policy by giving the insurer at least 31 days written notice. The effective date of termination will be the date stated in the notice or the next payment due date, whichever date is later.

An Insured Person's Insurance, subject to the When Your Insurance Ends provision found within the Certificate, will cease on the earliest of the following to occur:

- the date the Employer's insurance under the Group Policy terminates;
- the date the insured person ceases to be an Eligible Insured Person;
- the date that premium payment is not paid when required;
- the insured person's Retirement Date.

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## CHANGES IN PREMIUM RATES

Premium rates will not be changed during the initial rate guarantee period except if any of the following occur:

- A change or clarification in a law or governmental regulation affects the amount payable under the Group Policy. Any such change in premium rates will reflect only the change in the Insurer's obligations.
- Factors material to the underwriting risk the Insurer assumed under the Group Policy with respect to an Employer, including, but not limited to, the number of persons insured, age, Predisability Earnings, gender and occupational classification change significantly.
- The premium contribution arrangement for insured Employees is changed or varies from that provided for under the Group Policy when issued or last renewed.
- Plan design changes are requested by the Employer.
- The Insurer and the Employer mutually agree to change premium rates.

This proposal is not the insurance contract. It is only a brief description of your insurance to assist in your decision to elect this insurance. Complete details including all benefits, exclusions, and limitations will be contained in the Certificate of Insurance which will be issued by your Employer at a later date.

Administered by:

**NIS**  
National Insurance Services

**Corporate Headquarters:**  
300 North Corporate Drive, Suite 300  
Brookfield, WI 53045  
**Offices Nationwide:** 800.627.3660

Underwritten by:

 **Madison<sup>®</sup>  
National Life**  
a Horace Mann company  
PO Box 5008, Madison, WI 53705

## Saline County (NE) – Supplemental LIFE offering

### 15% MINIMUM PARTICIPATION REQUIRED IN EMPLOYEE SUPPLEMENTAL LIFE NEEDED TO OFFER THIS FULL PLAN

#### Employee (Actives, except Elected Officials)

- \$10,000 increments to \$300,000 (not to exceed 5 X Basic Annual Salary)
- Will agree to match BLF reduction schedule of – To 65% at 65, to 45% at 70, to 30% at 75, terms at retirement.
- Waiver of Premium Applies – Matching in-force Basic Life Provision (60/6/70).
- Supp. AD&D is okay at an extra \$.03 per \$1,000
- \$150,000 GI (59 and younger); \$10,000 GI (60 to 69) and \$0 GI (70+).
- Below age-rates will apply.
- 2 year Suicide Exclusion Applies
- Annual Open Enrollment applies (Employee Only) = +\$10,000
  - Prior Declined/Incomplete Applicants are NOT eligible
  - GI limit above still applies.
  - Employees 69 and younger only.
- Portability Applies

#### Spouse:

- \$5,000 increments up to \$150,000 (not to exceed 50% of EE's SLF election).
- \$30,000 GI (Spouses 59 and younger); \$5,000 GI (Spouses 60 to 69) will apply.
- Spousal coverage will reduce to 65% at Spouses attainment of age 65 and terminate upon Spouses attainment of age 70.
- Waiver of Premium Applies – Matching in-force Basic Life Provision (60/6/70).
- Below age-rates will apply.
- No Spousal AD&D.
- 2 year Suicide Exclusion Applies
- Portability Applies

#### Child:

- Child SLF Option: \$15,000 Child (6 months to age 25)/\$1,500 Infant (14 days to 6 months)
- No Child AD&D.
- Child coverage terminates the earlier of the age above; or the Employee's retirement.
- Waiver of Premium Applies – Matching in-force Basic Life Provision (60/6/70).
- \$15,000 GI.
- Annual Open Enrollment Applies – no E of I.
- Child SLF Rate = \$2.64 per unit
- 2 year Suicide Exclusion Applies
- Portability Applies

Employee/Spouse rates (based on Spouses age):

<b>Age Band</b>	<b>Rate per \$1,000</b>
18-24	\$.06
25-29	\$.07
30-34	\$.09
35-39	\$.11
40-44	\$.14
45-49	\$.24
50-54	\$.35
55-59	\$.60
60-64	\$.80
65-69	\$1.49
70-74	\$2.42
75-79	\$4.18
80+	\$6.31

Portability Provision:

A. Eligibility

The Insured may continue Supplemental Life, Spousal Life, Child Supplemental Life and Supplemental AD&D insurance provided under the Policy if:

1. the Insured's employment with the Employer ends for a reason other than retirement or Total Disability;
2. the Insured has been covered under the Policy for at least the twelve consecutive months prior to the date employment ends; and
3. the Insured makes written application and pays the first premium payment to the Company within 31 days of the date insurance would otherwise end.

B. Amount of Coverage

The amount of insurance the Insured may continue is the amount in effect on the date employment terminates. The Insured may not increase the amount of coverage or add new dependents during the continuation period. He or she may decrease the amount of coverage at any time. The decrease will take effect on the first day of the month following the date we receive such a request.

The amount of the Insured's continued insurance will be reduced or terminated according to the Schedule of Benefits in effect on the date insurance terminates.

C. Payment of Premium

Timely payment of premium must be made directly to the Company during the continuation period. The initial premium will be the rate in effect on the date employment terminates, plus an administration fee. Future premium increases will occur as if the Insured were still an active employee of the Employer. After the Employer's coverage terminates under the Policy, rate increases will be made based on our underwriting guidelines.

D. Termination of Coverage

Portable coverage will not end when the Employer's coverage ends. Portable coverage will end on the earliest of:

1. the date the Insured fails to pay any required premium;
2. the date coverage would otherwise end if he or she remained an active employee; or
3. the date after 2 years of Portability coverage.

E. Group Policy Provisions

Except as provided above, insurance continued under this Portability provision is subject to all other terms of the Group Policy. With respect to any notice you are required to provide to the Employer under provisions of the Group Policy, such notice must be provided to the Company.

Portability Rates (Employee/Spouse):

<u>Age</u>	<u>Rate per \$1,000</u>
to age 29	\$0.15
30 to 34	\$0.18
35 to 39	\$0.21
40 to 44	\$0.29
45 to 49	\$0.49
50 to 54	\$0.78
55 to 59	\$1.37
60 to 64	\$2.19
65 to 69	\$3.33
70 to 74	\$5.52
75 to 79	\$10.72
80+	\$11.95

Child Supplemental Life: \$2.64 per unit.

Supplemental AD&D: \$.03 per \$1,000



Group insurance benefits

# Count on Principal for your employee benefits

Presented to  
SALINE COUNTY

Prepared by  
BRIAN E COADY

Presented by  
BENEFIT MANAGEMENT

Effective date  
January 1, 2025

Solutions  
Critical illness

# Rates

Presented to: SALINE COUNTY

Effective date: January 1, 2025

Critical illness monthly rate <sup>1</sup> per \$1,000 ALL MEMBERS		
Age	Employee	Spouse
24 & under	\$0.271	\$0.271
25-29	\$0.354	\$0.354
30-34	\$0.503	\$0.503
35-39	\$0.583	\$0.583
40-44	\$0.779	\$0.779
45-49	\$1.079	\$1.079
50-54	\$1.563	\$1.563
55-59	\$2.149	\$2.149
60-64	\$3.075	\$3.075
65-69	\$4.327	\$4.327
70 & over	\$6.243	\$6.243

**Critical illness rate guarantee:** 2 year

Children are automatically covered with no additional cost

<sup>1</sup>Employee and spouse are charged separately, based on individual ages

**Critical illness commissions:** Commissions are paid using a flat 20%.

# Rating assumptions

Presented to: SALINE COUNTY

Effective date: January 1, 2025

## These rates are based on the following:

NE is the contract state. If you have employees in other states, we may apply benefits based on those states' provisions, when applicable.

An effective date of January 1, 2025. Suggested premiums and benefits are for illustration purposes only. Acceptance of your group, final premium rates and actual benefits cannot be offered to you until all necessary information about your group has been received and reviewed by home office underwriters of Principal Life and approved by an officer of Principal Life. Rates will be recalculated based on actual enrollment under the policy and are subject to change if the number of employees on the effective date varies by more than 15% from the sold proposal. Changes in assumptions, group demographics, policy design and policy effective date may also affect your rates. Final rates are dependent on entering into an insurance contract and will apply for the period of time specified in the contract. Rates may increase on renewal in accordance with the terms of the policy. This proposal assumes the group has been in business for 12 months.

As a result of this sale, your broker may receive commissions, administrative service fees, other compensation including non-cash compensation, and bonuses based on factors such as total premium volume and persistency or profitability of the business. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. This compensation is in addition to any compensation your broker may receive from you. Contact your broker for further details.

