

PIKE COUNTY BOARD OF COMMISSIONERS

P.O. Box 377 • 77 Jackson Street
Zebulon, GA 30295

J. Briar Johnson, Chairman
Tim Daniel, Commissioner
Tim Guy, Commissioner
Jason Proctor, Commissioner
James Jenkins, Commissioner

Brandon Rogers, County Manager
Angela Blount, County Clerk

Regular Meeting AGENDA Wednesday, March 11, 2026 - 9:00 AM Courthouse, Main Courtroom, 16001 Barnesville Street, Zebulon, Georgia Town Hall Meeting at 8:45 a.m.

1. CALL TO ORDER

Chairman J. Briar Johnson

2. INVOCATION

Jonah Thompson

3. PLEDGE OF ALLEGIANCE

Chairman J. Briar Johnson

4. APPROVAL OF THE AGENDA - (O.C.G A. § 50-14-1 (e) (1))

5. APPROVAL OF THE MINUTES

- a. Minutes of the February 24, 2026, Regular Monthly Meeting.
- b. Minutes of the February 24, 2026, Executive Session.

6. INVITED GUESTS

- a. Employee Recognition for service to Pike County.
 - Rhonda Williamson - Building and Grounds
 - Lindsey Barbour - E-911
 - Tracy Vincent - Sheriff's Department
 - Sheriff Jimmy Thomas - Sheriff's Department

7. REPORTS FROM COMMISSIONS, DEPARTMENTS, COMMITTEES, AUTHORITIES

- a. Monthly Reports submitted from County Departments and County Authorities, including a Revenue/Expenditure Statement for all departments, and a summary check register.
Department Reports
- b. County Manager Report
Update on County finances for the following funds/accounts:

"The financial statements were not available at the time this agenda was prepared. They will be updated and distributed promptly upon receipt."

- c. County Manager Comments.
- d. Commissioner Reports.
- e. County Attorney Report to Commissioners.

8. UNFINISHED BUSINESS - None

9. NEW BUSINESS

- a. Authorize the Chairman to sign the de-obligation letter for the completed Community Development Block Grant (CDBG) project, to be submitted to the Georgia Department of Community Affairs (DCA).
- b. ACCG Retirement Services Governmental 401 (a) and 457 (b) Plan Sponsors revised fee schedule effective July 1, 2026.
- c. Flat Shoals Energy Center Memorandum of Agreement (MOA).
- d. Discussion of the Health Benefits Request for Proposals (RFPs).

10. PUBLIC COMMENT - None

11. EXECUTIVE SESSION

- a. County Manager Rob Morton requests an Executive Session for discussion or deliberation on the appointment, employment, compensation, hiring, disciplinary action or dismissal, or periodic evaluation or rating of a public officer or employee or interviewing applicants for the position of the executive head of an agency, as provided in O.C.G.A. § 50-14-3(b)(2), germane to personnel.
- b. County Manager Rob Morton request Executive Session for consultation with the county attorney, or other legal counsel, to discuss pending or potential litigation, settlement, claims, administrative proceedings, or other judicial actions brought or to be brought by or against the county or any officer or employee or in which the county or any officer or employee may be directly involved as provided in O.C.G.A. § 50-14-2(1), germane to pending or potential litigation.

12. ADJOURNMENT

Agenda subject to revision.

PIKE COUNTY BOARD OF COMMISSIONERS

Minutes of the February 24, 2026, Regular Monthly Meeting

SUBJECT:

Minutes of the February 24, 2026, Regular Monthly Meeting.

ACTION:

ADDITIONAL DETAILS:

ATTACHMENTS:

Type	Description
▣ Exhibit	February 24, 2026 BOC RMM

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda

**REGULAR MONTHLY MEETING
PIKE COUNTY BOARD OF COMMISSIONERS**

The Pike County Board of Commissioners held its Regular Monthly Meeting on Tuesday, February 24, 2026 at 6:30 p.m. in the Courthouse, Main Courtroom, 16001 Barnesville Street, Zebulon. Chairman Briar Johnson convened the meeting and Commissioners Tim Daniel, Tim Guy, Ken Pullin and James Jenkins attended. County Attorney/County Manager Rob Morton and County Clerk Angela Blount were also present. (O.C.G.A. § 50-14-1(e) (2)).

1. **CALL TO ORDER** **Chairman J. Briar Johnson**
2. **INVOCATION**.....**Kyle Garner**
3. **PLEDGE OF ALLEGIANCE**..... **Chairman J. Briar Johnson**
4. **APPROVAL OF THE AGENDA - (O.C.G A. § 50-14-1 (e) (1))**

Commissioner Ken Pullin requested an amendment to the agenda, proposing that item (e) under New Business be moved to be heard after item (a) under New Business, with all subsequent items adjusted accordingly.

Motion/second by Commissioners Pullin/Guy to approve the amended agenda by moving item (e) under New Business to be heard after item (a) under New Business, motion carried 5-0.

5. **APPROVAL OF THE MINUTES - (O.C.G.A. § 50-14-1(e) (2))**

a. Minutes of the February 11, 2026, Regular Monthly Meeting.

Motion/second by Commissioners Daniel/Guy to approve the minutes of the February 11, 2026 Regular Monthly Meeting, motion carried 5-0.

6. **INVITED GUEST - NONE**

7. **REPORTS FROM COMMISSIONS, DEPARTMENTS, COMMITTEES, AUTHORITIES**

a. Monthly Reports submitted from County Departments and County Authorities, including a Revenue/Expenditure Statement for all departments and a summary check register. *There are no Department reports as they will be provided during the first Board meeting of March. Revenue/Expenditure Statement and Detail Check Register is included.*

Motion/second by Commissioners Guy/Daniel to accept reports, motion carried 5-0.

b. County Manager Report

Update on County finances for the following funds/accounts:

General Fund	\$3,174,935.27
Fire Dept. Donations.....	\$10,709.57
Cash Reserve Account.....	\$322,327.49
Jail Fund	\$27,320.40
E-911 Fund	\$148,644.74
DATE Fund	\$17,807.65
Juvenile Court Fund.....	\$15,251.43
Residential Impact Fee	\$174,901.24
Commercial Impact Fees	\$14,195.39
C.A.I.P FUND	\$29,399.24
General Obligation SPLOST 2022-2028.....	\$1,091,055.77
L.M.I.G. Grant (DOT).....	\$572,513.99

c. County Manager Comment

County Manager Rob Morton reported that Fiscal Year 2026–2027 budget proposals have been received from most departments, with a few still outstanding. Once all submissions are received, staff will begin entering the data into the budgeting system, after which departmental budget meetings will commence in March. The draft budget is scheduled to be presented to the Board of Commissioners at the end of April.

County Manager Morton noted that he met with Department Directors, Authorities, and Constitutional Officers on Monday morning and will provide the Board with a separate written update within the next week summarizing key items discussed.

He further reported that a virtual conference is scheduled for Wednesday, February 25, 2026, at 2:00 p.m. to discuss county property and the master plan with the consultant.

County Manager Morton expressed condolences to the family of Bobby Blount, who served as Chairman of the Board of Commissioners from 2002 to 2004.

d. Commissioner Reports

District 1 – Commissioner Daniel – No report.

District 2 – Commissioner Guy – No report.

District 3 – Commissioner Pullin stated that he has not received an update regarding the Animal Shelter on Harden Road, which is currently in code violation. Commissioner Pullin also noted that several codes within the Unified Development Code require review and potential amendments.

County Manager Morton responded that, regarding the Animal Shelter, the county has not received a new application. Code Enforcement can investigate operations and issue citations as appropriate. There should be no shelter operations until a permit is issued. County Manager Morton further stated that the Planning and Zoning Board should conduct periodic reviews of proposed code changes and provide a recommendation to the Board of Commissioners. Changes are processed as text amendments.

District 4 - Commissioner Jenkins noted the concerns raised in the Town Hall portion of the meeting, of the ongoing issues in the Hutchinson Farms subdivision have persisted for some time and need to be reviewed and addressed by the county.

At Large Chairman Briar Johnson reported that he held a “Coffee with the Chairman” event at 1828 Coffee today from 4:30 p.m. to 6:00 p.m. He noted that attendees asked many thoughtful questions and stated his intention to hold the event on a monthly basis.

Chairman Johnson also encouraged everyone to review the monthly department reports available online. They have a lot of good information about what is going on in the county.

e. County Attorney Report to Commissioners

County Manger/County Attorney Rob Morton reported that answers and defenses have been timely filed in the *Talking Rock Cabin/Fountain Springs* litigation (February 6) as well as in the *David Hughes* litigation (February 16). Attorney Morton further stated that a motion to Dismiss and Brief in Support, has been filed on behalf of the Board of Assessors concerning a Petition for Review filed by a citizen challenging the Board of Equalization’s decision to deny his tax appeal. The Court has scheduled the matter for a hearing on the March 16–17 calendar.

8. UNFINISHED BUSINESS - NONE

9. NEW BUSINESS

a. Consider Tax Refund application from William and Deborah Gregory in the amount of \$2,235.79.

Chief Appraiser Greg Hobbs addressed the Board and reported that the tax refund application submitted by William and Deborah Gregory, in the amount of \$2,235.79, concerns property located in Mill Race with a home constructed in 2022. He explained that the refund is due to an overpayment resulting from an incorrect square footage assessment. The residence is a two-story home, and the second-floor square footage had been inaccurately calculated.

Motion/second by Commissioners Pullin/Daniel to approve the refund in the amount of \$2,235.79, motion carried 5-0.

b. City of Zebulon Annexation – Parcel # 066 032 (5.807 acres).

County Manager Rob Morton stated that the Board had been provided with the Notice of Annexation and Zoning from the City of Zebulon concerning approximately 5.807 acres. He explained that this acreage is part of a larger parcel, most of which already lies within the city limits. The property, located on Williamson–Zebulon Road, is proposed for annexation to support the expansion of the Staxi company. The Board of Commissioners did not raise an objection to the annexation.

Discussion only, no motion entertained.

c. Discussion of the Health Benefits RFPs.

The County received five valid proposals for health benefits services from **MSI, Alliant, Mark III, Marsh McLennan, and Epic Insurance**. County Manager Morton requested that the Board entertain a motion to formally receive the submitted proposals for internal review. He further noted that the topic will be placed on a future agenda for the Board’s consideration.

Note for the record that none of the proposals were opened during the meeting.

Motion/second by Commissioners Daniel/Guy to receive the submitted Health Benefits Request for Proposals (RFPs) and to authorize the County Manager to review and evaluate the proposals, with a recommendation to be brought back before the Board for consideration, motion carried 5-0.

d. Review the current status of the FY 25/26 budget.

Finance Administrator Clint Chastain addressed the Board regarding the status of the Fiscal Year 2025–2026 budget. He reported an estimated budget shortfall of approximately \$500,000 to \$600,000 for the current fiscal year. The shortfall is attributed in part to lower-than-projected property tax revenues and several unbudgeted expenses, partially offset by conservative budgeting practices and asset sales.

Chastain explained that the County had anticipated \$10.6 million in revenues; however, only \$9.2 million has been recognized due to the delay in the reassessment of commercial properties, which had been expected to increase revenue. He noted that adopting the rollback rate rather than increasing taxes placed the County in a “tight spot.”

He further reported that approximately \$200,000 in unbudgeted general funds was required as the County’s match for the CDBG project on Tanyard Road, and that corrective management actions at the landfill, mandated by the State, created additional unanticipated expenses.

Chastain stated that expenditures are projected to exceed revenues for the fiscal year. Departments have tightened their budgets, and Public Works has postponed certain projects to maintain financial stability. He noted that the County is expected to break even from an audit standpoint.

He also advised the Board that LMIG funding, which historically supported improvements to 23–25 roads annually, will be largely committed to debt service for those road projects over the next decade, limiting future flexibility.

Chastain highlighted additional constraints, including the exhaustion of asset-sale opportunities and approaching ARPA deadlines, with expenditures required to be obligated by December 31, 2025, and fully spent by December 31, 2026. Reduced budget flexibility is anticipated in future years.

He reported that the commercial property reassessment began in January and is nearing completion, which may improve revenues in the next fiscal year. He also noted that the State’s notice process has been delayed since COVID-19, and consulting costs were incurred after the budget was adopted.

Commissioner Jenkins expressed his appreciation to Finance Administrator Clint Chastain for his work and commended him for his service to Pike County. Commissioner Jenkins stated that Mr. Chastain is an exemplary employee in the Finance Administration role and noted that, in his view, the County has not had a better individual serving in that position.

Discussion only, no motion entertained.

- e. **PUBLIC HEARING:** To receive public input regarding **REZ-26-01** Jason Betsill Owner, and applicant request a rezoning from AR (Residential Agricultural) to RR (Rural Residential) for property located at the southwest corner of the intersection of Campground Road and Highway 18, Zebulon, GA 30295. The property consists of 182.751+/- acres in Land lots 123 & 124 of the 8th District, further identified as parcel ID 092 017. The request is to rezone the property for the purpose of constructing a 30-lot single-family subdivision with a minimum lot size of 5 acres. Commission District 3, Commissioner Ken Pullin.

Planning and Development Director Jeremy Gilbert addressed the Board and stated that the application before them is a request to rezone the subject property from A-R (Agricultural-Residential) to RR (Rural Residential) for the development of a 30-lot single-family residential subdivision, along with a 2-acre outparcel intended for potential governmental use. The applicant is proposing a minimum lot size of 5 acres, which exceeds the 3-acre minimum permitted under the RR zoning district.

According to the conceptual plan submitted, the applicant will install new internal streets and will be required to pave Campground Road in accordance with Unified Development Code requirements. The property proposed for rezoning is currently vacant. The parcel is a timber tract that has recently been harvested and replanted.

Staff recommended approval of the rezoning request. The Planning and Zoning Board heard the request on February 12, 2026, and recommended denial. Gilbert noted that this request concerns rezoning only, not subdivision plat approval.

Commissioner Pullins asked why the Planning and Zoning Board recommended denial. Gilbert responded that the Board cited concerns related to health, safety, and general welfare. He added that the Character Area Plan supports RR zoning for this location.

Public Comments

In Favor:

No one came forth.

In Opposition:

- Kayla McDermitt
- Fisher Law
- Eddie Lewis
- David Gish
- Ed English

Residents expressed concerns regarding increased traffic, loss of privacy, potential impacts on well water, strain on public services (including schools, recreation, and EMS), and the deterioration of the rural environment. Multiple speakers highlighted safety issues at the intersection of Campground Road and Highway 18, citing a severe skew angle and limited sight distance.

Gilbert noted that under existing A-R zoning, up to five-lot subdivisions may be approved administratively; subdivisions of more than five lots require preliminary plat approval by the Planning Commission and Board of Commissioners. He further stated that intersection issues should be addressed regardless of subdivision activity. Access to State Route 18 is controlled by the Georgia Department of Transportation, and the County cannot independently require or deny access.

Gilbert also noted that the current ordinance does not require a residential-to-residential buffer, but such a buffer could be imposed as a condition if the rezoning were approved. The Board reiterated that they were not approving a subdivision plat, only considering the rezoning request.

Motion/second by Commissioners Pullin/Jenkins to deny REZ-26-01 based on public health, safety and welfare, motion carried 5-0.

10. PUBLIC COMMENT (Limited to 5 minutes per person) - None

11. EXECUTIVE SESSION

- a. County Manager Rob Morton requests an Executive Session for discussion or deliberation on the appointment, employment, compensation, hiring, disciplinary action or dismissal, or periodic evaluation or rating of a public officer or employee or interviewing applicants for the position of the executive head of an agency, as provided in O.C.G.A. § 50-14-3(b)(2), germane to personnel.

Motion/second by Commissioners Daniel/Pullin to adjourn Regular Session and enter into Executive Session at 7:33 p.m., motion carried 5-0.

CLOSED MEETING AFFIDAVIT

[A copy of the affidavit must be filed with the minutes of the meeting]

STATE OF GEORGIA
COUNTY OF PIKE

AFFIDAVIT OF PIKE COUNTY BOARD OF COMMISSIONERS

Members of the Pike County Board of Commissioners, being duly sworn, state under oath that the following is true and accurate to the best of his/her knowledge and belief:

1.

The Pike County Board of Commissioners met in a duly advertised meeting on 2-24-2026.

2.

During such meeting, the Board voted to go into closed session.

3.

The executive session was called to order at 7:33 p.m.

4.

The subject matter of the closed portion of the meeting was devoted to the following matter(s) within the exceptions provided in the open meetings law:

No Consultation with the county attorney, or other legal counsel, to discuss pending or potential litigation, settlement, claims, administrative proceedings, or other judicial actions brought or to be brought by or against the county or any officer or employee or in which the county or any officer or employee may be directly involved as provided in O.C.G.A. § 50-14-2(1);

No Discussion of tax matters made confidential by state law as provided by O.C.G.A. § 50-14-2(2) and _____ *insert the citation to the legal authority making the tax matter confidential*);

No Discussion of the future acquisition of real estate as provided by O.C.G.A. § 50-14-3(4);

Yes Discussion or deliberation on the appointment, employment, compensation, hiring, disciplinary action or dismissal, or periodic evaluation or rating of a public officer or employee or interviewing applicants for the position of the executive head of an agency, as provided in O.C.G.A. § 50-14-3(b)(2);

No Other – Germane to authorizing negotiations to purchase, dispose of or lease property.

Pike County Board of Commissioners:

- J. Briar Johnson, Chairman (L.S.)
- Tim Daniel, Commissioner (L.S.)
- Tim Guy, Commissioner (L.S.)
- Ken Pullin, Commissioner (L.S.)
- James Jenkins, Commissioner (L.S.)

This the 24th day of February 2026.

Sworn to and subscribed
Before me this 24th day of February 2026.

Robert L. Morton
Morton & Morton Associates
County Attorney and Notary Public

My commission expires: August 10, 2026.

Motion/second by Commissioners Daniel/Guy to adjourn Executive Session and enter into Regular Session at 7:54 p.m., motion carried 5-0.

12. ADJOURNMENT

Motion/second by Commissioners Guy/Daniel to adjourn at 7:54 p.m., motion carried 5-0.

J. Briar Johnson, Chairman

Angela Blount, County Clerk

PIKE COUNTY BOARD OF COMMISSIONERS

Department Reports

SUBJECT:

Department Reports

ACTION:**ADDITIONAL DETAILS:****ATTACHMENTS:**

Type	Description
▣ Exhibit	Amwaste - January
▣ Exhibit	Amwaste - February
▣ Exhibit	Animal Control
▣ Exhibit	Board of Elections Registration
▣ Exhibit	Building and Grounds
▣ Exhibit	Coroner
▣ Exhibit	Development Authority of Pike County
▣ Exhibit	Extension Office
▣ Exhibit	J. Joel Edwards Library
▣ Exhibit	Planning and Development
▣ Exhibit	Probate Court
▣ Exhibit	Public Works
▣ Exhibit	Senior Center
▣ Exhibit	Tax Assessors

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda

Summary Material Activity Report

January 01, 2026 to January 31, 2026

All Ticket Types

All Materials

Facility: Pike County Transfer Station

Material	Weight Inbound
C&D (TONS)	5.79 TN
MSW (TONS)	420.54 TN
FAYETTE TS-MSW (TN)	2.87 TN
Green Waste	5.37 TN
Passenger Tires	100.00 EA
Small Tires - ATV/Mower	28.00 EA
Tractor Trailer Tires	2.00 EA
	434.57 TN

Summary Material Activity Report

February 01, 2026 to February 28, 2026

All Ticket Types

All Materials

Facility: Pike County Transfer Station

Material	Weight	
	Inbound	Inbound
C&D (TONS)	0.14	TN
MSW (TONS)	422.27	TN
Green Waste	0.07	TN
Passenger Tires	55.00	EA
	475.71	TN



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"

February 2026 Monthly Animal Control Summary

1st-8th

- \$10,089.99 was collected from Magistrate Court in 2025 for Animal Control Violations
- Sun. Feb 1 Shane was called by dispatch to a med call where there was an aggressive dog on scene.
- Shane issued a nuisance dogs warning on Harden Rd.
- Shane scanned a dog on Hollonville Rd. and posted on social media. (owner found)
- Shane responded to a welfare check on some dogs on Roberts Quarters Rd. S.O. had to clear the house and the property owner and boyfriend were arrested on scene.
- Shane scanned a dog for a microchip and posted on social media
- Shane and Tanya drove out to Green St. for the GDOA to do another inspection on someone who is trying to acquire a Pet Dealer License (state passed) now the owner needs to acquire a License in the County to be legal.
- Shane issued T. Guffey 1 cruelty to animals and 4 no rabies \$900
- Shane issued A. Wilson a citation for no rabies \$100
- Tanya received a stray cat bite call (cat tested negative for rabies)

9th-15th

- Tanya received two dog bite calls over the weekend (both victims owned the dogs) and both dogs were current on rabies
- ORR completed for S. Walker
- ORR completed for M. Simonaux
- Tanya drove to Williamson to locate a dog that a citizen stated killed his cat. When I arrived to the location the dog was no longer on scene. I posted the photo of the dog on social media to try and locate the owner.
- Shane drove out with Code Enforcement to Green St. for Code Enforcement to notify the property owner that he needs to apply for a License in County to run his business. Property owner became very agitated, and Officer Powell had to contact the Sheriff's Office to come out. The property owner told the Sheriff's Office that Animal Control and Code Enforcement had no business on the property.

16th-22nd

- Report of a dog dropped at Williamson Park on the day we were closed. Deputy Minut sent a photo of the dog and Tanya Posted on Social Media. A rescue took the dog until a possible owner comes forward.



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"

-MAGISTRATE COURT TRIAL 2-19-26:

- D.Thomas nuisance dogs x 14 \$1400 (
- S. Pelt Nuisance dog x 4 \$400 (ent. A guilty plea to all charges. 6 month Probation period to monitor the situation) paid fines for 1 citation.
- J.Bronkhorst Dangerous dog x 1 \$500(Judge found guilty)

- Shane scanned a dog in Whitfield Walk and posted on social media.
- Dispatch called and asked us to go out to Friendship Circle to do a Welfare check on 30 plus dogs. The complainant was Sgt. Campbell. When Officer Powell and I arrived on scene we counted 14 dogs. The owner was not at home at the time.
- Tanya received another call from Peachtree Medical where the owner was bit by his own dog.

23rd-28th

- Attended our Department Head Meeting
- Shane issued a nuisance dog warning on Collier Ave
- Shane and Tanya did a follow-up on Friendship Circle. No contact made with the property owner (pending fines for violations)
- Tanya had her rabies Titers checked at the Health Department to see if another rabies shot is required at this time
- Monthly reports completed along with GDA Data Report
- Follow-up back out on Friendship Circle. Owner of the dogs is in the hospital, so no contact was made.
- Received another complaint in reference to the dogs on Williamson Mill Rd. Possible that more Nuisance Dog Citations will be issued to the owner of the dogs.
- Sat. Shane on-call
- Sun. Shane on-call



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"



**JOINT BOARD OF
ELECTIONS AND
REGISTRATION
PIKE COUNTY GA**

P.O. Box 1032, 81 Jackson St. Zebulon, GA 30295
770-567-2003

Lynn Vickers, Chair
Harold O'Baner, Vice Chair
Joe Parks, Member
Martha "Frankie" Murphy, Member
Holly Ortiz, Member
Christy C. Blount, Secretary
David B. Neyhart, Election Supervisor

**Board of Election & Registration
February 10, 2026
Board of Elections Office
4:00 pm**

Minutes

1. CALL TO ORDER: Lynn Vickers at 4:02 pm.
2. INVOCATION/PLEDGE OF ALLEGIANCE: Harold O'Baner.
3. ROLL CALL: Ms. Vickers, Ms. Murphy, Mr. O'Baner, Mr. Parks arrived at 4:18 pm and Ms. Ortiz was not present.
4. APPROVAL OF AGENDA- (O.C.G.A.§50-14-1-(e) (1): Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor.
5. APPROVAL OF MINUTES: July 21, 2025– (O.C.G.A.§50-14-1-(e)(2): Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor.
6. OLD BUSINESS: None.
7. NEW BUSINESS: FY26-27 Budget.
8. ELECTION SUPERVISOR REPORT:
 - a. Budget: Mr. Neyhart passed out the normalized budget information. Discussion about the amount of poll workers, new BMD cages for early voting and the number of possible elections coming up in the election cycle for 2026/2027. A motion was made by Mr. O'Baner to accept the requested budget of \$445,068.27, which included \$105,000 for Poll Workers Contract Services. The motion was seconded by Mr. Parks. All in favor.
 - b. Paper Ballots: Continued discussion about paper ballots, and new procedures regarding this issue and the effects on the budget for hand-counting ballots, should it pass legislation.
9. BOARD MEMBER COMMENTS: None.

10. **UPCOMING EVENTS:** Qualifying begins at 9:00 am on March 2nd and ends at 12 pm on March 6th. GAVREO 2026 Conference will be held in Athens, Ga on March 22nd through March 25, 2026.
11. **NEXT MEETING DATE:** March 17, 2026, at 4:00 pm.
12. **ADJOURN:** Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor. Meeting adjourned at 4:43 pm.

Pike County Building and Grounds Monthly Report

February 2026

Courthouse:

- Worked on Probate court closet

Library:

- Installed 2 new benches out front purchased by Buildings and Grounds
- Trimmed bushes around building
- Repaired press machine

Senior Center

- Installed new dedicated park bench for seniors
- Purchased new coffee maker for seniors
- Fixed roof leak around vent hood
- Fixed blown light
- Cleaned out water shed gutter in parking lot

Buildings and Grounds:

- Met with elevator inspector at Courthouse
- Moved boxes for Magistrate court
- Ordered 1 year of air filters for all govt buildings. 1K worth
- Installed new outside wall pack light for parking lot security

Chestnut:

- Fixed gutter that came loose

Fire Station:

- Replaced exit signs at Williamson
-

Sheriffs Office/Jail

- Installed peg board upstairs at training building
- Rekeyed lock at training room
- Fixed toilet leak inside jail cell

Health Department:

- Repaired water leak in ceiling
- Unstopped sink
- Cut hole in a desk for computer wires

Public Works:

- Replaced outside wall pack light
- Installed new water heater in bathroom/kitchen

Annex:

- Replaced broken refrigerator

Animal Control:

- Installed new door sweep on rear door of building

Office of the Coroner
Pike County
Terrell A. Moody, Coroner
P.O. Box 727, Zebulon, GA 30295

MONTHLY REPORT
Business 770-567-8642
Cell 770-468-7176

Jessica Rowan, Deputy Coroner
15512 Concord Street, Zebulon, GA 30295

Glenn David White, Deputy Coroner
5164 US 19, Zebulon, GA 30295

Page 2

February 2026

February 3, 2026
Michael Coxtton
Highway 18 at Dunn Road
Molena, Georgia 30258
Investigated by: David White, Deputy Coroner

February 4 ,2026
Jennifer Amy Bennett Jones
21260 Highway 18
Zebulon, Georgia 30295
Investigated by: Terrell Moody, Coroner

Total Cases for February: 2
Terrell Moody: 1
David White: 1

February DAPC Director's Report

I spoke with Sheriff Thomas about laws on drone's flying on private property. I was trying to get clarification on the law for a park tenant.

I met the new Zebulon Police Chief, Tony Howard, and discussed monitoring of the Pike Business Park.

I attended the Griffin Spalding County Career Academy for a Workforce Summit. The meeting included CTAE teachers, Administration, Industry leaders and Economic Developers. We will continue to meet and work on initiatives for our region.

Bryan Oglesby (DAPC Chairman) and I are working with Attorney Kevin Brown to finalize our Economic Incentive Policy.

Terra form is increasing the investment for Flat Shoals Energy Center and we are working with bond counsel, Kevin Brown,

I was contacted regarding a potential daycare (the biggest need in Pike County) and am working with Georgia EMC to pull statistics and help the couple looks for potential funding/SBA loans.

I had a conference call with Deanne Avery to discuss financial reports for the DAPC Board. Quickbooks doesn't offer exactly what board wants but Deanne has found a way to create budget vs. actuals that is close to the desired report.

The Thomas and Hutton team and I met to discuss how Project Gabriel (potential bypass project) may impact the CFR masterplan. I introduced David Millen to the T & H team so they could discuss the two projects if needed.

I was also asked to review a map and make sure all parcels pertaining to the CFR master plan were included (requested by T & H).

Bryan Oglesby, Stewart Esary and I met with a team of GDOT Engineers on 2/24 to discuss in detail the Project Gabriel road project.

Bryan Oglesby and I met with County Manager, Rob Morton, to discuss millage rate, Project Gabriel and County Farm Road.

I participated in a meeting to discuss a career fair at SCTC in Griffin to target employees affected by the closure of Continental (Aldora-Barnesville) and Quad (Thomaston). The fair is scheduled for April 15th.