# Critical illness

Presented to: SALINE COUNTY  
Effective date: January 1, 2025

## ALL MEMBERS

Features	Benefit	Details
Employee increments	\$5,000	Benefits available in \$5,000 increments
Employee minimum	\$5,000	
Employee maximum	\$100,000	Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees). Employees must be enrolled before coverage can be offered to their dependents.
Employee guarantee issue	\$30,000	Benefits over this amount may require health information.
Spouse benefit	100% of the employee benefit	
Spouse increments	\$2,500	Benefits available in \$2,500 increments
Spouse minimum	\$2,500	
Spouse maximum	\$100,000	Eligible dependents include the employee's spouse. Additional eligibility requirements may apply.
Spouse guarantee issue	\$30,000	Benefits over this amount may require health information.
Child(ren) benefit	Automatically covered for 25% of employee benefit	Eligible dependents include the employee's child(ren) under age 26. Additional eligibility requirements may apply.
Preexisting conditions	3/12	
Health screening benefit	\$100	Employees and their covered dependents who have a covered screening test performed may each be eligible for a benefit once per calendar year.
Portability	To age 70	<p>If employees cease to meet the definition of an employee, they may be eligible to continue insurance for themselves and their covered dependents.</p> <p>To continue insurance, the employee must have been insured for 12 consecutive months, be less than age 70 and not incurred a critical illness.</p> <p>Ported insurance will terminate on May 1 following the employee's 70th birthday.</p>
Contribution type	Voluntary	

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

Proposal IDs: 10292420757v2 and 10292410757v2

1162208 | Contract state: NE

GP63222-00 | 06/2024

Today's date: 10/29/2024

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# Critical illness

Presented to: SALINE COUNTY  
 Effective date: January 1, 2025

Covered illnesses / benefits		
To qualify for a benefit under this policy, the definition of the incurred critical illness must be satisfied. For diseases covered under the infectious disease benefit, the covered person must be confined to a hospital for at least 3 days.		
	% of benefit for first occurrence	% of benefit for additional occurrences
Alzheimer's disease	100%	0%
Amyotrophic lateral sclerosis	100%	0%
Benign brain tumor	100%	0%
Carcinoma in situ	25%	25%
Coma	100%	0%
Coronary artery disease	25%	25%
Heart attack	100%	100%
Invasive cancer	100%	100%
Loss of hearing	100%	0%
Loss of sight	100%	0%
Loss of speech	100%	0%
Major organ failure	100%	100%
Multiple sclerosis	100%	0%
Occupational infectious disease	100%	0%
Paralysis	100%	0%
Parkinson's disease	100%	0%
Skin cancer	\$250	\$0
Stroke	100%	100%
Infectious disease benefit		
COVID-19	25%	25%
Diphtheria	25%	25%
Encephalitis	25%	25%
Legionnaire's disease	25%	25%
Lyme disease	25%	25%
Malaria	25%	25%

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

Proposal IDs: 10292420757v2 and 10292410757v2

1162208 | Contract state: NE

GP63222-00 | 06/2024

Today's date: 10/29/2024

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# Critical illness

Presented to: SALINE COUNTY  
Effective date: January 1, 2025

Meningitis	25%	25%
Methicillin-resistant staphylococcus aureus (MRSA)	25%	25%
Necrotizing fasciitis	25%	25%
Osteomyelitis	25%	25%
Poliomyelitis	25%	25%
Rabies	25%	25%
Sepsis	25%	25%
Tetanus	25%	25%
Tuberculosis	25%	25%
<b>Childhood conditions</b>		
Cerebral palsy	100%	0%
Cleft lip / palate	100%	0%
Cystic fibrosis	100%	0%
Down syndrome	100%	0%
Muscular dystrophy	100%	0%
Spina bifida	100%	0%
To qualify for a benefit under this policy, the definition of the incurred specified disease must be satisfied.		

Additional benefits	
<b>Wellness</b>	Employees and their covered dependents who have a covered screening test performed may be eligible for a \$100 benefit once per calendar year.
<b>Portability</b>	<p>If employees cease to meet the definition of an employee, they may be eligible to continue insurance, for themselves and their covered dependents, without submitting proof of good health.</p> <p>To continue insurance, the employee must have been insured for 12 consecutive months, be less than age 70 and not incurred a critical illness.</p> <p>Ported insurance will terminate on May 1 following the employee's 70th birthday.</p>

Highlights	
<b>Participation</b>	10% or 5 lives, whichever is greater

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

Proposal IDs: 10292420757v2 and 10292410757v2

1162208 | Contract state: NE

GP63222-00 | 06/2024

Today's date: 10/29/2024

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# Critical illness

Presented to: SALINE COUNTY

Effective date: January 1, 2025

<b>Eligibility</b>	<p>Employee: Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 20 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p>Dependent: Eligible dependents include the employee’s spouse and children. Additional eligibility requirements may apply.</p>
<b>Preexisting conditions</b>	<p>3 months prior / 12 months insured</p>
<b>Limitations and exclusions</b>	<p>CRITICAL ILLNESS INSURANCE PROVIDES LIMITED BENEFITS.</p> <p><b>Limitations</b> Benefits will not be paid for a critical illness caused by, contributed to, or resulting from willful self-injury or self-destruction, while sane or insane; or war or act of war; or commission of or attempted commission of a felony or to which a contributing cause is an illegal occupation; or duty as a member of a military organization; or conditions diagnosed outside of the United States unless the diagnosis can be confirmed by a licensed physician in the United States; or the use of any drug, narcotic, or hallucinogen not prescribed for the member or dependent by a licensed physician, or if prescribed, not used in a manner consistent with that prescription; or the use of alcohol, including the operation of a motor vehicle if, at the time of operation, the operator’s alcohol concentration exceeds the legal limit allowed by the jurisdiction where the injury occurs; or a cosmetic surgery or other elective procedures that are not medically necessary; or a preexisting condition.</p> <p><b>Exclusions</b> No benefits will be paid for any critical illness incurred while residing outside the United States for more than six months; or incurred while incarcerated in any type of penal or detention facility; or for which proof is submitted by a physician who is part of the member’s or dependent’s immediate family.</p> <p><b>Preexisting conditions</b> A preexisting condition is any sickness or injury, including all related conditions and complications, or a pregnancy, for which a member or dependent received medical treatment, consultation, care, or services; or was prescribed or took prescription medications; in the six month period before the member or dependent became insured under the group policy.</p> <p>No benefits will be paid for a critical illness that results from a preexisting condition unless, on the date the member or dependent incurs the critical illness, the member has been actively at work for one full day for the member’s critical illness or the dependent has been insured for one full day for a dependent’s critical illness, after completing 12 consecutive months during which the member or dependent was insured under the group policy.</p>

# Services & general provisions

Presented to: SALINE COUNTY

Effective date: January 1, 2025

Our services	
<b>Online benefit administration</b>	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
<b>Simple payroll deduction</b>	We make employee payroll deductions easy by aligning your bill with your employees' pay frequency: weekly, bi-weekly, monthly and bi-monthly.

General provisions	
<b>Renewing your coverage</b>	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
<b>Termination and renewability of your coverage</b>	The insurance is renewable at your option. Principal Life has the right to refuse the renewal of this policy or terminate the insurance if: you fail to pay premium; fraud or misrepresentation occurs; your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy; your company no longer meets the participation or contribution rules; you no longer qualify as an eligible business or group; we give you advance notice of termination as required by your state.
<b>Policy changes</b>	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
<b>Federal and state laws</b>	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

Principal®, Principal Financial Group®, and Principal and the logomark design are registered trademarks of Principal Financial Services, Inc., a Principal Financial Group company, in the United States and are trademarks and service marks of Principal Financial Services, Inc., in various countries around the world.

Insurance issued by Principal Life Insurance Company, 711 High Street, Des Moines, IA 50392.

Proposal IDs: 10292420757v2 and 10292410757v2

1162208 | Contract state: NE

GP63092-02 | 06/2024

Today's date: 10/29/2024

Page 8 of 10

# Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our customer-first approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

**If this proposal adds a coverage to your account, please include a signed application with this proposal.**

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

---

---

---

Officer Signature

Date

---

Producer Signature

Date

**Please note: The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines, as well as federal and state regulations.**

# Disclosure of compensation information

As a result of this sale, I (or my firm) may receive compensation (cash or otherwise) that is based in part on factors such as total deposits, assets or premium volume and persistency or profitability of the business I sell. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. I may receive this compensation from the insurer and/or entities through which I place business.

Please contact me if you have any questions about this compensation.

---

**Note: Customer's signature is required only when the producer is also receiving compensation directly from the customer. A copy of the signed document should be given to the customer. The broker should keep the original in the client file.**

I acknowledge paying compensation directly to the producer and receipt of the above information before purchasing the contract under consideration.

---

Customer signature

Date

cc: Client File

# Voluntary rates



Presented to: SALINE COUNTY

Effective date: January 1, 2025

The volume, lives, monthly costs and annual costs will be determined upon final enrollment.

Voluntary term life monthly rate <sup>1</sup> per \$1,000 all members		
Age	Employee	Spouse
29 & under	\$.091	\$.091
30 - 34	\$.110	\$.110
35 - 39	\$.139	\$.139
40 - 44	\$.227	\$.227
45 - 49	\$.336	\$.336
50 - 54	\$.549	\$.549
55 - 59	\$.885	\$.885
60 - 64	\$1.205	\$1.205
65 - 69	\$1.938	\$1.938
70 & over	\$3.341	\$3.341

**Rate guarantee:** two years, unless volume increases or decreases by more than 25%

<sup>1</sup>Voluntary term life rates do not include the AD&D rate. The spouse is charged based upon his/her individual age.