Pike County Extension
February 2026 Monthly Report

General Department Announcements

- Pike County Extension is once again hosting its spring Vidalia Onion fundraiser. Fundraisers such as this help fund programs for the community, snacks for 4-H'ers, new equipment, camp scholarships, discount costs for workshops, and more. Please consider purchasing a bag of onions through the office.
- Extension continues to work closely with members of the Agribusiness Authority Board for success of Chestnut Oak facility.
- Need for a long-term 4-H Project SAFE Shooting Sports Facility has become a higher priority. The SAFE sports program is growing in number of disciplines offered and number of students involved here in Pike County. While 4-H has been utilizing the old landfill location located at 396 Twin Oaks Road, we are in need of a facility that would allow for both covered and fully indoor shooting to help meet the needs of this growing sport. Fundraising and grants are being investigated to help with the expense of such an expansion, but the current facility is not authorized for such use. We are seeking options for such a facility to allow for these clubs to continue to grow and serve the community. *Update on SAFE Sports Facility – A private citizen is allowing the use of their shop for our BB team to practice. Though this is incredibly generous, we hope to find a more permanent solution by next season.*

Agriculture and Natural Resources: Brooklyne Wassel

- Programs
 - *Equine Pasture Weeds*, Equine Exchange Webinar Series, Invited speaker
 - Pike County Homestead Hub Meeting
 - *Homestead Skills Lunch and Learn Series: Making a Garden Plan*
 - Journey to Master Horseman 4-H Club
 - *Markings and Identifying Horses*, Presented by 4-Her
 - *Preparing for State 4-H Horse Show*
 - Pike County 4-H Horse Club
 - *Point Source vs Non-Point Source Pollution & River Neighbors*, In-school Club Meeting, Pike County Middle School
 - *A Garden Story: Escape Room*, Pike County Senior Center, Invited
 - Master Forager – Lab
 - *Kudzu Patch Field Trip*
 - *Crafting with Kudzu*
 - 4-H Day at the Capitol, Served as County Adult Lead (Brandi Baade was attending required training for onboarding.)

- Meetings
 - Mid Georgia Cattlemen’s Directors’ Meeting
 - Pike County Farm Bureau Board Meeting
 - Pike County Extension Office Meeting
 - 2026 NOWA Mega-Conference Planning Meeting (Virtual)
 - Pike County Board of Commissioners Meeting
 - GACAA Communications Awards Judges’ Meeting (Virtual)
 - Pike County Agribusiness Authority
 - Pike County Department Head Meeting
 - Northwest District CEC Update (Virtual)
- Trainings
 - Northwest District ANR Update
 - WordPress 101 (Virtual) – Completed
 - Georgia Forages and Grasslands Conference, Carrollton, GA
 - February 27-28, 2026
 - Sessions focused on grazing strategies, soil health, and multi-species grazing
 - Blueberry and Blackberry Production and Postharvest (Virtual)
- Research
 - Paused for February
- Educational Posts
 - Turfgrass Disease Issues During Winter
 - Making a Garden Plan
 - Pruning Muscadine Grapes
 - Farm Stress Summit
 - Roses in Georgia
 - Not Like Other Shows – State Horse 4-H Show
 - Forage Management Following Extreme Cold
 - Treat for Lawn Burweed
 - Home Pecan Management Calendar
 - New World Screw Worm Preparedness and Response Webinar
- Media
 - *Lunch and Learn: Making a Garden Plan*, YouTube Video
 - *Mastering in Horseman*, Equine Insights Blog – UGA College of Ag and Environmental Sciences ([Mastering in Horseman | University of Georgia Equine Program](#))
 - *Not Like Other Shows: State Horse 4-H Show Offers Unique Educational Opportunities*, Equine Insights Blog – UGA College of Ag and Environmental Sciences ([Not Like Other Shows: State Horse 4-H Show Offers Unique Educational Opportunities | University of Georgia Equine Program](#))
- Social Media
 - Instagram- 700 indirect contacts, 33 direct contacts (6 posts)
 - Facebook- 4817 indirect contacts, 53 direct contact (15 posts)

- Contacts (Does not include program or meeting participants)
 - Phone- 94 contacts
 - Email- 160 contacts
 - Face to Face- 43
 - Sites- 6
- Other
 - Monitor station for CoCoRaHS (Community Collaborative Rain, Hail & Snow Network)
 - Geocache – Under construction
 - Monthly NASS Crop Weather Reporter (Recognized at the district update as one of the agents in the district with a 100% reporting record)
 - Drought Monitor Reporter
 - Griffin RESA Judge, Junior and Senior Divisions, Invited
 - 4-H Cloverleaf Project Achievement Judge
 - Attended Coffee with the Chairman

4-H and Youth: Brandi Baade

- Programs
 - Cloverbuds S.T.E.A.M. Program / Homeschool Combo Meeting
 - Attendance: 9
 - Pre-K through 3rd Grade students and homeschool students rotated through 3 Valentine themed STEAM Stations: Love Boat (Engineering Station), Loves Me Not (Flower Dissection), Pearler Beards (Art Station)
 - Pike County Elementary School – 5th Grade 4-H In-School
 - Attendance: 260
 - Education Topic: Physical vs Chemical Change 5th Grade Science Standard
 - Students explored the differences in chemical and physical changes through the process of making butter and butter milk.
 - Pike County Middle School – 6th Grade 4-H In-school
 - Attendance: 230
 - Education Topic: Water Conservation 6th Grade Science Standard
 - Students participated in a Project WET water conservation lesson where they explored the importance of water quality and learned how human activities can impact and influence our water resources
 - Wildlife Judging Practice
 - Served as head coach
 - Team consists of: 5 PCMS and 2 Pike County Homeschoolers
 - Three – 1 Hour practices held this month
 - Livestock Judging Practice
 - Served as head coach
 - Team consists of: 5 PCES and 2 Pike County Homeschoolers
 - Three – 1 Hour practices held this month

- Chartered Clubs
 - BB Team
 - 8 students participants and 2 adult volunteers
 - Weekly practices
 - Archery Team
 - 19 student participants and 7 adult volunteers
 - Weekly practices
 - State Indoor Tournament
 - Shotgun Team
 - 18 student participants and 5 adult volunteers
 - Weekly practices
- Youth Livestock Shows
 - Mid Georgia Local Market Hog Show
 - 4 Youth Market Hog Exhibitors
 - Titles Won: Grand Champion, 3rd Overall, 5th Overall, 2nd Place Novice Showmanship, 1st Place Senior Showmanship, 2nd Place Senior Showmanship
 - Georgia Jr. National State Livestock Show
 - 3 Youth Market Hog Exhibitors
 - Titles Won: 3rd Overall Division 4, 3rd Overall Division 6, 1st in Market Class 23, 32, and 39, 7th in Class 36
- Meetings
 - Riley's Light Foundation Board Meeting
 - Zoom Meeting: Newish 4-H Agent Check In with PDC
- Trainings
 - Foundations I Training – 3 Days in Athens
 - Foundations of Communications – 3 Days in Athens
- Social Media
 - Instagram
 - Posts – 5
 - Views – 361
 - Interactions – 22
 - Facebook
 - Posts – 6
 - Views – 3,427
 - Interactions – 68
- Other
 - Summer Camp Registration – 30/30 spots filled
 - Office Contacts
 - Face to Face – 71
 - Phone – 42
 - Email – 38

Extension Administrative Assistant: Morgan Mathews

- Contacts

- Phone- 60
- Email- 68
- Face to Face- 97
- Services
 - Soil Samples- 28
 - Water Samples- 16 (Ranked 3rd in the state for number of water samples submitted so far this year)
 - Forage Samples- 2
 - Other- 0

**J. JOEL EDWARDS PUBLIC LIBRARY
 Manager's Report
 February 2026**

February 2026 STATS	
# PATRONS	2,259
COMPUTER SESSIONS	129
Wi-Fi USERS	
AWE COMPUTER SESSIONS	
GADD	828
ADULT VOL. HRS	44.5
ONSITE 0-5 PGMS	5
ONSITE 0-5 PGM ATTEND	202
OFFSITE 0-5 PGM	1
OFFSITE 0-5 PGM ATT	2
ONSITE 6-11 PGM	6
ONSITE 6-11 PGM ATT	397
OFFSITE 6-11 PGM	0
OFFSITE 6-11 PGM ATT	0
ONSITE TEEN PGM	7
ONSITE TEEN ATT	57
OFFSITE TEEN PGM	1
OFFSITE TEEN ATT	11
ONSITE ADULT PGM	9
ONSITE ADULT ATT	93
ITEMS RECEIVED	53
TOTAL COLLECTIONS/ITEMS	31,400
CIRCULATION	2,332
STEAM Room	28
*INCOMING TRANSITS	830
*OUTGOING TRANSITS	831

February Programs

2/3 – Story Time
 Dungeons and Dragons
 2/6 – Golden Movie Club “Yours, Mine & Ours”
 2/10 – Story Time
 Dungeons and Dragons
 Stitch and Sip
 2/11 –PCPS first grade field trip
 2/12 –PCPS first grade field trip
 Kidz Konnection field trip
 New Moon Movie
 Spicy Book Club
 2/13 –PCPS first grade field trip
 2/17 –Story Time
 Dungeons and Dragons
 2/18 – Pajama Day Movie “The Adventures of Sharkboy and Lavagirl
 2/19 – Homeschool Huddle Tornado/Weather
 2/20 – Library tote bag DIY
 2/24 – Story Time
 Regular Book Club
 Leprechaun Trap Lego Contest

Daily STEAM Room Open

Breakdown of the programs

On-site 0—5 y.o. programs:

Story Time (Weekly)

Off-site 0—5 y.o. programs:

1,000 Books Before Kindergarten

On-site 6—11 y.o. and Teen programs:

Library tote bad DIY
 Pajama Movie Day
 New Moon Movie
 Dungeons and Dragons (Teens)

Off-site 6—11 y.o. and Teen programs:

Book Boxes (Teens) *Program canceled in February

On-site Adult programs:

Golden Movie
 Book Club (Regular and Spicy)
 Stitch and Sip
 Dungeons and Dragons
 United Bank fraud prevention class

STEAM Room:

Die-cuts
 Silhouette Machine
 T-shirt press

Conference Room

Sprouts Homeschool Group
 Central Georgia Homeschool Group
 Study Sessions



PLANNING AND DEVELOPMENT
OFFICE

*Planning – Zoning – Environmental – Permits & Inspections
Code Enforcement*

P. O. Box 377
77 Jackson Street
Zebulon, GA 30295

Phone: 770-567-2007
Fax: 770-567-2024
Jgilbert@pikecoga.gov

“Serving Citizens Responsibly”

March 4, 2026

County Manager and Commissioners,

Here’s a look back on the month of February 2026 from the office of Planning and Development:

Permits: 36 Total (4 New Home)

Fees: \$ 16,754.20

Impact Fees Residential: \$27,103.96

Impact Fees Commercial: \$0

Business Licenses: 53 -Fees: \$5,371.10

Plats: 3 -Fees: \$200

Zoning Cases, Letters and Final Plats: 1 -Fees: \$825.00

LDP: 0-Fees: \$0

Administrative Variance: 1, Roof Pitch for a manufactured home

Code Enforcement: Court Arraignment: 0

Follow Up Site-Visit: 5

Inspections: 9

Phone calls: 15

Total: 29

All Planning and Development activities are staying steady, and department staff members are keeping up with the workload. Code enforcement has picked up with complaints coming in.

Regards,

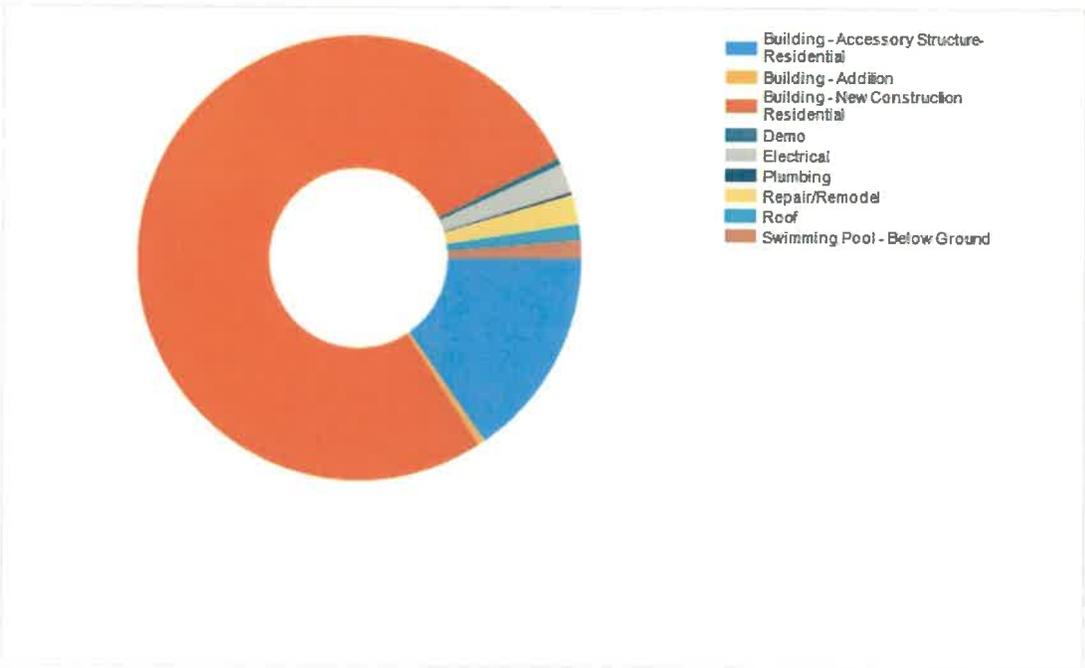
Jeremy Gilbert
Director

Permit Type Report

Permit Date
02/01/2026 to 02/28/2026

Description	Fees	Payments	Permits
Building - Accessory Structure-Residential	\$6,693.80	4,855.40	12
Building - Addition	\$240.50	240.50	1
Building - New Construction Residential (includes impact fees)	\$33,657.36	25,465.47	4
Demo	\$200.00	200.00	1
Electrical	\$925.00	725.00	9
Plumbing	\$100.00	100.00	1
Repair/Remodel	\$938.50	300.00	2
Roof	\$500.00	500.00	5
Swimming Pool - Below Ground	\$600.00	400.00	3
Total	\$43,855.16	32,786.37	38