**Child(ren) monthly rate:**

\$5,000 of coverage for \$1.00 per family

\$10,000 of coverage for \$2.00 per family

\$15,000 of coverage for \$3.00 per family

\$20,000 of coverage for \$4.00 per family

\$25,000 of coverage for \$5.00 per family

Voluntary Accidental Death and Dismemberment (AD&D) monthly rate per \$1,000 all members	
Employee and spouse	\$.036

AD&D is automatically added to any voluntary term life benefit elected. Employee and spouse are charged separately.

Voluntary vision all members	
	Monthly rate
Employee	\$9.21
Employee & Spouse	\$18.49
Employee & Child(ren)	\$22.72
Family	\$30.48

**Rate guarantee:** two years

# Voluntary rates



Presented to: SALINE COUNTY

Effective date: January 1, 2025

Off-the-job accident all members	
	Monthly rate
Employee	\$8.82
Employee & spouse	\$14.47
Employee & child(ren)	\$16.28
Family	\$25.57

**Rate guarantee:** one year

Rates include:

- Accidental Death and Dismemberment (AD&D)
- Wellness benefit

ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.

Voluntary vision for all members		
VSP choice network		
Covered charges	Benefit	Frequency
Exams	\$10 copay	1 per 12 months
Prescription glasses	\$25 copay	1 pair per 12 months
Lenses	Single vision, lined bifocal, lined trifocal, and lenticular lenses; polycarbonate lenses for dependent children under age 18	
Frames*	\$200 allowance for a wide selection of frames; 20% off amount over allowance <sup>1</sup>	1 set per 12 months
Elective contacts	Up to \$60 copay for standard and premium elective contact lens exams (fitting and evaluation)	1 per 12 months
	\$200 allowance for elective contacts	Instead of lens and frames benefit
Necessary contacts <sup>2</sup>	\$25 copay	1 per 12 months
	Covered in full for members who have specific conditions. Contact lenses can be chosen instead of glasses.	Instead of lens and frames benefit
Lens enhancements <sup>1</sup>	\$0 copay standard progressive lenses  Most other popular options are covered after a copay, saving members an average of 30%. Members should see their doctor for special pricing on additional lens enhancements.	1 per 12 months
Additional savings <sup>1</sup>	Savings on laser vision correction and additional pairs of prescription glasses and non-prescription sunglasses.	

Presented to: SALINE COUNTY  
 Effective date: January 1, 2025

Non-network providers		
Covered charges	Benefit <sup>3</sup>	Frequency
Vision exams	Up to \$45	1 per 12 months
Single vision lenses	Up to \$30	1 pair per 12 months
Lined bifocal lenses	Up to \$50	1 pair per 12 months
Lined trifocal lenses	Up to \$65	1 pair per 12 months
Lenticular lenses	Up to \$100	1 pair per 12 months
Frames	Up to \$70	1 set per 12 months
Elective contacts	Up to \$105	1 per 12 months Instead of lens and frame benefits
Necessary contacts <sup>2</sup>	Up to \$210	1 per 12 months Instead of lens and frame benefits

<sup>1</sup> Based on applicable laws; benefit may vary by doctor location. Savings may not apply at participating retail chains.

<sup>2</sup> Prescribed to correct extreme visual problems that cannot be corrected with regular lenses.

<sup>3</sup> The benefit amount is the lesser of the maximum payment limit or billed amount minus the applicable copay.

\*VSP has agreements established with some participating retail chain providers that may also provide benefits for this covered service. Up to a \$110 allowance is given for a wide selection of frames from Costco or Walmart/Sam's Club. Not all providers at participating retail chains are in-network for exam services. Please talk to your provider or contact VSP customer care for further details.

Highlights	
Participation	20% or 5 lives, whichever is greater
Eligibility	<p><b>Employee:</b>                      Eligible Employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 30 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p><b>Dependent:</b>                      Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Open enrollment period	Any employee or dependent that didn't enroll within 31 days of being eligible can only enroll during the open enrollment period.
Coordination of benefits	Benefits from two or more carriers are limited up to 100% of the claimant's covered expenses.

<b>Limitations</b>	<p>The proposed policy contains restrictions and limitations. Before making a purchase decision, review the following limitations and resolve any questions. The following limitations and restrictions are applied as required by state law or as otherwise described in the group policy.</p> <p>No benefits will be paid for: visual analysis or vision aids that are not medically necessary / services and/or materials not specifically included in the benefit schedule / plano lenses / two pairs of glasses instead of bifocals / replacement of lenses, frames and/or contact lenses furnished under this plan which are lost or damaged / orthoptics, vision training or supplemental testing / medical or surgical treatment of the eyes / contact lens insurance policies or service agreements / refitting of contact lenses after the initial fitting period / contact lens modification, polishing or cleaning, local state and/or federal taxes, except where required by law. Benefits will not be paid for any vision care expense for: which proof is submitted by a person who is part of the member's or dependent's immediate family / vision aids provided outside the United States.</p>
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VSP is not a member of the Principal Financial Group.



# Accident



Presented to: SALINE COUNTY

Effective date: January 1, 2025

Off-the-job accident for all members	
Benefits payable	
Injury	Benefit
Burn	Up to \$5,000
Coma	\$15,000
Concussion	\$500
Dental injury	\$500
Dislocation	Up to \$7,500
Eye injury with surgical repair	\$500
Fracture	Up to \$10,000
Injuries not specifically listed	\$100
Internal injury	\$1,500
Knee cartilage injury with surgical repair	\$1,500
Ruptured disc with surgical repair	\$1,500
Tendon / ligament / rotator cuff injury with surgical repair	\$1,500
Accidental Death and Dismemberment (AD&D)	
Employee	\$25,000
Spouse	\$12,500
Children	\$6,250

Covered loss	% of Benefit
Loss of life; loss of both hands or both feet or one hand and foot; quadriplegia; loss of speech and hearing in both ears; or loss of sight in both eyes	100%
Loss of one hand or foot; paraplegia; hemiplegia; loss of use of one hand and foot or both hands or feet; or loss of speech, hearing in both ears, or sight in one eye	50%
Loss of thumb and index finger on the same hand; loss of use of one arm, leg, hand or foot; or loss of hearing in one ear	25%
Common carrier	200%
Seat belt/airbag	25%
Repatriation	Up to 10%

Additional benefits	
<b>Wellness</b>	Employees and their covered dependents who have a covered screening test performed may each be eligible for a \$50 benefit. This benefit is payable once per calendar year.
<b>Portability</b>	If employees cease to meet the definition of an employee, they may be eligible to continue insurance for themselves and their covered dependents. To continue insurance, the employee must have been insured 12 consecutive months and be less than age 70. Ported insurance will terminate on May 1 following the employee's 70th birthday.

Insurance issued by Principal Life Insurance Company®, 711 High Street, Des Moines, IA 50392

Proposal number: 10292410757-4

1162208

Contract state: NE

GP61689-14 | 10/2024

Today's date: 11/01/2024

Page 14 of 20

# Accident



Presented to: SALINE COUNTY

Effective date: January 1, 2025

Highlights	
Participation	10% or 5 lives, whichever is greater.
Eligibility	<p><b>Employee:</b> Eligible employees include all active, full-time employees living in the United States (except part-time, seasonal, temporary or contract employees) who work at least 20 hours per week. Employees must be enrolled with coverage before it can be offered to their dependents.</p> <p><b>Dependent:</b> Eligible dependents include the employee's spouse and children. Additional eligibility requirements may apply.</p>
Limitations	<p><b>ACCIDENT INSURANCE PROVIDES LIMITED BENEFITS.</b></p> <p>Benefits will not be paid for an injury resulting from willful self-injury or self-destruction / an auto-erotic activity / war or act of war / participation in certain criminal activities / duty as a member of a military organization / injuries diagnosed outside of the United States unless confirmed by a physician in the United States / the use of any drug not prescribed by a physician or not used in a manner consistent with a prescription / deliberate use of poison, gas, fumes, or household items / intoxication / sickness, disease, treatment of disease, or complications following the surgical treatment of disease / participation in certain activities such as flying, ballooning, parachuting, parasailing, bungee jumping or other aeronautic activities / riding in any vehicle in a race, stunt show or speed test / any dental injury from biting or chewing / participating in any semi-professional or professional competitive athletic activity / any injury to a child received during child birth / injury arising from employment.</p>
Exclusions	No benefits will be paid for any injury incurred while residing outside the United States for more than six months / incurred while incarcerated in any type of penal or detention facility / for which proof is submitted by a physician who is part of the covered person's immediate family.