Fees Breakdown





FEBRUARY 2026

Monthly Report

Prepared for the Pike County Board of Commissioners
by Ginny W. Blakeney, Judge
Probate Court of Pike County

JUDGE GINNY BLAKENEY

Total Monthly Collections:

\$26,265.62

Citizen Engagements:

230 (received)

Weapons Carry Licenses

57 ISSUED

Marriage Licenses

19 ISSUED

Issued Citations

Georgia DNR - 1
Georgia State Patrol - 53
Pike County SO - 9
Total: 63 Cases

Estate Cases

Petition to Probate: 6
Petition for Year's Support: 0
Administrations: 4
Adult Guardianship: 1
Minor Estates: 9
Misc. Filings: 9

Total: 29 Filings

Vital Records Issued:

56 Birth Certificates
157 Death Certificates

Orders to Apprehend:

1 Cases

Technology Fund Collections

\$710.00

Paid to Commissioners
(after fund disbursements)

\$17,742.02



Pike County Public Works Monthly Report

February 3rd, 2026 – March 4th, 2026

- Removed 5-gallon buckets from the right of way that were dumped near the end of Beeks Road
- Trimmed low hanging limbs from Cypress trees at the intersection of Strickland Road and Johnson Road that were blocking driver's views
- Laid rock on muddy area of Dunn Road near the intersection of Rose Hill Road
- Laid rock on muddy area at the intersection of Pine Valley Road and Adams Road
- Laid rock on all muddy areas of Gaulding Road
- Laid rock on all muddy areas of Hunter Road
- Laid rock on muddy area at the intersection of Kendrick Road and Durham Road
- Laid rock on all muddy areas of Mud Bridge Road
- Removed tree from the right of way near 382 West Road to allow for dump truck haulers to travel down West Road
- Repaired the asphalt apron due to washout at 498 Oliver Road
- Laid rock on all muddy areas of Turner Road between Hollonville Road and Concord Road
- Replaced speed limit signs and dead-end signs on Williams Trail that were dropped off at the Board of Commissioners office
- Made and replaced road name sign for Concord Court in Concord Estates Subdivision for the City of Concord
- Laid rock on muddy area of Midway Road where road was dug up to repair a waterline
- Ditched all of West Road between Hill Street and Bottoms Road. As well as installed 3 new driveway culverts to replace the ones that were damaged and not draining
- Replaced the 36-inch culvert at the creek on West Road that was in bad shape and causing the road to fail. Installed new HDPE pipe that is larger in diameter and longer in length
- Patched pothole near Round Tree Way on Williamson-Zebulon Road
- Laid rock on all muddy areas of Cannafax Road
- Cleaned out drainage ditch on McDaniel Road
- Cleaned out the culvert at 311 McDaniel Road
- Repaired two large potholes on Watson Road
- Cleaned out the drains in the Health Department parking lot to allow water to drain properly
- Repaired large potholes near 1815 Perkins Road
- Repaired large pothole located near the stop sign that is at the intersection of Etheridge Mill Road and Liberty Road
- Removed mattress and large barrel from the right of way of 2nd District Road
- Scraped and rocked all bad areas of Pope Road

- Repaired washed out area of the road near 579 Lifsey Springs Road
- Laid rock on all muddy areas of Wood Creek Road
- Repaired several large potholes near the intersection of Blanton Mill Road and Beeks Road
- Removed large rocks from Wood Creek Road that surfaced after the road was scraped
- Repaired ditches due to the power company installing a new power pole at 266 New Hebron Church Road
- Replaced all road signs at the intersection of Concord Road and 2nd Street due to car wreck
- Repaired and poured concrete around cross drain at the intersection of Concord Road and 2nd Street that was damaged by car wreck
- Cleaned out blocked cross drains on Greet Street
- Repaired washed out driveway at 1620 Alabama Road
- Repaired several large potholes at the intersection of Bottoms Road and West Road
- Repaired leaning stop sign at the intersection of West Curtis Road and Hamilton Road
- Removed dead deer from the right of way near 96 Acorn Drive
- Repaired washed out driveway at 711 Harris Road
- Cleaned out blocked culvert at 229 Spring Road
- Cleaned out blocked cross drain near 266 New Hebron Church Road
- Repaired hanging stop sign at the intersection of Ashley Glen Drive and Windsor Court for the City of Williamson
- Laid rock on all muddy areas of Fossett Road between Highway 18 and Green Street
- Removed large hanging tree branch near the end of Millwood Road
- Removed dead deer from the right of way near 540 Shackelford Road
- Repaired small area of the road that was breaking up near 500 Oak Ridge Lane
- Repaired washed out driveway at 234 Rose Cliff Road
- Completed major overhaul on Bates Road including filling in low areas of the road, scraping, and hauling in rock
- Repaired stop sign at the intersection of Etheridge Mill Road and County Line Road
- Cleaned out the ditches and culvert at 870 Hagans Mountain Road
- Repaired the pavement at the intersection of Hagans Mountain Road and Kings Road where the road was breaking up
- Removed damaged culvert pipes from the right of way of Deer Trail where previous road work has been completed
- Inspected driveways on Flint Farms Drive and Dunbar School Road
- Inspected and approved driveways on Hood Road, Billies Way, Adams Road, Kings Road(X2), Pedenville Road, Cochran Road, Traveler Lane(X2), Flint Farms Drive, Reidsboro Road, and Harrison Road
- Collected \$700 in Driveway Permit fees.
- Motor graders have finished in the Molena area and are working through the Concord area now. Strickland Road, Bates Road, Green Street, Fossett Road, Spring Road, Harris Road, and Old Zebulon Road.

- The long-arm mowers are currently in the Old Lifsey Springs and Roberts Quarters Road area.
- The Public Works shop continues to complete maintenance on all county owned vehicles to include hoses, belts, brakes, tires, and oil changes. As well as servicing all Public Works equipment.

Thank you,
Chris Goodman
Director of Public Works

March 2026

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
1	2 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	3 Pastor Odom 10:00am 3 Laps Check out the exercise room	4 Beyond the Bells Education talk 10-11 Card Games Basketball 3 Laps	5 AM BINGO Prizes 3 Laps Basketball Check out the exercise room	6 Chair Exercise @ 10:00 am 3 Laps Call a friend Bingo PM Prizes	7
8	9 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	10 Gordon College Community Wellness Fair Day Trip Lunch at Gordon Taco Tuesday \$ 10.00 for lunch Red Shirt Center CLOSED	11 Beyond the Bells Education talk 10-11 Card Games Basketball 3 Laps	12 AM BINGO Card Games Basketball 3 Laps Brown Bags	13 Chair Exercise @ 10:00 am 3 Laps Call a friend Bingo PM	14
15	16 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	17 Pastor Odom 10:00am 3 Laps Check out the exercise room WEAR GREEN/ Green Game with L	18 Beyond the Bells Education talk 10:00-11:00 3 Laps Games	19 AM BINGO Card Games Basketball 3 Laps	20 Spring Fling with UPSON Games & Fellowship 10:00-1:30	21

22	23 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	24 Pastor Odom 10:00am 3 Laps Check out the exercise room	25 Painting with Mr. Larry @ 10:00am 3 Laps	26 AM BINGO Card Games Basketball 3 Laps	27 FISHING DAY @ Spalding County Friends/ Picnic Center CLOSED	28
29	30 Games with Paula with Eternal Hope @ 10:00am Call a Friend 3 Laps	31 Pastor Odom 10:00am 3 Laps Check out the exercise room				

“Every \$3.00 donation matters. Every day counts. Thank you for supporting our senior center”



"Serving Citizens Responsibly"
Greg Hobbs, Chief Appraiser
PIKE COUNTY BOARD OF ASSESSORS
P.O. Box 377
73 Jackson Street
Zebulon, Georgia 30295
www.pikeassessor.com
770-567-2002

March 5, 2026

Pike County Board of Commissioners Report – Progress for January & February 2026

Overview

The first two months of the year have been a period of significant activity for the Pike County office. Norman Appraisal has been diligently working to fulfill the requirements outlined in the consent order. Additionally, our office has been processing a high volume of home-stead exemption applications and conservation-related filings.

Homestead Exemption Activity

Since the beginning of the year, we have successfully processed and approved 53 homestead exemption applications. These include:

- **8 S5 DAV Exemptions** (under 65 years old)
- **41 S1 Regular Homesteads**
- **3 SD DAV Exemptions** (over 65 years old)

We are currently processing an additional 140 homestead applications in preparation for the next appointed meeting on March 12, 2026. The breakdown of these 140 applications is as follows:

- 19 L4 (ages 65-69, income-based)
- 9 L1 (ages 65-69, non-income-based)
- 47 L7 (over 70, income-based)
- 13 L8 (over 70, non-income-based)
- 5 S5 DAV (under 65)
- 1 SD DAV (over 65)
- 5 L3 (ages 62-64, income-based)

Total Homestead Applications to Date

As of this report, we have processed a total of **192 homestead applications**. The deadline for filing for homestead exemptions is **April 1, 2026**.

Conservation Applications

In addition to the homestead exemptions, we are processing several conservation-related applications, which require significant time and effort for review and inspections. The current conservation applications are as follows:

- **12 New Conservation Applications**
- **17 Continuation Applications**
- **11 Renewal Applications**
- **1 FLPA Approval**

These properties necessitate in-depth processing and field inspections to ensure compliance with all regulations.

Upcoming Meetings & Tax Appeal

The **Board of Equalization** will meet on **March 20, 2026**. Additionally, a tax appeal has been filed for the property on **New Hebron Church Road** by **Brandon J. Garner**. The petition for review will be heard on **March 16, 2026**.

Property Visits

The office staff continues to visit properties daily to ensure all necessary assessments and inspections are completed. As of the writing of this report, the specific numbers for property visits are unavailable, but we will update the Board as soon as the data is available.

Conclusion

Overall, it has been a busy start to the year. We appreciate the continued support from the Board of Commissioners as we work to meet our goals and ensure the office operates smoothly.

Thank you, that is all.

Respectfully I am

RGHOBBS

PIKE CO.

CHIEF APPRAISER IV

PIKE COUNTY BOARD OF COMMISSIONERS

Department Reports

SUBJECT:

Department Reports

ACTION:**ADDITIONAL DETAILS:****ATTACHMENTS:**

Type	Description
▣ Exhibit	Amwaste - January
▣ Exhibit	Amwaste - February
▣ Exhibit	Animal Control
▣ Exhibit	Board of Elections Registration
▣ Exhibit	Building and Grounds
▣ Exhibit	Coroner
▣ Exhibit	Development Authority of Pike County
▣ Exhibit	Extension Office
▣ Exhibit	J. Joel Edwards Library
▣ Exhibit	Planning and Development
▣ Exhibit	Probate Court
▣ Exhibit	Public Works
▣ Exhibit	Senior Center
▣ Exhibit	Tax Assessors

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda

Summary Material Activity Report

January 01, 2026 to January 31, 2026

All Ticket Types

All Materials

Facility: Pike County Transfer Station

Material	Weight Inbound
C&D (TONS)	5.79 TN
MSW (TONS)	420.54 TN
FAYETTE TS-MSW (TN)	2.87 TN
Green Waste	5.37 TN
Passenger Tires	100.00 EA
Small Tires - ATV/Mower	28.00 EA
Tractor Trailer Tires	2.00 EA
	434.57 TN

Summary Material Activity Report

February 01, 2026 to February 28, 2026

All Ticket Types

All Materials

Facility: Pike County Transfer Station

Material	Weight	
	Inbound	Inbound
C&D (TONS)	0.14	TN
MSW (TONS)	422.27	TN
Green Waste	0.07	TN
Passenger Tires	55.00	EA
	475.71	TN



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"

February 2026 Monthly Animal Control Summary

1st-8th

- \$10,089.99 was collected from Magistrate Court in 2025 for Animal Control Violations
- Sun. Feb 1 Shane was called by dispatch to a med call where there was an aggressive dog on scene.
- Shane issued a nuisance dogs warning on Harden Rd.
- Shane scanned a dog on Hollonville Rd. and posted on social media. (owner found)
- Shane responded to a welfare check on some dogs on Roberts Quarters Rd. S.O. had to clear the house and the property owner and boyfriend were arrested on scene.
- Shane scanned a dog for a microchip and posted on social media
- Shane and Tanya drove out to Green St. for the GDOA to do another inspection on someone who is trying to acquire a Pet Dealer License (state passed) now the owner needs to acquire a License in the County to be legal.
- Shane issued T. Guffey 1 cruelty to animals and 4 no rabies \$900
- Shane issued A. Wilson a citation for no rabies \$100
- Tanya received a stray cat bite call (cat tested negative for rabies)

9th-15th

- Tanya received two dog bite calls over the weekend (both victims owned the dogs) and both dogs were current on rabies
- ORR completed for S. Walker
- ORR completed for M. Simonaux
- Tanya drove to Williamson to locate a dog that a citizen stated killed his cat. When I arrived to the location the dog was no longer on scene. I posted the photo of the dog on social media to try and locate the owner.
- Shane drove out with Code Enforcement to Green St. for Code Enforcement to notify the property owner that he needs to apply for a License in County to run his business. Property owner became very agitated, and Officer Powell had to contact the Sheriff's Office to come out. The property owner told the Sheriff's Office that Animal Control and Code Enforcement had no business on the property.

16th-22nd

- Report of a dog dropped at Williamson Park on the day we were closed. Deputy Minut sent a photo of the dog and Tanya Posted on Social Media. A rescue took the dog until a possible owner comes forward.



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"

-MAGISTRATE COURT TRIAL 2-19-26:

- D.Thomas nuisance dogs x 14 \$1400 (
- S. Pelt Nuisance dog x 4 \$400 (ent. A guilty plea to all charges. 6 month Probation period to monitor the situation) paid fines for 1 citation.
- J.Bronkhorst Dangerous dog x 1 \$500(Judge found guilty)

- Shane scanned a dog in Whitfield Walk and posted on social media.
- Dispatch called and asked us to go out to Friendship Circle to do a Welfare check on 30 plus dogs. The complainant was Sgt. Campbell. When Officer Powell and I arrived on scene we counted 14 dogs. The owner was not at home at the time.
- Tanya received another call from Peachtree Medical where the owner was bit by his own dog.

23rd-28th

- Attended our Department Head Meeting
- Shane issued a nuisance dog warning on Collier Ave
- Shane and Tanya did a follow-up on Friendship Circle. No contact made with the property owner (pending fines for violations)
- Tanya had her rabies Titers checked at the Health Department to see if another rabies shot is required at this time
- Monthly reports completed along with GDA Data Report
- Follow-up back out on Friendship Circle. Owner of the dogs is in the hospital, so no contact was made.
- Received another complaint in reference to the dogs on Williamson Mill Rd. Possible that more Nuisance Dog Citations will be issued to the owner of the dogs.
- Sat. Shane on-call
- Sun. Shane on-call



ANIMAL CONTROL

PO Box 377
Zebulon, GA 30295

Phone: 678-603-7285

956 County Farm Rd.
Williamson, GA 30292

"Serving Citizens Responsibly"



**JOINT BOARD OF
ELECTIONS AND
REGISTRATION
PIKE COUNTY GA**

P.O. Box 1032, 81 Jackson St. Zebulon, GA 30295
770-567-2003

Lynn Vickers, Chair
Harold O'Baner, Vice Chair
Joe Parks, Member
Martha "Frankie" Murphy, Member
Holly Ortiz, Member
Christy C. Blount, Secretary
David B. Neyhart, Election Supervisor

**Board of Election & Registration
February 10, 2026
Board of Elections Office
4:00 pm**

Minutes

1. CALL TO ORDER: Lynn Vickers at 4:02 pm.
2. INVOCATION/PLEDGE OF ALLEGIANCE: Harold O'Baner.
3. ROLL CALL: Ms. Vickers, Ms. Murphy, Mr. O'Baner, Mr. Parks arrived at 4:18 pm and Ms. Ortiz was not present.
4. APPROVAL OF AGENDA- (O.C.G.A.§50-14-1-(e) (1): Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor.
5. APPROVAL OF MINUTES: July 21, 2025– (O.C.G.A.§50-14-1-(e)(2): Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor.
6. OLD BUSINESS: None.
7. NEW BUSINESS: FY26-27 Budget.
8. ELECTION SUPERVISOR REPORT:
 - a. Budget: Mr. Neyhart passed out the normalized budget information. Discussion about the amount of poll workers, new BMD cages for early voting and the number of possible elections coming up in the election cycle for 2026/2027. A motion was made by Mr. O'Baner to accept the requested budget of \$445,068.27, which included \$105,000 for Poll Workers Contract Services. The motion was seconded by Mr. Parks. All in favor.
 - b. Paper Ballots: Continued discussion about paper ballots, and new procedures regarding this issue and the effects on the budget for hand-counting ballots, should it pass legislation.
9. BOARD MEMBER COMMENTS: None.

10. **UPCOMING EVENTS:** Qualifying begins at 9:00 am on March 2nd and ends at 12 pm on March 6th. GAVREO 2026 Conference will be held in Athens, Ga on March 22nd through March 25, 2026.
11. **NEXT MEETING DATE:** March 17, 2026, at 4:00 pm.
12. **ADJOURN:** Motion made by Ms. Murphy and seconded by Mr. O'Baner. All in favor. Meeting adjourned at 4:43 pm.

Pike County Building and Grounds Monthly Report

February 2026

Courthouse:

- Worked on Probate court closet

Library:

- Installed 2 new benches out front purchased by Buildings and Grounds
- Trimmed bushes around building
- Repaired press machine

Senior Center

- Installed new dedicated park bench for seniors
- Purchased new coffee maker for seniors
- Fixed roof leak around vent hood
- Fixed blown light
- Cleaned out water shed gutter in parking lot

Buildings and Grounds:

- Met with elevator inspector at Courthouse
- Moved boxes for Magistrate court
- Ordered 1 year of air filters for all govt buildings. 1K worth
- Installed new outside wall pack light for parking lot security

Chestnut:

- Fixed gutter that came loose

Fire Station:

- Replaced exit signs at Williamson
-

Sheriffs Office/Jail

- Installed peg board upstairs at training building
- Rekeyed lock at training room
- Fixed toilet leak inside jail cell

Health Department:

- Repaired water leak in ceiling
- Unstopped sink
- Cut hole in a desk for computer wires

Public Works:

- Replaced outside wall pack light
- Installed new water heater in bathroom/kitchen

Annex:

- Replaced broken refrigerator

Animal Control:

- Installed new door sweep on rear door of building

Office of the Coroner
Pike County
Terrell A. Moody, Coroner
P.O. Box 727, Zebulon, GA 30295

MONTHLY REPORT
Business 770-567-8642
Cell 770-468-7176

Jessica Rowan, Deputy Coroner
15512 Concord Street, Zebulon, GA 30295

Glenn David White, Deputy Coroner
5164 US 19, Zebulon, GA 30295

Page 2

February 2026

February 3, 2026
Michael Coxtton
Highway 18 at Dunn Road
Molena, Georgia 30258
Investigated by: David White, Deputy Coroner

February 4 ,2026
Jennifer Amy Bennett Jones
21260 Highway 18
Zebulon, Georgia 30295
Investigated by: Terrell Moody, Coroner

Total Cases for February: 2
Terrell Moody: 1
David White: 1

February DAPC Director's Report

I spoke with Sheriff Thomas about laws on drone's flying on private property. I was trying to get clarification on the law for a park tenant.

I met the new Zebulon Police Chief, Tony Howard, and discussed monitoring of the Pike Business Park.

I attended the Griffin Spalding County Career Academy for a Workforce Summit. The meeting included CTAE teachers, Administration, Industry leaders and Economic Developers. We will continue to meet and work on initiatives for our region.

Bryan Oglesby (DAPC Chairman) and I are working with Attorney Kevin Brown to finalize our Economic Incentive Policy.

Terra form is increasing the investment for Flat Shoals Energy Center and we are working with bond counsel, Kevin Brown,

I was contacted regarding a potential daycare (the biggest need in Pike County) and am working with Georgia EMC to pull statistics and help the couple looks for potential funding/SBA loans.

I had a conference call with Deanne Avery to discuss financial reports for the DAPC Board. Quickbooks doesn't offer exactly what board wants but Deanne has found a way to create budget vs. actuals that is close to the desired report.

The Thomas and Hutton team and I met to discuss how Project Gabriel (potential bypass project) may impact the CFR masterplan. I introduced David Millen to the T & H team so they could discuss the two projects if needed.

I was also asked to review a map and make sure all parcels pertaining to the CFR master plan were included (requested by T & H).

Bryan Oglesby, Stewart Esary and I met with a team of GDOT Engineers on 2/24 to discuss in detail the Project Gabriel road project.

Bryan Oglesby and I met with County Manager, Rob Morton, to discuss millage rate, Project Gabriel and County Farm Road.

I participated in a meeting to discuss a career fair at SCTC in Griffin to target employees affected by the closure of Continental (Aldora-Barnesville) and Quad (Thomaston). The fair is scheduled for April 15th.

Pike County Extension
February 2026 Monthly Report

General Department Announcements

- Pike County Extension is once again hosting its spring Vidalia Onion fundraiser. Fundraisers such as this help fund programs for the community, snacks for 4-H'ers, new equipment, camp scholarships, discount costs for workshops, and more. Please consider purchasing a bag of onions through the office.
- Extension continues to work closely with members of the Agribusiness Authority Board for success of Chestnut Oak facility.
- Need for a long-term 4-H Project SAFE Shooting Sports Facility has become a higher priority. The SAFE sports program is growing in number of disciplines offered and number of students involved here in Pike County. While 4-H has been utilizing the old landfill location located at 396 Twin Oaks Road, we are in need of a facility that would allow for both covered and fully indoor shooting to help meet the needs of this growing sport. Fundraising and grants are being investigated to help with the expense of such an expansion, but the current facility is not authorized for such use. We are seeking options for such a facility to allow for these clubs to continue to grow and serve the community. *Update on SAFE Sports Facility – A private citizen is allowing the use of their shop for our BB team to practice. Though this is incredibly generous, we hope to find a more permanent solution by next season.*

Agriculture and Natural Resources: Brooklyne Wassel

- Programs
 - *Equine Pasture Weeds*, Equine Exchange Webinar Series, Invited speaker
 - Pike County Homestead Hub Meeting
 - *Homestead Skills Lunch and Learn Series: Making a Garden Plan*
 - Journey to Master Horseman 4-H Club
 - *Markings and Identifying Horses*, Presented by 4-Her
 - *Preparing for State 4-H Horse Show*
 - Pike County 4-H Horse Club
 - *Point Source vs Non-Point Source Pollution & River Neighbors*, In-school Club Meeting, Pike County Middle School
 - *A Garden Story: Escape Room*, Pike County Senior Center, Invited
 - Master Forager – Lab
 - *Kudzu Patch Field Trip*
 - *Crafting with Kudzu*
 - 4-H Day at the Capitol, Served as County Adult Lead (Brandi Baade was attending required training for onboarding.)

- Meetings
 - Mid Georgia Cattlemen’s Directors’ Meeting
 - Pike County Farm Bureau Board Meeting
 - Pike County Extension Office Meeting
 - 2026 NOWA Mega-Conference Planning Meeting (Virtual)
 - Pike County Board of Commissioners Meeting
 - GACAA Communications Awards Judges’ Meeting (Virtual)
 - Pike County Agribusiness Authority
 - Pike County Department Head Meeting
 - Northwest District CEC Update (Virtual)
- Trainings
 - Northwest District ANR Update
 - WordPress 101 (Virtual) – Completed
 - Georgia Forages and Grasslands Conference, Carrollton, GA
 - February 27-28, 2026
 - Sessions focused on grazing strategies, soil health, and multi-species grazing
 - Blueberry and Blackberry Production and Postharvest (Virtual)
- Research
 - Paused for February
- Educational Posts
 - Turfgrass Disease Issues During Winter
 - Making a Garden Plan
 - Pruning Muscadine Grapes
 - Farm Stress Summit
 - Roses in Georgia
 - Not Like Other Shows – State Horse 4-H Show
 - Forage Management Following Extreme Cold
 - Treat for Lawn Burweed
 - Home Pecan Management Calendar
 - New World Screw Worm Preparedness and Response Webinar
- Media
 - *Lunch and Learn: Making a Garden Plan*, YouTube Video
 - *Mastering in Horseman*, Equine Insights Blog – UGA College of Ag and Environmental Sciences ([Mastering in Horseman | University of Georgia Equine Program](#))
 - *Not Like Other Shows: State Horse 4-H Show Offers Unique Educational Opportunities*, Equine Insights Blog – UGA College of Ag and Environmental Sciences ([Not Like Other Shows: State Horse 4-H Show Offers Unique Educational Opportunities | University of Georgia Equine Program](#))
- Social Media
 - Instagram- 700 indirect contacts, 33 direct contacts (6 posts)
 - Facebook- 4817 indirect contacts, 53 direct contact (15 posts)

- Contacts (Does not include program or meeting participants)
 - Phone- 94 contacts
 - Email- 160 contacts
 - Face to Face- 43
 - Sites- 6
- Other
 - Monitor station for CoCoRaHS (Community Collaborative Rain, Hail & Snow Network)
 - Geocache – Under construction
 - Monthly NASS Crop Weather Reporter (Recognized at the district update as one of the agents in the district with a 100% reporting record)
 - Drought Monitor Reporter
 - Griffin RESA Judge, Junior and Senior Divisions, Invited
 - 4-H Cloverleaf Project Achievement Judge
 - Attended Coffee with the Chairman

4-H and Youth: Brandi Baade

- Programs
 - Cloverbuds S.T.E.A.M. Program / Homeschool Combo Meeting
 - Attendance: 9
 - Pre-K through 3rd Grade students and homeschool students rotated through 3 Valentine themed STEAM Stations: Love Boat (Engineering Station), Loves Me Not (Flower Dissection), Pearler Beards (Art Station)
 - Pike County Elementary School – 5th Grade 4-H In-School
 - Attendance: 260
 - Education Topic: Physical vs Chemical Change 5th Grade Science Standard
 - Students explored the differences in chemical and physical changes through the process of making butter and butter milk.
 - Pike County Middle School – 6th Grade 4-H In-school
 - Attendance: 230
 - Education Topic: Water Conservation 6th Grade Science Standard
 - Students participated in a Project WET water conservation lesson where they explored the importance of water quality and learned how human activities can impact and influence our water resources
 - Wildlife Judging Practice
 - Served as head coach
 - Team consists of: 5 PCMS and 2 Pike County Homeschoolers
 - Three – 1 Hour practices held this month
 - Livestock Judging Practice
 - Served as head coach
 - Team consists of: 5 PCES and 2 Pike County Homeschoolers
 - Three – 1 Hour practices held this month

- Chartered Clubs
 - BB Team
 - 8 students participants and 2 adult volunteers
 - Weekly practices
 - Archery Team
 - 19 student participants and 7 adult volunteers
 - Weekly practices
 - State Indoor Tournament
 - Shotgun Team
 - 18 student participants and 5 adult volunteers
 - Weekly practices
- Youth Livestock Shows
 - Mid Georgia Local Market Hog Show
 - 4 Youth Market Hog Exhibitors
 - Titles Won: Grand Champion, 3rd Overall, 5th Overall, 2nd Place Novice Showmanship, 1st Place Senior Showmanship, 2nd Place Senior Showmanship
 - Georgia Jr. National State Livestock Show
 - 3 Youth Market Hog Exhibitors
 - Titles Won: 3rd Overall Division 4, 3rd Overall Division 6, 1st in Market Class 23, 32, and 39, 7th in Class 36
- Meetings
 - Riley's Light Foundation Board Meeting
 - Zoom Meeting: Newish 4-H Agent Check In with PDC
- Trainings
 - Foundations I Training – 3 Days in Athens
 - Foundations of Communications – 3 Days in Athens
- Social Media
 - Instagram
 - Posts – 5
 - Views – 361
 - Interactions – 22
 - Facebook
 - Posts – 6
 - Views – 3,427
 - Interactions – 68
- Other
 - Summer Camp Registration – 30/30 spots filled
 - Office Contacts
 - Face to Face – 71
 - Phone – 42
 - Email – 38

Extension Administrative Assistant: Morgan Mathews

- Contacts

- Phone- 60
- Email- 68
- Face to Face- 97
- Services
 - Soil Samples- 28
 - Water Samples- 16 (Ranked 3rd in the state for number of water samples submitted so far this year)
 - Forage Samples- 2
 - Other- 0