# Discounts and services



Presented to: SALINE COUNTY

Effective date: January 1, 2025

Discounts and services	
<b>Laser vision correction</b>	Employees, their spouses and dependent children save \$800 with featured providers Lasik <b>Plus</b> , TLC Laser Eye Centers or The LASIK Vision Institute or receive 15% off standard pricing or 5% off promotional pricing on LASIK through the National Lasik Network's administered by LCA Vision.
<b>Hearing aid program</b>	Through Start Hearing, employees and their families are eligible for up to 48% off hearing aids.
<b>Travel assistance</b>	<p>Employees, their spouses and dependent children (whether traveling together or separately) have access to travel, medical, legal and financial assistance plus emergency medical evacuation benefits provided by AXA Assistance<sup>1</sup> when traveling domestically or internationally more than 100 miles from home for up to 120 consecutive days.</p> <ul style="list-style-type: none"> <li>• Participants are responsible for any incurred fees or expenses. Insured transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third party licensed insurance company.</li> <li>• This service is not part of the coverage and may be changed or discontinued at any time. AXA Assistance USA, Inc. is not a member of the Principal Financial Group®.</li> </ul>
<b>Will &amp; legal document center</b>	Employees and their spouses have free access to resources and tools provided by ARAG <sup>2</sup> to prepare a will, living will, healthcare power of attorney, durable power of attorney, HIPPA authorization and medical treatment authorization for minors. Estate planning resources and a personal information organizer are also included.
<b>Identity theft kit</b>	This valuable resource from ARAG provides employees with information on how to protect their identity and restore it if stolen.
<b>Beneficiary support</b>	<p>Beneficiaries receive grief support services from Magellan Healthcare.<sup>3</sup></p> <p>Financial professionals are available to help beneficiaries with insurance proceeds.</p> <p>Spouses and dependents also receive three months of free online access to will preparation services provided by ARAG.<sup>2</sup></p>
<b>Emotional health support line</b>	Employees, their spouses and dependent children have free access to licensed behavioral health clinicians who can provide emotional support, tips for health coping and referrals to local resources.
<p><b>These discounts are not insurance.</b></p> <p>The discounts and services listed here are available to members, and/or their dependents or beneficiaries, with group coverage underwritten by or with administrative services provided by Principal Life Insurance Company. The discounts and services are not a part of the policy or contract and may be changed or discontinued at any time. Although Principal has arranged to make these programs available to you, the third party providers are solely responsible for their products and services.</p> <p><sup>1</sup>Participants are responsible for any incurred fees or expenses. Insured transportation services are administered by AXA Assistance USA, Inc. and underwritten by a third-party licensed insurance company.</p>	

# Discounts and services



Presented to: SALINE COUNTY

Effective date: January 1, 2025

<sup>2</sup>The value-added resources provided through ARAG Services, LLC (ARAG<sup>®</sup>) are not a part of any insurance products and plan administrative services provided through Principal Life Insurance Company<sup>®</sup> or affiliated with any company of the Principal Financial Group<sup>®</sup>. All resources may be changed or canceled at any time. The use of the services provided by ARAG<sup>®</sup> Services, LLC should not be considered as a substitute for consultation with an attorney or advisor. Principal<sup>®</sup> is not responsible for any loss, injury, claim, liability, or damages related to the use of the ARAG Will & Legal Document Center resources. Please remember that the ARAG legal documents, DIY Docs<sup>®</sup> are accurate and useful in many situations. Due to possible changes by a state, it is a good idea to periodically review a template used to be sure it is the most current template. Whether or not the document is right for you and your situation depends on your circumstances. If you want specific advice regarding your situation, consult an attorney. Information is intended to be educational in nature and is not intended to be taken as a recommendation.

<sup>3</sup>The use of services provided by Magellan Healthcare is not a substitute for consultation with a licensed medical professional. Principal Life Insurance Company<sup>®</sup> is not responsible for any loss, injury, claim, liability, or damages related to the use of Grief Support Services. Magellan Healthcare is not a member of the Principal Financial Group<sup>®</sup>.

# Services & general provisions



Presented to: SALINE COUNTY

Effective date: January 1, 2025

Our services	
<b>Online benefit administration</b>	eService offers free administration and management of all group insurance for employers and employees. Employers can add or remove employees, view and update employee information, pay premiums and more. Employees can view statuses of claims, confirm covered dependents and more.
<b>Claim services</b>	At Principal Life, we know filing a claim is a defining moment for clients. That's why we strive to make the claims process quick and easy for our customers. Vision claim services are handled by VSP.
<b>Simple payroll deduction</b>	We make employee payroll deductions easy by aligning your bill with your employees' pay frequency: weekly, bi-weekly, monthly and bi-monthly.

General provisions	
<b>Renewing your coverage</b>	Your insurance runs annually or based on your rate guarantee period, but no less than annually, unless the policy terminates before that date. While the insurance is in force and subject to its termination provisions, you may renew at the applicable premium rates in effect on your anniversary.
<b>Termination and renewability of your coverage</b>	The insurance is renewable at your option. Principal Life has the right to nonrenew or terminate the insurance if: you fail to pay premium / fraud or misrepresentation occurs / your company relocates to a state where Principal Life does not offer group coverage(s) provided by your policy / your company no longer meets the participation or contribution rules / you no longer qualify as an eligible business or group / we give you advance notice of termination as required by your state.
<b>Policy changes</b>	Principal Life has the right to modify coverage under the group policy at any time to meet legal requirements or to ensure consistent application of policy provisions. In addition, you may request coverage changes, subject to approval by Principal Life.
<b>Federal and state laws</b>	Various federal and state laws may affect the rights of insureds to continue coverage. The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA), the Family Medical Leave Act (FMLA) and the Uniform Services Employment and Reemployment Rights Act of 1994 (USERRA) are examples. As an employer, you are responsible for meeting the obligations imposed by any federal and state continuation laws. However, we design and administer our policies to comply.

This proposal is a general description. It is not a policy and does not modify or change the provisions of any policy or rider. If there is a discrepancy, the policy is the final arbiter of the coverage. Policy definitions and provisions may vary by state, read your policy carefully for the exact definitions and provisions. Policy limitations and exclusions apply. Benefits are limited when living outside the United States. Insurance issued by Principal Life Insurance Company, a member of the Principal Financial Group®, Des Moines, IA 50392.

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# Amendment information



Presented to: SALINE COUNTY  
Effective date: January 1, 2025

## Existing group amendment information

Principal Life Insurance Company is pleased to team up with you to develop flexible benefit solutions that fit your employees' needs and your budget. With our customer-first approach, we're committed to offering you comprehensive benefits at an affordable price.

We're pleased to present you with this proposal, generated from your existing Principal Life account. The proposal contains additional benefit options you may wish to consider. If this proposal reflects a revision of existing products, the changes indicated on this proposal will be made to the products selected. Other features and provisions would stay the same. The sign-off below will approve the revisions for processing.

If this proposal adds a coverage to your account, [please include a signed application](#) with this proposal.

If non-benefit changes such as updates to eligibility, waiting periods and/or name or contact information are requested, please document in the space below.

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Sign below for authorization of request(s):

\_\_\_\_\_  
Officer Signature Date

\_\_\_\_\_  
Producer Signature Date

**Please note:** The final approval of this proposal and any accompanying non-benefit changes are subject to Principal Life underwriting guidelines and federal or state regulations.

# Compensation information



Presented to: SALINE COUNTY

Effective date: January 1, 2025

## Disclosure of compensation information

As a result of this sale, I (or my firm) may receive compensation (cash or otherwise) that is based in part on factors such as total deposits, assets or premium volume and persistency or profitability of the business I sell. The cost of this compensation may be directly or indirectly reflected in the premium or fee for this product. I may receive this compensation from the insurer and/or entities through which I place business.

Please contact me if you have any questions about this compensation.

**Note:** Customer's signature is required only when the producer is also receiving compensation directly from the customer. A copy of the signed document should be given to the customer. The broker should keep the original in the client file.

I acknowledge paying compensation directly to the producer and receipt of the above information before purchasing the contract under consideration.

---

Customer signature

Date

cc: Client File

RESOLUTION #2024-070

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$140,000.00 be transferred from the Inheritance Fund #2700 to the  
General Fund #0100.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 26<sup>th</sup> day of November, 2024

SEAL

\_\_\_\_\_  
Saline County Clerk

RESOLUTION #2024-071

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$165,000.00 be transferred from the Inheritance Fund #2700 to the Road  
& Bridge Fund #0300, to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 26<sup>th</sup> day of November, 2024

SEAL

\_\_\_\_\_  
Saline County Clerk

RESOLUTION #2024-072

BE IT HEREBY RESOLVED, by the Board of Commissioners of Saline County, NE,  
that the sum of \$1,400.00 be transferred from the Inheritance Fund #2700 to the Juvenile  
Services Aid Program Fund #2516, to be reimbursed when funds are available.

Motion made by Commissioner \_\_\_\_\_, seconded by Commissioner  
\_\_\_\_\_, to adopt the foregoing Resolution. All members present  
voting as follows:

Yeas: \_\_\_\_\_

Nays: \_\_\_\_\_

Abstentions: \_\_\_\_\_

Absent: \_\_\_\_\_

\_\_\_\_\_  
Chairman  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this 26<sup>th</sup> day of November, 2024

SEAL

\_\_\_\_\_  
Saline County Clerk

**RESOLUTION NO. \_\_\_\_\_**

SALINE COUNTY COMMISSIONERS MEETING

November 26, 2024

INTRODUCED BY: \_\_\_\_\_

ACCEPTING THE ONE (1) & SIX (6) YEAR HIGHWAY IMPROVEMENT PROGRAM FOR THE COUNTY OF SALINE, NEBRASKA.