J. JOEL EDWARDS PUBLIC LIBRARY
Manager's Report
February 2026

February 2026 STATS	
# PATRONS	2,259
COMPUTER SESSIONS	129
Wi-Fi USERS	
AWE COMPUTER SESSIONS	
GADD	828
ADULT VOL. HRS	44.5
ONSITE 0-5 PGMS	5
ONSITE 0-5 PGM ATTEND	202
OFFSITE 0-5 PGM	1
OFFSITE 0-5 PGM ATT	2
ONSITE 6-11 PGM	6
ONSITE 6-11 PGM ATT	397
OFFSITE 6-11 PGM	0
OFFSITE 6-11 PGM ATT	0
ONSITE TEEN PGM	7
ONSITE TEEN ATT	57
OFFSITE TEEN PGM	1
OFFSITE TEEN ATT	11
ONSITE ADULT PGM	9
ONSITE ADULT ATT	93
ITEMS RECEIVED	53
TOTAL COLLECTIONS/ITEMS	31,400
CIRCULATION	2,332
STEAM Room	28
*INCOMING TRANSITS	830
*OUTGOING TRANSITS	831

February Programs

2/3 – Story Time
 Dungeons and Dragons

2/6 – Golden Movie Club “Yours, Mine & Ours”

2/10 – Story Time
 Dungeons and Dragons
 Stitch and Sip

2/11 –PCPS first grade field trip

2/12 –PCPS first grade field trip
 Kidz Konnection field trip
 New Moon Movie
 Spicy Book Club

2/13 –PCPS first grade field trip

2/17 –Story Time
 Dungeons and Dragons

2/18 – Pajama Day Movie “The Adventures of Sharkboy and Lavagirl

2/19 – Homeschool Huddle Tornado/Weather

2/20 – Library tote bag DIY

2/24 – Story Time
 Regular Book Club
 Leprechaun Trap Lego Contest

Daily STEAM Room Open

Breakdown of the programs

On-site 0—5 y.o. programs:

Story Time (Weekly)

Off-site 0—5 y.o. programs:

1,000 Books Before Kindergarten

On-site 6—11 y.o. and Teen programs:

Library tote bad DIY
 Pajama Movie Day
 New Moon Movie
 Dungeons and Dragons (Teens)

Off-site 6—11 y.o. and Teen programs:

Book Boxes (Teens) *Program canceled in February

On-site Adult programs:

Golden Movie
 Book Club (Regular and Spicy)
 Stitch and Sip
 Dungeons and Dragons
 United Bank fraud prevention class

STEAM Room:

Die-cuts
 Silhouette Machine
 T-shirt press

Conference Room

Sprouts Homeschool Group
 Central Georgia Homeschool Group
 Study Sessions



PLANNING AND DEVELOPMENT
OFFICE

*Planning – Zoning – Environmental – Permits & Inspections
Code Enforcement*

P. O. Box 377
77 Jackson Street
Zebulon, GA 30295

Phone: 770-567-2007
Fax: 770-567-2024
Jgilbert@pikecoga.gov

“Serving Citizens Responsibly”

March 4, 2026

County Manager and Commissioners,

Here’s a look back on the month of February 2026 from the office of Planning and Development:

Permits: 36 Total (4 New Home)

Fees: \$ 16,754.20

Impact Fees Residential: \$27,103.96

Impact Fees Commercial: \$0

Business Licenses: 53 -Fees: \$5,371.10

Plats: 3 -Fees: \$200

Zoning Cases, Letters and Final Plats: 1 -Fees: \$825.00

LDP: 0-Fees: \$0

Administrative Variance: 1, Roof Pitch for a manufactured home

Code Enforcement: Court Arraignment: 0

Follow Up Site-Visit: 5

Inspections: 9

Phone calls: 15

Total: 29

All Planning and Development activities are staying steady, and department staff members are keeping up with the workload. Code enforcement has picked up with complaints coming in.

Regards,

Jeremy Gilbert
Director

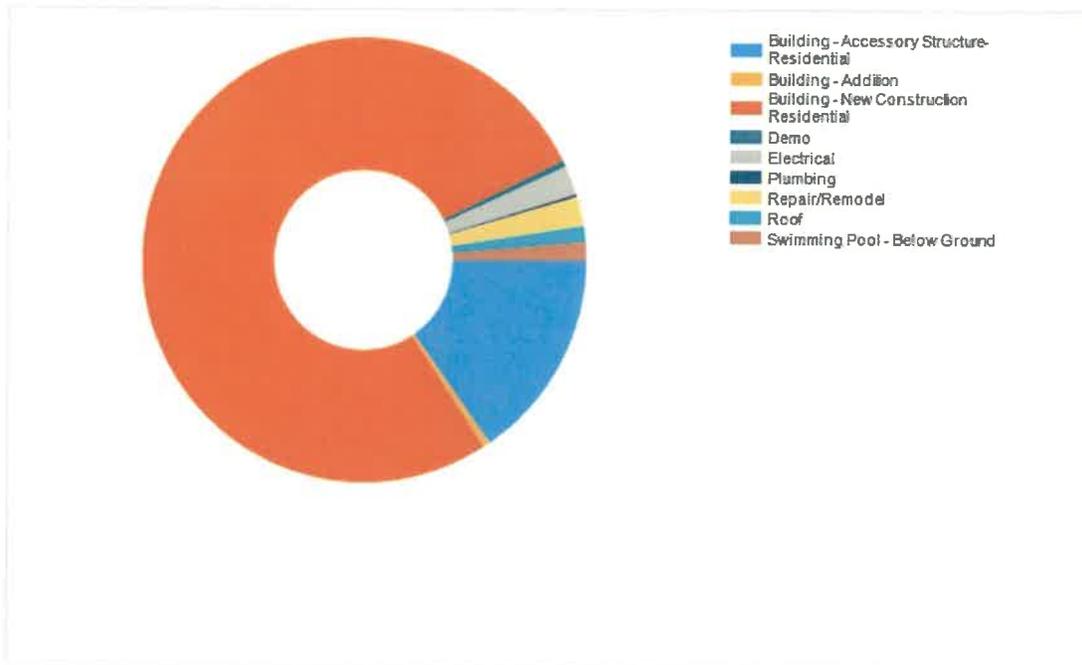
Permit Type Report

Permit Date

02/01/2026 to 02/28/2026

Description	Fees	Payments	Permits
Building - Accessory Structure-Residential	\$6,693.80	4,855.40	12
Building - Addition	\$240.50	240.50	1
Building - New Construction Residential (includes impact fees)	\$33,657.36	25,465.47	4
Demo	\$200.00	200.00	1
Electrical	\$925.00	725.00	9
Plumbing	\$100.00	100.00	1
Repair/Remodel	\$938.50	300.00	2
Roof	\$500.00	500.00	5
Swimming Pool - Below Ground	\$600.00	400.00	3
Total	\$43,855.16	32,786.37	38

Fees Breakdown





FEBRUARY 2026

Monthly Report

Prepared for the Pike County Board of Commissioners
by Ginny W. Blakeney, Judge
Probate Court of Pike County

JUDGE GINNY BLAKENEY

Total Monthly Collections:

\$26,265.62

Citizen Engagements:

230 (received)

Weapons Carry Licenses

57 ISSUED

Marriage Licenses

19 ISSUED

Issued Citations

Georgia DNR - 1
Georgia State Patrol - 53
Pike County SO - 9
Total: 63 Cases

Estate Cases

Petition to Probate: 6
Petition for Year's Support: 0
Administrations: 4
Adult Guardianship: 1
Minor Estates: 9
Misc. Filings: 9

Total: 29 Filings

Vital Records Issued:

56 Birth Certificates
157 Death Certificates

Orders to Apprehend:

1 Cases

Technology Fund Collections

\$710.00

Paid to Commissioners
(after fund disbursements)

\$17,742.02



Pike County Public Works Monthly Report

February 3rd, 2026 – March 4th, 2026

- Removed 5-gallon buckets from the right of way that were dumped near the end of Beeks Road
- Trimmed low hanging limbs from Cypress trees at the intersection of Strickland Road and Johnson Road that were blocking driver's views
- Laid rock on muddy area of Dunn Road near the intersection of Rose Hill Road
- Laid rock on muddy area at the intersection of Pine Valley Road and Adams Road
- Laid rock on all muddy areas of Gaulding Road
- Laid rock on all muddy areas of Hunter Road
- Laid rock on muddy area at the intersection of Kendrick Road and Durham Road
- Laid rock on all muddy areas of Mud Bridge Road
- Removed tree from the right of way near 382 West Road to allow for dump truck haulers to travel down West Road
- Repaired the asphalt apron due to washout at 498 Oliver Road
- Laid rock on all muddy areas of Turner Road between Hollonville Road and Concord Road
- Replaced speed limit signs and dead-end signs on Williams Trail that were dropped off at the Board of Commissioners office
- Made and replaced road name sign for Concord Court in Concord Estates Subdivision for the City of Concord
- Laid rock on muddy area of Midway Road where road was dug up to repair a waterline
- Ditched all of West Road between Hill Street and Bottoms Road. As well as installed 3 new driveway culverts to replace the ones that were damaged and not draining
- Replaced the 36-inch culvert at the creek on West Road that was in bad shape and causing the road to fail. Installed new HDPE pipe that is larger in diameter and longer in length
- Patched pothole near Round Tree Way on Williamson-Zebulon Road
- Laid rock on all muddy areas of Cannafax Road
- Cleaned out drainage ditch on McDaniel Road
- Cleaned out the culvert at 311 McDaniel Road
- Repaired two large potholes on Watson Road
- Cleaned out the drains in the Health Department parking lot to allow water to drain properly
- Repaired large potholes near 1815 Perkins Road
- Repaired large pothole located near the stop sign that is at the intersection of Etheridge Mill Road and Liberty Road
- Removed mattress and large barrel from the right of way of 2nd District Road
- Scraped and rocked all bad areas of Pope Road

- Repaired washed out area of the road near 579 Lifsey Springs Road
- Laid rock on all muddy areas of Wood Creek Road
- Repaired several large potholes near the intersection of Blanton Mill Road and Beeks Road
- Removed large rocks from Wood Creek Road that surfaced after the road was scraped
- Repaired ditches due to the power company installing a new power pole at 266 New Hebron Church Road
- Replaced all road signs at the intersection of Concord Road and 2nd Street due to car wreck
- Repaired and poured concrete around cross drain at the intersection of Concord Road and 2nd Street that was damaged by car wreck
- Cleaned out blocked cross drains on Greet Street
- Repaired washed out driveway at 1620 Alabama Road
- Repaired several large potholes at the intersection of Bottoms Road and West Road
- Repaired leaning stop sign at the intersection of West Curtis Road and Hamilton Road
- Removed dead deer from the right of way near 96 Acorn Drive
- Repaired washed out driveway at 711 Harris Road
- Cleaned out blocked culvert at 229 Spring Road
- Cleaned out blocked cross drain near 266 New Hebron Church Road
- Repaired hanging stop sign at the intersection of Ashley Glen Drive and Windsor Court for the City of Williamson
- Laid rock on all muddy areas of Fossett Road between Highway 18 and Green Street
- Removed large hanging tree branch near the end of Millwood Road
- Removed dead deer from the right of way near 540 Shackelford Road
- Repaired small area of the road that was breaking up near 500 Oak Ridge Lane
- Repaired washed out driveway at 234 Rose Cliff Road
- Completed major overhaul on Bates Road including filling in low areas of the road, scraping, and hauling in rock
- Repaired stop sign at the intersection of Etheridge Mill Road and County Line Road
- Cleaned out the ditches and culvert at 870 Hagans Mountain Road
- Repaired the pavement at the intersection of Hagans Mountain Road and Kings Road where the road was breaking up
- Removed damaged culvert pipes from the right of way of Deer Trail where previous road work has been completed
- Inspected driveways on Flint Farms Drive and Dunbar School Road
- Inspected and approved driveways on Hood Road, Billies Way, Adams Road, Kings Road(X2), Pedenville Road, Cochran Road, Traveler Lane(X2), Flint Farms Drive, Reidsboro Road, and Harrison Road
- Collected \$700 in Driveway Permit fees.
- Motor graders have finished in the Molena area and are working through the Concord area now. Strickland Road, Bates Road, Green Street, Fossett Road, Spring Road, Harris Road, and Old Zebulon Road.

- The long-arm mowers are currently in the Old Lifsey Springs and Roberts Quarters Road area.
- The Public Works shop continues to complete maintenance on all county owned vehicles to include hoses, belts, brakes, tires, and oil changes. As well as servicing all Public Works equipment.

Thank you,
Chris Goodman
Director of Public Works

March 2026

Sun	Monday	Tuesday	Wednesday	Thursday	Friday	Sat
1	2 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	3 Pastor Odom 10:00am 3 Laps Check out the exercise room	4 Beyond the Bells Education talk 10-11 Card Games Basketball 3 Laps	5 AM BINGO Prizes 3 Laps Basketball Check out the exercise room	6 Chair Exercise @ 10:00 am 3 Laps Call a friend Bingo PM Prizes	7
8	9 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	10 Gordon College Community Wellness Fair Day Trip Lunch at Gordon Taco Tuesday \$ 10.00 for lunch Red Shirt Center CLOSED	11 Beyond the Bells Education talk 10-11 Card Games Basketball 3 Laps	12 AM BINGO Card Games Basketball 3 Laps Brown Bags	13 Chair Exercise @ 10:00 am 3 Laps Call a friend Bingo PM	14
15	16 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	17 Pastor Odom 10:00am 3 Laps Check out the exercise room WEAR GREEN/ Green Game with L	18 Beyond the Bells Education talk 10:00-11:00 3 Laps Games	19 AM BINGO Card Games Basketball 3 Laps	20 Spring Fling with UPSON Games & Fellowship 10:00-1:30	21

22	23 Chair Exercise @ 10:00 3 Laps Call a friend Word Search	24 Pastor Odom 10:00am 3 Laps Check out the exercise room	25 Painting with Mr. Larry @ 10:00am 3 Laps	26 AM BINGO Card Games Basketball 3 Laps	27 FISHING DAY @ Spalding County Friends/ Picnic Center CLOSED	28
29	30 Games with Paula with Eternal Hope @ 10:00am Call a Friend 3 Laps	31 Pastor Odom 10:00am 3 Laps Check out the exercise room				

“Every \$3.00 donation matters. Every day counts. Thank you for supporting our senior center”



"Serving Citizens Responsibly"
Greg Hobbs, Chief Appraiser
PIKE COUNTY BOARD OF ASSESSORS
P.O. Box 377
73 Jackson Street
Zebulon, Georgia 30295
www.pikeassessor.com
770-567-2002

March 5, 2026

Pike County Board of Commissioners Report – Progress for January & February 2026

Overview

The first two months of the year have been a period of significant activity for the Pike County office. Norman Appraisal has been diligently working to fulfill the requirements outlined in the consent order. Additionally, our office has been processing a high volume of home-stead exemption applications and conservation-related filings.