BE IT RESOLVED by the Chairman and Commissioners of Saline County that:  
It is hereby found and determined that:

- (1) The program for distribution of the Highway Allocation Funds provide additional funds to counties for road related maintenance and construction.
- (2) In order to qualify for said funds that County must, among other things, prepare an annual One (1) and Six (6) Year Program for highway improvements & conduct a local public hearing.
- (3) The County of Saline, Nebraska, does hereby adopt the 2024-2030, One (1) & Six (6) Year Program as proposed by the Saline County Highway Superintendent, with the following changes:

**Add Following Projects to the One (1) Year Plan:**  
C76(687)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The foregoing Resolution having been read, Commissioner \_\_\_\_\_ seconded the motion for its passage and adoption. Roll being called on the passage of said Resolution, the following voted:

ROLL CALL VOTE:  
YEA: \_\_\_\_\_  
NAY: \_\_\_\_\_

Resolution adopted, signed and filed as adopted.

SALINE COUNTY BOARD OF COMMISSIONERS

\_\_\_\_\_  
*Saline County Clerk*

\_\_\_\_\_  
*Chairman*

APS7040  
11/18/24  
15:26:31

SAL  
BOARD PREAPPROVAL REPORT  
GENERAL  
FROM 11/29/2024 TO 11/29/2024

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
601-00 BOARD					
00-2-1700	TRAVEL EXPENSES	247.90	CROWNE PLAZA	INV 9230	24110294
00-2-1700	TRAVEL EXPENSES	247.90	FAIRFIELD INN & SUITES	434C400013235	24110301
		*****			
	<b>601-00 BOARD</b>	<b>495.80</b>			
		*****			
602-00 CLERK					
00-2-2000	PRINTING & PUBLISHING	176.00	SWEET TEA MEDIA LLC	INV 200555 INV 200693 INV 2	24110337
00-3-0101	OFFICE SUPPLIES	33.46	VISA	ACCT 8661	24110352
		*****			
	<b>602-00 CLERK</b>	<b>209.46</b>			
		*****			
603-00 TREASURER					
00-2-1700	TRAVEL EXPENSES	18.47	DEBBIE SPANYERS	REIMBURSE	24110341
00-2-1704	MILEAGE ALLOWANCE	137.35	DEBBIE SPANYERS	REIMBURSE	24110341
00-3-0101	OFFICE SUPPLIES	62.99	QUILL CORPORATION	INV 41400620	24110330
		*****			
	<b>603-00 TREASURER</b>	<b>218.81</b>			
		*****			
605-00 ASSESSOR					
00-2-0100	POSTAL SERVICES	2,000.00	U.S.P.S - POC	POC# 8087918	24110348
00-2-1100	DATA PROCESSING COSTS	1,873.25	MIPS INC	INV 24110947 INV 24110948 I	24110322
00-2-1700	TRAVEL EXPENSES	440.00	FAIRFIELD INN & SUITES	434C400013235	24110301
00-2-1700	TRAVEL EXPENSES	54.66	VISA	ACCT 3268	24110350
00-2-2000	PRINTING & PUBLISHING	679.00	SWEET TEA MEDIA LLC	INV 200555 INV 200693 INV 2	24110337
00-2-3900	CONTRACTOR FOR REAPPRAISAL	2,500.00	STANARD APPRAISAL SERVICE	INV 3250	24110342
00-2-9900	MISCELLANEOUS	33.50	VISA	ACCT 3268	24110350
		*****			
	<b>605-00 ASSESSOR</b>	<b>7,580.41</b>			
		*****			
607-00 ELECTION					
00-2-1704	MILEAGE ALLOWANCE	50.92	DEE DRAKE	MILEAGE	24110297
00-2-2000	PRINTING AND PUBLISHING	1,780.67	SWEET TEA MEDIA LLC	INV 200555 INV 200693 INV 2	24110337
00-3-0113	VOTING SUPPLIES	73.02	VISA	ACCT 8661	24110352
		*****			
	<b>607-00 ELECTION</b>	<b>1,904.61</b>			
		*****			
608-00 PLANNING-ZONING COMMISSION					
00-2-2000	PRINTING AND PUBLISHING	10.92	SWEET TEA MEDIA LLC	INV 200555 INV 200693 INV 2	24110337
00-5-0500	OFFICE EQUIPMENT	24.87	VISA	ACCT 4030	24110359

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608-00 PLANNING-ZONING COMMISSION  
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35.79  
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610-00 VOICE/DATA SERVICES  
00-4-0201 DATA PROCESSING-MIPS 2,274.71 MIPS INC INV 24110947 INV 24110948 I 24110322  
00-4-0201 DATA PROCESSING-MIPS 242.00 STATE OF NE-DEPT OF ADMIN INV 1455148 24110343  
00-4-0203 INTERNET SERVICES 3,078.92 UNITE PRIVATE NETWORKS INV 24-040312 24110349  
00-4-0204 LANDLINE SERVICES 3,488.10 UNITE PRIVATE NETWORKS INV 24-040312 24110349

610-00 VOICE/DATA SERVICES  
\*\*\*\*\*  
9,083.73  
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622-00 COUNTY COURT SYSTEM-JUDGE  
00-2-0100 POSTAL SERVICES 24.80 VISA ACCT 6942 24110353  
00-4-0200 EQUIPMENT RENTAL - OFFICE 157.00 CAPITAL BUSINESS SYSTEMS INV 37786875 24110287  
00-4-0200 EQUIPMENT RENTAL - OFFICE 49.50 DATASHIELD CORPORATION INV 0149310 INV 0149311 24110296

622-00 COUNTY COURT SYSTEM-JUDGE  
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231.30  
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631-00 CLERK OF DIST. COURT CHILD SUPPORT  
00-2-1100 DATA PROCESSING COSTS 124.00 MIPS INC INV 24110947 INV 24110948 I 24110322

631-00 CLERK OF DIST. COURT CHILD SUPPORT  
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124.00  
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641-00 BUILDING & GROUNDS (COURT HOUSE)  
00-1-0406 CUSTODIAL P/T SALARY 144.00 DEBRA A COLLINS OCTOBER 2024 24110291  
00-1-0406 CUSTODIAL P/T SALARY 56.00 SANDRA JOHNSON 10/31-11/1/24 24110311  
00-2-0501 LIGHT 4,357.47 CITY OF WILBER ACCT 7200000 ACCT 2680700 A 24110289  
00-2-0502 WATER 370.50 CITY OF WILBER ACCT 7200000 ACCT 2680700 A 24110289  
00-2-0503 HEATING/FUELS 43.33 BLACK HILLS ENERGY 2148 1560 72 5825 0639 22 24110286  
00-2-0505 GARBAGE 297.77 CITY OF WILBER ACCT 7200000 ACCT 2680700 A 24110289  
00-2-1610 LAWN EQUIPMENT REPAIR 12.13 CRETE ACE HARDWARE #82123 ACCT 212374 24110293  
00-2-1610 LAWN EQUIPMENT REPAIR 39.92 VISA ACCT 4716 24110355  
00-2-1610 LAWN EQUIPMENT REPAIR 14.95 41 AUTO PARTS ACCT 42 24110362  
00-3-0103 JANITORIAL SUPPLIES 13.98 41 AUTO PARTS ACCT 42 24110362  
00-3-0119 BUILDING SUPPLIES 159.63 FILTER SHOP INV 235613 24110303  
00-3-0209 FUEL 20.22 SHOP QWIK OCTOBER 2024 24110338  
00-5-0230 BUILDING IMPROVEMENTS 402.10 BEATRICE MECHANICAL SERVI INV 216629 24110285  
00-5-0230 BUILDING IMPROVEMENTS 366.90 TK ELEVATOR CORPORATION INV 1000650237 24110347  
00-5-0230 BUILDING IMPROVEMENTS 83.63 VOSS LIGHTING INV 10220085 24110360  
00-5-0319 JANITORIAL EQUIPMENT 78.00 VISA ACCT 4716 24110355

641-00 BUILDING & GROUNDS (COURT HOUSE)  
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6,460.53  
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Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
645-00	EXTENSION OFFICE				
00-2-1704	MILEAGE ALLOWANCE	24.12	INGRID LINDAL	MILEAGE	24110318
00-2-1801	DUES, SUB, REG, & TRAINING	360.00	NEBRASKA COOPERATIVE EXTE	INV 00800	24110324
		*****			
	<b>645-00 EXTENSION OFFICE</b>	<b>384.12</b>			
		*****			
651-00	SHERIFF				
00-1-1100	UNIFORM ALLOWANCE	266.13	TYSON OSBORN	REIMBURSE	24110327
00-1-1100	UNIFORM ALLOWANCE	49.99	VISA	ACCT 9495	24110357
00-2-9900	MISCELLANEOUS	17.97	FOOD MESTO	ACCT 1043	24110304
00-3-0209	FUEL	6,313.61	SAPP BROS INC - LINCOLN	ACCT 715651	24110336
00-3-0209	FUEL	25.01	VISA	ACCT 6084	24110356
00-3-0211	TIRES & REPAIR (MACHINERY & EQ	59.98	FARMERS COOPERATIVE	ACCT649785 ACCT 1715 INV 00	24110302
00-3-0212	EQUIPMENT REPAIRS-COMMERCIAL	129.95	SID DILLON	INV8FCP1265069 INV8FCP12613	24110339
00-3-0212	EQUIPMENT REPAIRS-COMMERCIAL	1,805.34	41 AUTO PARTS	ACCT 33	24110363
		*****			
	<b>651-00 SHERIFF</b>	<b>8,667.98</b>			
		*****			
652-00	ATTORNEY				
00-2-1801	DUES, SUB, REG, & TRAINING	107.90	VISA	ACCT 4682	24110351
00-5-0500	OFFICE EQUIPMENT	223.90	GREATAMERICA FINANCIAL SV	INV 37757252	24110305
		*****			
	<b>652-00 ATTORNEY</b>	<b>331.80</b>			
		*****			
662-00	ATTORNEY-CHILD SUPPORT				
00-2-1700	TRAVEL EXPENSES	341.04	QUALITY INN & RIVERS EDGE	INV 73982566	24110329
00-2-1801	DUES, SUB, REG, & TRAINING	301.74	EQUIFAX WORKFORCE SOLUTIO	INV 2062844877	24110300
00-2-1801	DUES, SUB, REG, & TRAINING	179.47	THOMSON REUTERS	INV 850976336	24110345
		*****			
	<b>662-00 ATTORNEY-CHILD SUPPORT</b>	<b>822.25</b>			
		*****			
671-00	JAIL				
00-1-1100	UNIFORM ALLOWANCE	744.68	HEATH SPORTS AND TEES	INV E 34955 INV E 34956	24110308
00-1-1100	UNIFORM ALLOWANCE	161.38	MALLORY SAFETY AND SUPPLY	INV 6027317	24110319
00-2-0101	ELECTRICITY	3,450.77	CITY OF WILBER	ACCT 7200000 ACCT 2680700 A	24110289
00-2-0102	WATER	2,960.25	CITY OF WILBER	ACCT 7200000 ACCT 2680700 A	24110289
00-2-0103	GAS	277.50	BLACK HILLS ENERGY	2148 1560 72 5825 0639 22	24110286
00-2-0505	GARBAGE	160.75	CITY OF WILBER	ACCT 7200000 ACCT 2680700 A	24110289
00-2-1801	DUES, SUB, REG, & TRAINING	42.89	LANGUAGE LINE SERVICES IN	INV 11440633	24110317
00-2-1801	DUES, SUB, REG, & TRAINING	273.10	VISA	ACCT 9495	24110357
00-2-1900	BOARD OF PRISONERS-MEALS	13,309.31	SUMMIT FOOD SERVICE LLC	INV2000225090 INV200022451	24110344
00-2-3000	MEDICAL SERVICES	705.00	MICHAEL KAREL PAC	10/29/24 11/5/24 11/11/24	24110313

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00-2-9900	MISCELLANEOUS	59.90	FARMERS COOPERATIVE	ACCT649785 ACCT 1715 INV 00	24110302
00-2-9900	MISCELLANEOUS	110.92	VISA	ACCT 9495	24110357
00-2-9900	MISCELLANEOUS	371.04	41 AUTO PARTS	ACCT 33	24110363
00-3-0100	SUPPLIES & MATERIALS-LINENS ET	184.25	CULLIGAN OF CRETE	INV 64518	24110295
00-3-0100	SUPPLIES & MATERIALS-LINENS ET	319.75	HELENA AGRI-ENTERPRISES,	INV 381564382	24110309
00-3-0101	OFFICE SUPPLIES	9.99	EAKES OFFICE PLUS	INV 9030354-0 INV 9034922-	24110298
00-3-0103	JANITORIAL SUPPLIES	70.77	EAKES OFFICE PLUS	INV 9030354-0 INV 9034922-	24110298
00-3-0103	JANITORIAL SUPPLIES	209.18	HD SUPPLY	INV 832764518	24110307
00-3-0103	JANITORIAL SUPPLIES	82.03	WALKER UNIFORM RENTAL	INV 1371715	24110361
00-3-0119	BUILDING SUPPLIES	20.57	CRETE ACE HARDWARE #82121	ACCT 212111	24110292
00-3-0119	BUILDING SUPPLIES	927.55	KINER SUPPLY CO	INV 75033	24110314
00-3-0119	BUILDING SUPPLIES	617.98	41 AUTO PARTS	ACCT 33	24110363
00-3-0134	LAUNDRY SUPPLIES	9.56	ECOLAB	INV 6349030014	24110299
00-3-0209	FUEL	1,578.39	SAPP BROS INC - LINCOLN	ACCT 715651	24110336
00-5-0500	OFFICE EQUIPMENT	1,097.00	SOARIN GROUP LLC	INV INV-13639	24110340
		*****			
671-00 JAIL		27,754.51			
		*****			
690-00 911 EMERGENCY SERVICES					
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	JOHN BAUMANN	REIMBURSE	24110284
00-2-1801	DUES, SUB, REG, & TRAINING	30.00	VISA	ACCT 6084	24110356
00-2-1801	DUES, SUB, REG, & TRAINING	17.11	VISA	ACCT 9495	24110357
		*****			
690-00 911 EMERGENCY SERVICES		77.11			
		*****			
693-00 EMERGENCY MANAGEMENT (CIVIL DEF)					
00-1-0301	ADMINISTRATIVE SALARY	3,760.00	JEFFERSON COUNTY EMERGENC	OCTOBER 2024	24110310
00-1-0305	CLERICAL SALARY	665.00	JEFFERSON COUNTY EMERGENC	OCTOBER 2024	24110310
00-2-0500	TOWER ELECTRICITY	66.43	CITY OF WILBER	ACCT 7200000 ACCT 2680700 A	24110289
00-2-1301	TOWER EXPENSE	56.85	VISA	ACCT 6723	24110354
00-3-0209	FUEL	62.96	VISA	ACCT 6723	24110354
		*****			
693-00 EMERGENCY MANAGEMENT (CIVIL DEF)		4,611.24			
		*****			
733-00 WEED CONTROL					
00-2-1630	SPRAYING EQUIPMENT REPAIR	120.72	VISA	ACCT 4030	24110359
00-2-9900	MISCELLANEOUS	47.86	VISA	ACCT 4030	24110359
		*****			
733-00 WEED CONTROL		168.58			
		*****			
803-00 VETERANS SERVICE					
00-2-1801	DUES, SUB, REG, & TRAINING	21.39	VISA	ACCT 4674	24110358

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00-2-6040	VETERANS MEMORIAL MAINT & REPA	3,313.00	MASONRY CONSTRUCTION INC	11/4/24	24110320
<b>803-00 VETERANS SERVICE</b>		<b>3,334.39</b>			
970-00 MISCELLANEOUS & MISC. COURTS					
00-1-0800	INSURANCE (DEDUCTIBLES)	9,734.60	MID AMERICA BENEFITS	OCTOBER 2024	24110321
00-1-1400	MISCELLANEOUS INS	347.50	POINT C	INV PCH1065531	24110328
00-2-1801	DUES, SUB, REG, & TRAINING	2,267.60	NACO	INV 2655	24110323
00-2-1817	SAFETY COMMITTEE	1,269.00	NIRMA	INV 16	24110326
00-2-2000	PRINTING AND PUBLISHING (P & P	373.23	SWEET TEA MEDIA LLC	INV 200555 INV 200693 INV 2	24110337
00-2-2411	DISTRICT COURT ATTORNEY FEES	1,073.50	MCGILL LAW PC LLO	CR 24 58 CR 24 72	24110290
00-2-2411	DISTRICT COURT ATTORNEY FEES	2,489.00	SCOTT RYAN GROPP, ATTORNE	CR 24 46 CR 23 426 CR 24 47	24110306
00-2-2411	DISTRICT COURT ATTORNEY FEES	769.50	KALKWARF & SMITH LAW OFFI	CR 24 34	24110312
00-2-2412	COUNTY COURT ATTORNEY	655.50	SCOTT RYAN GROPP, ATTORNE	CR 24 46 CR 23 426 CR 24 47	24110306
00-2-2412	COUNTY COURT ATTORNEY	1,188.51	CHRISTINA THORTON	CR 24 399 CR 24 507 CR 24 4	24110346
00-2-2414	JUVENILE ATTORNEY	2,470.00	REBECCA ANDERSON	JV 21 100 JV 24 29	24110283
00-2-2414	JUVENILE ATTORNEY	627.00	JUSTIN KUNTZ	JV 24 17 JV 24 36	24110315
00-2-2601	DISTRICT COURT COSTS	30.00	LANCASTER COUNTY SHERIFF	ACCT 922	24110316
00-2-2601	DISTRICT COURT COSTS	28.40	SALINE COUNTY ATTORNEY PE	REIMBURSE	24110332
00-2-2601	DISTRICT COURT COSTS	360.00	SALINE COUNTY DISTRICT CO	CLAIM 1803	24110333
00-2-2601	DISTRICT COURT COSTS	64.00	SALINE COUNTY REGISTER OF	ACCT 516	24110334
00-2-2602	COUNTY COURT COSTS	83.00	NEBRASKA.GOV	INV 8655274 INV 8590458	24110325
00-2-2602	COUNTY COURT COSTS	37.60	SALINE COUNTY ATTORNEY PE	REIMBURSE	24110332
00-2-2602	COUNTY COURT COSTS	1,160.17	SALINE COUNTY SHERIFF	REIMBURSE	24110335
00-2-2603	JUVENILE COURT COSTS	806.00	CEDARS YOUTH SERVICES	INV 2025-03	24110288
00-2-2603	JUVENILE COURT COSTS	29.10	SALINE COUNTY ATTORNEY PE	REIMBURSE	24110332
00-2-2800	INSTITUTIONAL COSTS	428.00	REGION V SYSTEMS	INV244	24110331
00-2-9900	MISCELLANEOUS	49.50	DATASHIELD CORPORATION	INV 0149310 INV 0149311	24110296
00-3-0150	MISC. VEHICLE SUPPLIES (CAR EX	520.21	FARMERS COOPERATIVE	ACCT649785 ACCT 1715 INV 00	24110302
00-3-0150	MISC. VEHICLE SUPPLIES (CAR EX	63.41	SHOP QWIK	OCTOBER 2024	24110338
00-3-0150	MISC. VEHICLE SUPPLIES (CAR EX	1,457.88	SID DILLON	INV8FCP1265069 INV8FCP12613	24110339
<b>970-00 MISCELLANEOUS &amp; MISC. COURTS</b>		<b>28,382.21</b>			
<b>0100 GENERAL FUND</b>		<b>100,878.63</b>			
705-00 BRIDGE/ROAD MAINTENANCE					
00-1-1300	OTHER PERSONAL SERVICES	60.00	TYLER WINKLER	REIMBURSE	24110398
00-1-1300	OTHER PERSONAL SERVICES	60.00	KEVEN ZUMPF	REIMBURSE	24110400
00-2-0100	POSTAGE	7.25	VISA	ACCT 1590	24110396
00-2-0501	LIGHT	188.82	CITY OF CRETE DEPT OF PUB	ACCT 11976	24110368
00-2-0501	LIGHT	17.18	CITY OF WILBER	ACCT 4570000	24110370
00-2-0501	LIGHT	505.36	NORRIS PUBLIC POWER	ACCT 124625900	24110381