Homestead Exemption Activity

Since the beginning of the year, we have successfully processed and approved 53 homestead exemption applications. These include:

- **8 S5 DAV Exemptions** (under 65 years old)
- **41 S1 Regular Homesteads**
- **3 SD DAV Exemptions** (over 65 years old)

We are currently processing an additional 140 homestead applications in preparation for the next appointed meeting on March 12, 2026. The breakdown of these 140 applications is as follows:

- 19 L4 (ages 65-69, income-based)
- 9 L1 (ages 65-69, non-income-based)
- 47 L7 (over 70, income-based)
- 13 L8 (over 70, non-income-based)
- 5 S5 DAV (under 65)
- 1 SD DAV (over 65)
- 5 L3 (ages 62-64, income-based)

Total Homestead Applications to Date

As of this report, we have processed a total of **192 homestead applications**. The deadline for filing for homestead exemptions is **April 1, 2026**.

Conservation Applications

In addition to the homestead exemptions, we are processing several conservation-related applications, which require significant time and effort for review and inspections. The current conservation applications are as follows:

- **12 New Conservation Applications**
- **17 Continuation Applications**
- **11 Renewal Applications**
- **1 FLPA Approval**

These properties necessitate in-depth processing and field inspections to ensure compliance with all regulations.

Upcoming Meetings & Tax Appeal

The **Board of Equalization** will meet on **March 20, 2026**. Additionally, a tax appeal has been filed for the property on **New Hebron Church Road** by **Brandon J. Garner**. The petition for review will be heard on **March 16, 2026**.

Property Visits

The office staff continues to visit properties daily to ensure all necessary assessments and inspections are completed. As of the writing of this report, the specific numbers for property visits are unavailable, but we will update the Board as soon as the data is available.

Conclusion

Overall, it has been a busy start to the year. We appreciate the continued support from the Board of Commissioners as we work to meet our goals and ensure the office operates smoothly.

Thank you, that is all.

Respectfully I am

RGHOBBS

PIKE CO.

CHIEF APPRAISER IV

PIKE COUNTY BOARD OF COMMISSIONERS

CDBG de-obligation letter

SUBJECT:

Authorize the Chairman to sign the de-obligation letter for the completed Community Development Block Grant (CDBG) project, to be submitted to the Georgia Department of Community Affairs (DCA).

ACTION:

ADDITIONAL DETAILS:

ATTACHMENTS:

Type	Description
▣ Exhibit	CDBG de-obligation letter

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda



PIKE COUNTY BOARD OF COMMISSIONERS

**P.O. Box 377 • 331 Thomaston Street
Zebulon, GA 30295**

J. Briar Johnson, Chairman
Tim Daniel, Commissioner – District 1
Tim Guy, Commissioner – District 2
Ken Pullin, Commissioner – District 3
James Jenkins, Commissioner – District 4

Rob Morton, County Manager
Angela Blount, County Clerk
Heather Bell, Accounts Payable
Clint Chastain, Finance Administrator
Joann Wrye, Payroll/ Human Resources

March 2, 2026

Administrative Secretary
Georgia Department of Community Affairs
CDBG Section
60 Executive Park South NE
Atlanta, Georgia 30329-2231

RE: Pike County
CDBG #23p-y-114-1-6354

Dear Administrative Secretary:

Pike County has completed the above referenced program and is formally de-obligating a total of \$73,689.00 in program funds. With the help of the Georgia Department of Community Affairs, a total of 74 residents, of whom 55 or 74.3% are of low & moderate income, have been provided with street and drainage improvements within their neighborhood.

Pike County would like to thank DCA for their help in completing this much needed program.

If you have any questions or need additional information, please do not hesitate to contact Rob Morton, County Manager, at (770) 567-3406, or Carol Southard, Program Manager at (229) 938-5444.

Sincerely,

J. Briar Johnson
Chairman

PIKE COUNTY BOARD OF COMMISSIONERS

ACGG Retirement

SUBJECT:

ACGG Retirement Services Governmental 401 (a) and 457 (b) Plan Sponsors revised fee schedule effective July 1, 2026.

ACTION:

ADDITIONAL DETAILS:

ATTACHMENTS:

Type	Description
▣ Exhibit	ACGG Retirement

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda



MEMORANDUM

To: ACCG Retirement Services Governmental 401(a) and 457(b) Plan Sponsors
From: R. Kale Hodges
ACCG Retirement Services Director
Date: February 27, 2026
Re: DC Administrative Services Agreement Revised Fee Schedule – Effective July 1, 2026

We are pleased to announce an update to your ACCG 401(a) and 457(b) Retirement Plans fee schedule effective July 1, 2026. Pursuant to the Administrative Services Agreement between ACCG and your jurisdiction, ACCG may change Schedule B with at least 120 prior written notice. The change reflects our ongoing commitment to delivering value, transparency, and desired retirement outcomes for both plan sponsors and participants.

Why is Schedule B changing?

At the ACCG Defined Contribution Board of Trustees meeting on November 6, 2025, the Trustees directed staff to review the current pricing model with revenue sharing included and evaluate the current and potential new fee tiers for plans in the ACCG Retirement Program. Attached is a revised Schedule B with a new fee schedule that was adopted by the ACCG Defined Contribution Board of Trustees at their February 26, 2026, board meeting.

What's changing in Schedule B?

The new fee structure adds three new tranches for \$50M - \$75M, \$75M - \$100M and \$100M+. There were no changes to the less than \$1M and \$1M to \$5M tranches. There is a slight increase in the participant asset-based fee in the \$5M - \$10M tranche. At most, there is \$17 per year increase while the other tranches greater than \$ 10M will see a reduction in cost. This shift is to align tranches into a gradual reduction in fees as the plan grows in asset size.

Why does this change matter to your participants?

The idea around this model shift is to provide top quality service to jurisdictions while allowing for efficiencies of scale for larger plans. As plans grow, they will enjoy this benefit of reduced administrative fees. By decreasing the expenses associated with plan administration and services, participants will be able to retain a greater portion of their account balance, helping their savings grow more efficiently over time. Even small reductions in fees can have a meaningful long-term impact on retirement savings. This updated schedule is designed to:

- Improve participant outcomes by minimizing plan-related expenses
- Enhance the overall value of your retirement program
- Support our fiduciary objective to ensure reasonable and competitive fees

What do you need to do next?

Attached is the new Schedule "B" Fee Schedule from the Administrative Services Agreement that has been executed by ACCG because of the board vote. Please return the fully executed agreement by July 1, 2026 via email to Valeria Tucker, ACCG Retirement Services Deputy Director. Valeria's email address is vgreene@accg.org. We will implement the new fee schedule automatically on the above-mentioned effective date.

We appreciate your continued partnership and your commitment to helping participants achieve retirement readiness. If you have any questions about the new fee schedule or would like to discuss how these changes may impact your plan, please contact your Regional Client Manager.

Sincerely,



R. Kale Hodges
Retirement Services Director
ACCG Retirement Services



SCHEDULE "B"
FEE SCHEDULE
(effective 7/1/2026)

Asset Based Fees

Asset -Based Fees Based on Jurisdiction’s Total Assets* (in basis points)

Participant Account Balances**	Jurisdiction Total Assets							
	Less than \$1M	\$1M - \$5M	\$5M - \$10M	\$10M - \$25M	\$25M - \$50M	\$50M - \$75M	\$75M - \$100M	Over \$100M
First \$5,000	200	175	150	115	90	40	25	0
Next \$5,000	175	150	125	90	60	40	25	0
Next \$15,000	25	20	15	10	5	0	0	0
Over \$25,000	0	0	0	0	0	0	0	0

*Total combined assets of the Plan(s) shall be evaluated at each calendar year end.

**Participant Account Balance is based on the average daily balance during the preceding quarter.

Other Fees

Annual Participant Fee:	\$20.00 per Participant assessed quarterly
Errors not caused by ACCG:	To be negotiated as needed
Employer Requested Special projects:	To be negotiated as needed

ACCG may once each calendar year amend this Schedule "B" upon one hundred and twenty (120) days prior written notice to the Employer.

We have read and understand the above Schedule "B" and agree to its terms as evidenced by the signatures set forth below.

EMPLOYER
Jurisdiction Management Approval

Jurisdiction: _____

By: _____

Title: _____

Date: _____

**ASSOCIATION COUNTY
COMMISSIONERS OF GEORGIA**

By:  _____

Title: ACCG Executive Director

Date: February 27, 2026

PIKE COUNTY BOARD OF COMMISSIONERS

Flat Shoals Center MOU

SUBJECT:

Flat Shoals Energy Center Memorandum of Agreement (MOA).

ACTION:

ADDITIONAL DETAILS:

ATTACHMENTS:

Type	Description
▣ Exhibit	MOU
▣ Exhibit	MOU Supporting Documents

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda

FIRST AMENDMENT TO MEMORANDUM OF AGREEMENT

THIS FIRST AMENDMENT TO MEMORANDUM OF AGREEMENT (this “**Amendment**”) is entered into as of _____, 2026 by and between the **DEVELOPMENT AUTHORITY OF PIKE COUNTY, GEORGIA** (the “**Authority**”), a development authority and public body corporate and politic duly created by the Development Authorities Law, O.C.G.A. Section 36-62-1, *et seq.*, as amended (the “**Act**”), and **FLAT SHOALS ENERGY CENTER, LLC**, a Georgia limited liability company (the “**Company**”), each a “**Party**,” and collectively the “**Parties**.”

RECITALS:

WHEREAS, the Parties entered into that certain Memorandum of Agreement dated September 16, 2025 (the “**MOA**”), a copy of which is attached is Exhibit A hereto and incorporated herein by reference; and

WHEREAS, the Company has requested, and the Authority has agreed to increase the contemplated maximum principal amount of the Bond, the Capital Investment Goal, annual payment in lieu of taxes, Authority’s financing fee and the permitting or impact fees, to allow for a larger project and therefore amend the MOA, as set forth below.

NOW, THEREFORE, in consideration of the recitals set forth above, the mutual obligations set forth herein, and other good and valuable consideration, the receipt and sufficiency of which are hereby acknowledged, the Parties hereto agree as follows:

1. AGREEMENTS AND MODIFICATIONS TO MOA.

1.1. Amendment to MOA. The Parties agree that this Amendment shall serve as a written agreement of the Parties to amend the terms and provisions of the MOA.

1.2. Modifications to MOA.

1.2.1. Section 6 of the MOA is hereby amended by replacing \$170,000,000 with \$220,000,000.

1.2.2. Section 11 of the MOA is hereby amended by replacing \$130,000,000 with \$180,000,000.

1.2.3. Schedule 2 of the MOA shall be replaced in its entirety with the attached Schedule 2.

2. OTHER PROVISIONS.

2.1. Definitions; Recitals. Capitalized terms that are used but not defined herein, but which are defined in the MOA, shall have the same meaning herein as in the MOA. The above recitals are part of this Amendment and are hereby incorporated herein by reference.

2.2. MOA Remains in Effect. Except as expressly amended and modified herein, the MOA shall remain unchanged and in full force and effect, and the Parties do hereby ratify and affirm the same, as modified by this Amendment.

2.3. Successors and Assigns. This Amendment shall be binding upon and inure to the benefit of the Parties hereto and their respective successors and assigns.

2.4. Governing Law. This Amendment shall be governed by and construed in accordance with the laws of the State of Georgia, without giving effect to conflicts of law provisions thereof.

2.5. Binding Effect. This Amendment shall be binding upon and inure to the benefit of the Parties hereto and their respective permitted successors and assigns.

2.6. Counterparts. This Amendment may be signed in counterparts, each of which shall be an original and all of which together shall constitute one and the same instrument.

2.7. Associated Costs. Upon its execution of this Amendment, the Company shall be responsible for, and shall pay promptly upon being invoiced therefor, the legal fees and disbursements of the Authority's counsel related to the negotiation, preparation, execution and distribution of this Amendment and any related documents, and efforts required to implement the same.

[SIGNATURES BEGIN ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties have executed this First Amendment to Memorandum of Agreement and caused it to be delivered as of the date first above written.

The "Authority":

**DEVELOPMENT AUTHORITY OF
PIKE COUNTY, GEORGIA**

By: _____
Chairman

ATTEST:

Secretary

[AUTHORITY'S SEAL]

[SIGNATURES CONTINUE ON FOLLOWING PAGE]

[SIGNATURE PAGE TO FIRST AMENDMENT TO
MEMORANDUM OF AGREEMENT]

The “Company”:

FLAT SHOALS ENERGY CENTER, LLC,
a Georgia limited liability company

By: _____(SEAL)

Name: Daniel Van Clief III

Title: Chief Development Officer

[SIGNATURE PAGE TO FIRST AMENDMENT TO
MEMORANDUM OF AGREEMENT]

SCHEDULE 2
Property Tax Savings Schedule

Year	Flat Fee PILOTs
1*	\$1,520,000**
2-5	\$515,500
6-10	\$415,500
11-15	\$385,500

* “**Year 1**” shall be the earlier of (a) the first calendar year after commencement of commercial operations of the Project, or (b) 2032. There shall be no *ad valorem* property taxes or payments in lieu of taxes for tax years after the closing of the issuance of the Bond, but prior to Year 1; *i.e.*, the Project’s construction period.

**In Year 1, the Company shall be responsible for: (a) annual payment in lieu of taxes in the amount of \$495,000 to be paid to the Authority; (b) the Authority’s one-time financing fee in the amount of \$225,000 to be paid to the Authority; (c) the owner’s contribution in the amount of \$350,000 to be paid to the County in lieu of improving North Madden Bridge Road; and (d) the impact fee of \$450,000 to be paid to the County for permit fees at issuance of the building permit. The foregoing total in the amount of \$1,520,000 shall constitute the “flat” payment in lieu of taxes to be paid by the Company in Year 1. To the extent that the County requires payments in excess of the amounts set forth above for (i) the cost of improving North Madden Bridge Road or (ii) the cost of the permitting or impact fees, then such excess amounts shall be credited against the Company’s obligation to make payments in lieu of taxes in Year 2. The Company shall provide evidence of payment to the County of any such excess.

The savings applies to all *ad valorem* property taxes (county, state, school and other) with respect to property comprising the Project that is titled to the Authority in connection with the issuance of the Bond. The payments in lieu of tax in the Property Tax Savings Schedule above are fixed and will not be impacted or modified based on the actual amount of capital investment in the Project.