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00-2-0501	LIGHT	34.71	VILLAGE OF DORCHESTER	ACCT 1	24110393
00-2-0502	WATER	23.57	CITY OF CRETE DEPT OF PUB	ACCT 11976	24110368
00-2-0502	WATER	46.70	CITY OF FRIEND	ACCT 523 ACCT 1986	24110369
00-2-0502	WATER	22.25	CITY OF WILBER	ACCT 4570000	24110370
00-2-0502	WATER	36.25	VILLAGE OF DORCHESTER	ACCT 1	24110393
00-2-0502	WATER	39.72	VILLAGE OF SWANTON	ACCT 207	24110394
00-2-0502	WATER	30.25	VILLAGE OF WESTERN	INV 32128	24110395
00-2-0503	HEATING FUELS	299.09	FARMERS COOPERATIVE	ACCT 649700	24110374
00-2-0504	SEWER	46.49	CITY OF CRETE DEPT OF PUB	ACCT 11976	24110368
00-2-0504	SEWER	20.00	CITY OF WILBER	ACCT 4570000	24110370
00-2-0504	SEWER	24.15	VILLAGE OF DORCHESTER	ACCT 1	24110393
00-2-0504	SEWER	18.00	VILLAGE OF SWANTON	ACCT 207	24110394
00-2-0504	SEWER	35.00	VILLAGE OF WESTERN	INV 32128	24110395
00-2-0505	GARBAGE	20.83	CITY OF WILBER	ACCT 4570000	24110370
00-2-0505	GARBAGE	16.21	VILLAGE OF DORCHESTER	ACCT 1	24110393
00-2-0505	GARBAGE	19.95	VILLAGE OF SWANTON	ACCT 207	24110394
00-2-0505	GARBAGE	18.00	VILLAGE OF WESTERN	INV 32128	24110395
00-2-0505	GARBAGE	241.60	WASTE CONNECTIONS OF NEBR	INV 1833477059	24110397
00-2-1300	BUILDING REPAIR	36.98	CRETE LUMBER & FARM SUPPL	ACCT 20120 ACCT 20040	24110372
00-2-1300	BUILDING REPAIR	9.30	SACK LUMBER COMPANY	INV 2410030704	24110386
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	299.69	AKRS EQUIPMENT SOLUTIONS	ACCT 32675	24110365
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	757.20	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	336.40	FARMERS UNION COOP CO	ACCT SALINE	24110375
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	78.00	FILTERCARE OF NEBRASKA LL	INV 132875	24110376
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	1,529.21	NMC EXCHANGE LLC	ACCT 5766500	24110380
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	566.00	POWERPLAN	ACCT8700246959	24110384
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	339.04	RDO TRUCK CENTER CO	ACCT L80351	24110385
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	1,442.99	SHAFFER COMMUNICATIONS IN	INV 24-1448	24110389
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	143.73	TRUCK CENTER COMPANIES	ACCT 18861	24110392
00-2-1400	ROAD EQUIPMENT REPAIR PARTS	10.91	41 AUTO PARTS	ACCT 43	24110401
00-2-1700	TRAVEL EXPENSES	358.20	CROWNE PLAZA	INV 9231	24110373
00-2-1700	TRAVEL EXPENSES	22.68	VISA	ACCT 1590	24110396
00-3-0101	OFFICE SUPPLIES	38.00	VISA	ACCT 1590	24110396
00-3-0106	SHOP SUPPLIES	169.96	BEAVER HARDWARE	ACCT SAL001	24110367
00-3-0106	SHOP SUPPLIES	3.99	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-3-0106	SHOP SUPPLIES	69.11	FARMERS UNION COOP CO	ACCT SALINE	24110375
00-3-0106	SHOP SUPPLIES	94.81	LINDE GAS & EQUIPMENT	INV 46152054	24110379
00-3-0106	SHOP SUPPLIES	26.78	ORSHELNS CARD SERVICES	ACCT 5617	24110382
00-3-0106	SHOP SUPPLIES	153.18	YOUNG'S WELDING & REPAIR	INV 52159 INV 52225	24110399
00-3-0106	SHOP SUPPLIES	8.97	41 AUTO PARTS	ACCT 43	24110401
00-3-0110	SMALL TOOLS, ETC.	34.99	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-3-0202	GRAVEL AND BORROW	24,270.32	BEATRICE CONCRETE CO INC	INV S1 200042 INV P1 20004	24110366
00-3-0202	GRAVEL AND BORROW	10,865.93	SOUTHWEST GRAVEL PRODUCTS	INV SC2024-20	24110390
00-3-0205	CONCRETE, ETC.	11.98	CRETE LUMBER & FARM SUPPL	ACCT 20120 ACCT 20040	24110372
00-3-0209	MACHINERY & EQUIPMENT FUEL	21,027.64	FARMERS COOPERATIVE	ACCT 649700	24110374
00-3-0209	MACHINERY & EQUIPMENT FUEL	2,891.22	SAPP BROS INC - LINCOLN	ACCT 717088	24110387
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	103.96	AKRS EQUIPMENT SOLUTIONS	ACCT 32675	24110365
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	21.99	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	465.98	FARMERS COOPERATIVE	ACCT 649700	24110374
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	542.90	FARMERS UNION COOP CO	ACCT SALINE	24110375

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ROAD & BRIDGE  
FROM 11/29/2024 TO 11/29/2024

Account # 1099	Description	Account Amt	Vendor	Invoice Description	Claim #
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	749.90	NMC EXCHANGE LLC	ACCT 5766500	24110380
00-3-0210	MACHINERY & EQUIPMENT GREASE-O	31.06	41 AUTO PARTS	ACCT 43	24110401
00-3-0211	MACHINERY & EQUIPMENT TIRES-RE	777.00	FARMERS COOPERATIVE	ACCT 649700	24110374
00-3-0211	MACHINERY & EQUIPMENT TIRES-RE	1,226.00	FARMERS UNION COOP CO	ACCT SALINE	24110375
00-3-0211	MACHINERY & EQUIPMENT TIRES-RE	2,918.45	POMP'S TIRE SERVICE INC	INV 1430107865 INV 14301093	24110383
00-3-0215	OTHER ROAD/BRIDGE MATERIAL	31.98	FARMERS UNION COOP CO	ACCT SALINE	24110375
00-3-0400	MISCELLANEOUS	28.22	AKRS EQUIPMENT SOLUTIONS	ACCT 32675	24110365
00-3-0400	MISCELLANEOUS	20.94	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-3-0400	MISCELLANEOUS	24.98	FARMERS UNION COOP CO	ACCT SALINE	24110375
00-3-0400	MISCELLANEOUS	3.69	FOOD MESTO	ACCT 1014	24110377
00-3-0400	MISCELLANEOUS	20.76	KT'S MARKET	INV 5416-47	24110378
00-3-0400	MISCELLANEOUS	29.99	ORSCHELNS CARD SERVICES	ACCT 5617	24110382
00-3-0400	MISCELLANEOUS	6.49	41 AUTO PARTS	ACCT 43	24110401
00-5-0311	RADIO EQUIPMENT	208.10	SHAFFER COMMUNICATIONS IN	INV 24-1448	24110389
00-5-0318	SAFETY EQUIPMENT	23.99	CRETE AUTO SUPPLY INC	ACCT 4575	24110371
00-5-1205	BITUMINOUS SURFACING	150,711.15	A & R CONSTRUCTION	C76830 #3	24110364
00-5-1302	ENGINEERING FEES	38,415.22	BOWMAN CONSULTING GROUP L	INV 13724 INV 13733 INV 136	24110391
00-5-1307	ADVERTISEMENT FOR BIDS	143.19	SWEET TEA MEDIA LLC	INV 200567	24110388
00-5-1400	MISCELLANEOUS	1,692.83	VISA	ACCT 1590	24110396
<b>705-00 BRIDGE/ROAD MAINTENANCE</b>		<b>265,627.36</b>			
<b>0300 ROAD &amp; BRIDGE FUND</b>		<b>265,627.36</b>			
879-00 VISITORS PROMOTION					
00-2-6040	VISITOR PROMOTION	1,980.50	CRETE CHAMBER OF COMMERCE	REIMBURSE	24110402
<b>879-00 VISITORS PROMOTION</b>		<b>1,980.50</b>			
<b>0990 VISITORS PROMOTION FUND</b>		<b>1,980.50</b>			
879-00 VISITOR IMPROVEMENT					
00-2-6040	VISITOR PROMOTION	1,500.00	WESTERN HERITAGE MUSEUM	REIMBURSE	24110403
<b>879-00 VISITOR IMPROVEMENT</b>		<b>1,500.00</b>			
<b>0995 VISITORS IMPROVEMENT FUND</b>		<b>1,500.00</b>			

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BOARD PREAPPROVAL REPORT  
VISITORS IMPROVEMENT  
FROM 11/29/2024 TO 11/29/2024

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
837-00	AGING SERVICES				
00-1-1400	PROGRAM EXPENSE	1,026.75	DEBRA A COLLINS	10/24-11/12/24	24110404
00-1-1400	PROGRAM EXPENSE	646.00	SAMANTHA COSAERT	10/17-11/12/24	24110405
00-1-1400	PROGRAM EXPENSE	41.00	CULLIGAN OF CRETE	INV 64520	24110406
00-1-1400	PROGRAM EXPENSE	71.40	FOOD MESTO	ACCT 1053	24110407
00-1-1400	PROGRAM EXPENSE	92.71	VISA	ACCT 5190	24110410
00-1-1400	PROGRAM EXPENSE	93.21	VISA	ACCT 3108	24110411
00-1-1400	PROGRAM EXPENSE	493.95	VISA	ACCT 8975	24110412
00-2-1200	HISPANIC OUTREACH	222.33	VISA	ACCT 3108	24110411
00-2-1200	HISPANIC OUTREACH	356.47	VISA	ACCT 8975	24110412
00-2-2000	PRINTING & PUBLISHING	220.00	SWEET TEA MEDIA LLC	INV 200765	24110409
00-2-9900	MISCELLANEOUS	22.27	VISA	ACCT 8975	24110412
00-3-0101	OFFICE SUPPLIES	39.38	VISA	ACCT 8975	24110412
00-5-0264	BUILDING REMODEL	275.95	SACK LUMBER COMPANY	INV 2410022679 INV 24100254	24110408
	<b>837-00 AGING SERVICES</b>	<b>3,601.42</b>			
	<b>2250 AGING SERVICES FUND</b>	<b>3,601.42</b>			
672-00	DRUG COURT				
00-2-1801	TRAINING	152.09	BRADEN J DVORAK	MILEAGE	24110414
00-3-0101	OFFICE SUPPLIES	71.52	ARBOR INK LLC	INV 38302	24110413
	<b>672-00 DRUG COURT</b>	<b>223.61</b>			
	<b>2390 DRUG COURT FUND</b>	<b>223.61</b>			
652-00	VICTIM/WITNESS GRANT (ATTYS OFFICE)				
00-1-0100	VICTIM/WITNESS GRANT	695.00	HAMPTON INN	INV 1721850140	24110415
	<b>652-00 VICTIM/WITNESS GRANT (ATTYS OFFICE)</b>	<b>695.00</b>			
	<b>2513 VICTIM/WITNESS GRANT FUND</b>	<b>695.00</b>			
666-00	JUVENILE SERVICES AID PROGRAM GRANT				
00-1-0200	SALARIES	1,800.00	ANITA STOUGARD	10/30-11/12/24	24110417

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BOARD PREAPPROVAL REPORT  
JUVENILE SERVICES AID PROGRAM GRA  
FROM 11/29/2024 TO 11/29/2024

Account # 1099	Description	Account Amt	Vendor	Invoice Description	Claim #
00-1-0201	MENTAL HEALTH COUNSELING	1,600.00	FAMILY SERVICE LINCOLN	INV 10312024	24110416
<b>666-00 JUVENILE SERVICES AID PROGRAM GRANT</b>		<b>3,400.00</b>			
<b>2516 JUVENILE SERVICES AID PROGRAM GRANT FUND</b>		<b>3,400.00</b>			
911-00 COVID AMERICAN RESCUE PLAN	COVID AMERICAN RESCUE PLAN	7,096.60	PROCHASKA & ASSOCIATES IN	INV 4927	24110418
<b>911-00 COVID AMERICAN RESCUE PLAN</b>		<b>7,096.60</b>			
<b>2580 COVID AMERICAN RESUCE PLAN FUND</b>		<b>7,096.60</b>			
600-00 911 WIRELESS SERVICE FUND	911 WIRELESS SERVICE FUND	63.00	NEMAHA COUNTY SHERIFF	INV 11/7/24	24110419
<b>600-00 911 WIRELESS SERVICE FUND</b>		<b>63.00</b>			
<b>2913 911 WIRELESS SERVICE FUND</b>		<b>63.00</b>			
600-00 FINANCE/ADMINISTRATION	LAW ENFORCEMENT COSTS	238.54	VISA	ACCT 9495	24110420
<b>600-00 FINANCE/ADMINISTRATION</b>		<b>238.54</b>			
<b>2960 CRIME PREVENTION (LAW ENFORCEMENT) FUND</b>		<b>238.54</b>			
665-00 LAW ENFORCEMENT COMMISSARY	FOOD	3,015.52	SUMMIT FOOD SERVICE LLC	INV2000225203	INV200022462 24110422
00-2-1900	MISCELLANEOUS	429.68	BAKES OFFICE PLUS	INV 9030354-0	INV 9034922- 24110421

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BOARD PREAPPROVAL REPORT  
LAW ENFORCEMENT COMMISSARY  
FROM 11/29/2024 TO 11/29/2024

Account #	Description	Account Amt	Vendor	Invoice Description	Claim #
00-2-9900	MISCELLANEOUS	1,028.48	SUMMIT FOOD SERVICE LLC	INV2000225203	24110422
00-2-9900	MISCELLANEOUS	215.45	VIGILNET AMERICA LLC	INV 4122941	24110423
00-2-9900	MISCELLANEOUS	102.60	VISA	ACCT 9495	24110424
<b>665-00 LAW ENFORCEMENT COMMISSARY</b>		<b>4,791.73</b>			
<b>2965 LAW ENFORCEMENT COMMISSARY FUND</b>		<b>4,791.73</b>			
900-00	COURTHOUSE BUILDING BONDS-DEBT SERV				
00-6-0100	PRINCIPAL PAYMENTS	475,000.00	UNION BANK & TRUST	ACCT 2005082	24110425
00-6-0200	INTEREST PAYMENTS	35,231.25	UNION BANK & TRUST	ACCT 2005082	24110425
00-6-0302	DEBT SERVICE INTEREST (MARKET	25.35-	UNION BANK & TRUST	ACCT 2005082	24110425
<b>900-00 COURTHOUSE BUILDING BONDS-DEBT SERV</b>		<b>510,205.90</b>			
<b>3402 COURTHOUSE BUILDING-DEBT SERVICE FUND</b>		<b>510,205.90</b>			
<b>GRAND</b>		<b>900,302.29</b>			

**Pay Period**

**11 #3**

**Pay Date:**

**11/29/2024**

Direct Deposits	\$210,324.78
Tax Liabilities	\$73,840.54
Third Party Liabilities	
Third Party Electronic Payments	\$403.39
Payroll Billing	
Total amount to be debited or wired	\$284,568.71

**Totals for Meeting Minutes**

Ameritas – <i>Group Retirement</i>	\$32,977.16
Medica (#5359)	
Health Savings Account	
Principal – <i>Dental</i> (#5240)	
Madison National Life – <i>Group Life Ins.</i> (#3270)	
AFLAC (#155)	
VSP – <i>Eye Care</i> (#4748)	
Empower Retirement (#5207)	\$2,194.61
Point C – <i>Dep. Care and Unreimb. Med</i>	
Colonial Supplement Ins. (#3334)	
Madison National Life – <i>Disability Ins.</i> (#3718)	
Teamsters Local Union No. 554 (#4366)	
New York Life (#4741)	
Globe Life Insurance (#5150)	
Saline County Court	\$308.10
Lancaster County Court	

Approved this 26th day of November, 2024

County Board

Chairman

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