EXHIBIT A

MEMORANDUM OF AGREEMENT

(ATTACHED)

EXHIBIT A



Terra Form Power Operating, LLC
107 5th Street Southeast
Charlottesville, VA 22902
Tel: 800.214.4579

February 18, 2026

Pike County Industrial Development Authority
Attn: Chairman Bryan Oglesby
416 Thomaston Street
Zebulon, GA 30295

RE: Flat Shoals Energy Center Investment Increase

Dear Chairman Oglesby,

I am writing to request an update to the Memorandum of Agreement between Flat Shoals Energy Center and the Pike County Industrial Board based on an increase in the project's anticipated investment.

Since the approval of the MOA, project economics have changed significantly as a result of the project securing a larger nameplate capacity through its Interconnection Cluster Study, significant increased costs to project equipment due to tariffs, continued labor and material inflation, and the necessity of additional substation upgrades.

The result is a net benefit to the county's long-term financial interests. It is critical, however, that the Project's economics remain viable to remain competitive for selection by Georgia Power and the Project remain in the pool of preliminarily selected projects. As such, we have increased the fees in proportion to the investment, keeping the agreed upon savings ratio in line with the original agreement. These revisions are designed to enhance the overall value of the project while still ensuring a favorable outcome for all parties involved.

In spite of the increased investment, there has been no material deviation from the proposed Project plan nor will the Project need to seek an amendment of Special Exception MOD-SE-17-03.

Enclosed, please find a summary of the project investment economics and the positive impact to the MOA economics.

Best Regards,

Tyler Brock

Tyler Brock
912.503.8464
tyler.brock@terraformpower.com



Terra Form Power Operating, LLC
 107 5th Street Southeast
 Charlottesville, VA 22902
 Tel: 800.214.4579

Original Investment and Executed MOA Economics

Sept 16, 2025, Executed Memorandum of Agreement
 Initial Investment (MOA Section 11): \$130,000,000
 Not to exceed (Section 6): \$170,000,000

Annual Schedule of Fees:

Year	Permitting Impact Fee	Road Improvement	PILOT Financing Fee	PILOT	Flat Fee Total
1	\$325,000	\$350,000	\$162,500	\$385,000	\$1,222,500
2-5			\$15,000	\$385,000	\$400,000
6-10			\$15,000	\$275,000	\$290,000
11-15			\$15,000	\$240,000	\$255,000

10YR Total: \$4,272,500
 15YR Total: \$5,547,500
 Savings Ratio: 58.86%

Updated Investment and amended MOA Economics

Initial Investment (MOA Section 11): \$180,000,000
 Not to exceed (Section 6): \$220,000,000

Annual Schedule of Fees:

Year	Permitting Impact Fee	Road Improvement	PILOT Issuance Fee	PILOT	Flat Fee Total
1	\$450,000	\$350,000	\$225,000	\$495,000	\$1,520,000
2-5			\$20,500	\$495,000	\$515,500
6-10			\$20,500	\$395,000	\$415,500
11-15			\$20,500	\$365,000	\$385,500

10YR Total: \$5,659,500
 15YR Total: \$7,587,000
 Savings Ratio: 58.76%

Existing and Proposed MOA Amounts

	9.16.25 MOA	→	2.18.26 Amended
Minimum Investment	\$130,000,000		\$180,000,000
Not to Exceed Bond Amount	\$170,000,000		\$220,000,000
Savings Ratio	58.86%		58.76%
10 YR Sum Total	\$4,272,500		\$5,659,500
15 YR Sum Total	\$5,547,500		\$7,587,000
Flat Fee PILOTs (MOA Exhibit A)			
YR1	\$1,222,500		\$1,520,000
YR 2-5	\$400,000		\$515,500
YR 6-10	\$290,000		\$415,500
YR 11-15	\$255,000		\$385,500

Notes:

YR1 Fee Includes:

YR1 PILOT Flat Fee	\$385,000	\$495,000
Road Improvement	\$350,000	\$350,000
Permitting Impact Fee	\$325,000	\$450,000
IDA Issuance Fee/YR1	\$162,500	\$225,000
YR2–15 incl. IDA annual fee:	\$15,000	\$20,500

Flat Shoals Energy Center

Tax & Fee Schedule Detailed June 30, 2025 for the Sept 16, 2025 Executed Memorandum of Agreement

Version: June 30, 2025

<p>Initial Value of Personal Property (EPC): Personal Property Assessment Ratio: Initial Value of Real Property (Land): Millage Rate: Real Property Appreciation Rate: Base Millage Year: Commercial Operation Date: Permitting Fee Flat PILOTS Years 1 - 5 Flat PILOTS Years 6 - 10 Flat PILOTS Years 11 - 15</p>	<p>\$130,000,000 40% \$3,759,830 24.644 2.0% 2024 2029 0.0025 \$385,000 \$275,000 \$240,000</p>
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Initial Value may fluctuate up to \$170M, Total Taxes & F.

2024 Millage Rate

\$2.5 per \$1000 investment

Year of Operation	Calendar Year	Savings %	Depreciation Factor (GDOR 2025 Gr. III)	Personal Property Tax (Pro-rated from Flat PILOT)	Real Property Tax (Pro-rated from Flat PILOT)	Year 1: Permitting Fee + Issuance	Payment in Lieu of Road Improvement	Total Taxes & Fees
1	2029	42%	0.95	\$711,098	\$23,902	\$487,500	\$350,000	\$1,222,500
2	2030	67%	0.90	\$386,030	\$13,970	\$15,000		\$400,000
3	2031	66%	0.89	\$385,606	\$14,394	\$15,000		\$400,000
4	2032	65%	0.87	\$385,004	\$14,996	\$15,000		\$400,000
5	2033	65%	0.86	\$384,545	\$15,455	\$15,000		\$400,000
6	2034	74%	0.84	\$278,319	\$11,681	\$15,000		\$290,000
7	2035	74%	0.83	\$277,957	\$12,043	\$15,000		\$290,000

8	2036	72%	0.76	\$276,648	\$13,352	\$15,000	\$290,000
9	2037	68%	0.67	\$274,663	\$15,337	\$15,000	\$290,000
10	2038	64%	0.59	\$272,382	\$17,618	\$15,000	\$290,000
11	2039	64%	0.51	\$236,918	\$18,082	\$15,000	\$255,000
12	2040	58%	0.43	\$233,445	\$21,555	\$15,000	\$255,000
13	2041	50%	0.36	\$229,215	\$25,785	\$15,000	\$255,000
14	2042	38%	0.28	\$222,217	\$32,783	\$15,000	\$255,000
15	2043	27%	0.23	\$215,519	\$39,481	\$15,000	\$255,000

10YR Total **\$3,632,252** **\$152,748** **\$4,272,500**
15YR Total **\$4,769,566** **\$290,434** **\$5,547,500**

YR1 Fee Breakdowns (G24)

Permitting Impact Fee \$325,000
 IDA Yr 1 Issuance Fee \$162,500



ees remain constant.

Normal Personal Property Tax	Personal Property Tax (Savings)	Normal Real Property Tax	Real Property Tax (Savings)	Real Property Tax (As Is)
\$1,217,414	\$506,315	\$40,920	\$17,019	\$8,900
\$1,153,339	\$767,309	\$41,739	\$27,769	\$9,078
\$1,140,524	\$754,918	\$42,574	\$28,180	\$9,260
\$1,114,895	\$729,890	\$43,425	\$28,429	\$9,445
\$1,102,080	\$717,535	\$44,294	\$28,838	\$9,634
\$1,076,450	\$798,131	\$45,179	\$33,498	\$9,826
\$1,063,635	\$785,678	\$46,083	\$34,040	\$10,023

\$973,931	\$697,283	\$47,005	\$33,653	\$10,223
\$858,597	\$583,934	\$47,945	\$32,607	\$10,428
\$756,078	\$483,696	\$48,904	\$31,286	\$10,636
\$653,559	\$416,641	\$49,882	\$31,799	\$10,849
\$551,040	\$317,595	\$50,879	\$29,325	\$11,066
\$461,336	\$232,121	\$51,897	\$26,112	\$11,287
\$358,817	\$136,600	\$52,935	\$20,152	\$11,513
\$294,742	\$79,223	\$53,994	\$14,513	\$11,743

Savings

\$10,456,942	\$6,824,690	\$448,067	\$295,319	\$97,453
\$12,776,435	\$8,006,870	\$707,654	\$417,220	\$153,911

58.86%

Flat Shoals Energy Center

Tax & Fee Schedule Details for proposed amendment to the Sept 16, 2025 Executed Memorandum of Agreement

Version: Feb 2, 2026

<p>Initial Value of Personal Property (EPC): Personal Property Assessment Ratio: Initial Value of Real Property (Land): Millage Rate: Real Property Appreciation Rate: Base Millage Year: Commercial Operation Date: Permitting Fee Flat PILOTs Years 1 - 5 Flat PILOTs Years 6 - 10 Flat PILOTs Years 11 - 15</p>	<p>\$180,000,000 40% \$3,759,830 24.644 2.0% 2024 2029 0.0025 \$495,000 \$395,000 \$365,000</p>
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Initial Value may fluctuate up to \$220M, Total Taxes & Fees

2024 Millage Rate

\$2.5 per \$1000 investment

Year of Operation	Calendar Year	Savings %	Depreciation Factor (GDOR 2025 Gr. III)	Personal Property Tax (Pro-rated from Flat PILOT)	Real Property Tax (Pro-rated from Flat PILOT)	Year 1: Permitting Fee + Issuance	Payment in Lieu of Road Improvement	Total Taxes & Fees
1	2029	51%	0.95	\$824,973	\$20,027	\$675,000	\$350,000	\$1,520,000
2	2030	69%	0.90	\$502,370	\$13,130	\$20,500		\$515,500
3	2031	68%	0.89	\$501,967	\$13,533	\$20,500		\$515,500
4	2032	68%	0.87	\$501,395	\$14,105	\$20,500		\$515,500
5	2033	67%	0.86	\$500,959	\$14,541	\$20,500		\$515,500
6	2034	73%	0.84	\$403,276	\$12,224	\$20,500		\$415,500
7	2035	73%	0.83	\$402,893	\$12,607	\$20,500		\$415,500

8	2036	70%	0.76	\$401,505	\$13,995	\$20,500	\$415,500
9	2037	66%	0.67	\$399,393	\$16,107	\$20,500	\$415,500
10	2038	62%	0.59	\$396,957	\$18,543	\$20,500	\$415,500
11	2039	60%	0.51	\$365,360	\$20,140	\$20,500	\$385,500
12	2040	53%	0.43	\$361,400	\$24,100	\$20,500	\$385,500
13	2041	44%	0.36	\$356,533	\$28,967	\$20,500	\$385,500
14	2042	30%	0.28	\$348,381	\$37,119	\$20,500	\$385,500
15	2043	17%	0.23	\$340,456	\$45,044	\$20,500	\$385,500

10YR Total **\$4,835,687**
15YR Total **\$6,607,819**

10YR Total **\$148,813**
15YR Total **\$304,181**

10YR Total **\$4,835,687**
15YR Total **\$6,607,819**

YR1 Fee Breakdowns (G24)

Permitting Impact Fee \$450,000
IDA Yr 1 Issuance Fee \$225,000

\$5,659,500
\$7,587,000



ees remain constant.

Normal Personal Property Tax	Personal Property Tax (Savings)	Normal Real Property Tax	Real Property Tax (Savings)	Real Property Tax (As Is)
\$1,685,650	\$860,676	\$40,920	\$20,894	\$8,900
\$1,596,931	\$1,094,562	\$41,739	\$28,608	\$9,078
\$1,579,188	\$1,077,220	\$42,574	\$29,041	\$9,260
\$1,543,700	\$1,042,305	\$43,425	\$29,321	\$9,445
\$1,525,956	\$1,024,998	\$44,294	\$29,752	\$9,634
\$1,490,469	\$1,087,193	\$45,179	\$32,955	\$9,826
\$1,472,725	\$1,069,832	\$46,083	\$33,476	\$10,023

\$1,348,520	\$947,015	\$47,005	\$33,010	\$10,223
\$1,188,827	\$789,434	\$47,945	\$31,837	\$10,428
\$1,046,877	\$649,921	\$48,904	\$30,360	\$10,636
\$904,928	\$539,567	\$49,882	\$29,742	\$10,849
\$762,978	\$401,578	\$50,879	\$26,779	\$11,066
\$638,772	\$282,239	\$51,897	\$22,930	\$11,287
\$496,823	\$148,442	\$52,935	\$15,816	\$11,513
\$408,105	\$67,648	\$53,994	\$8,950	\$11,743

Savings

\$14,478,843	\$9,643,155	\$448,067	\$299,255	\$97,453
\$17,690,449	\$11,082,630	\$707,654	\$403,473	\$153,911

58.76%

MEMORANDUM OF AGREEMENT

This **MEMORANDUM OF AGREEMENT** (“**Agreement**”), dated September 16, 2025 is entered into by and between the **DEVELOPMENT AUTHORITY OF PIKE COUNTY, GEORGIA** (the “**Authority**”), a development authority and public body corporate and politic duly created by the Development Authorities Law, O.C.G.A. § 36-62-1, *et seq.*, as amended (the “**Act**”), and **FLAT SHOALS ENERGY CENTER, LLC**, a Georgia limited liability company (the “**Company**”), each a “**Party**,” and collectively the “**Parties**.”

RECITALS

A. The Company is developing an approximately 90-120 megawatt (alternating current) solar photovoltaic electrical generating facility (the “**Project**”) to be sited in Pike County, Georgia (the “**County**”) on approximately 850 acres of land located in the County, and is a portion of the property depicted as Tax Parcel Number 032 012 by the maps currently maintained by the County (the “**Site**”). The Project consists of (i) the Site, (ii) certain personal property, specifically including, without limitation, the photovoltaic panels, racking systems, inverters, breakers, switches, cabling, power transformers, energy storage facilities, telecommunications equipment and associated materials and equipment to be installed on the Site, and (iii) certain related real property improvements, such as, without limitation, concrete pads, fencing, and roads to be constructed by the Company on the Site. The Company, prior to the Closing (defined below), will acquire the Site from the current owner(s), and thereafter, at Closing, convey the Site to the Authority for lease to the Company, as further described herein, such that the Site will be included as part of the Project and enjoy the tax savings set forth herein. The Project may also include parcels of land to be acquired by the Company adjacent to the Site, if the Company determines that such additional land is needed to establish the Project.

B. The Authority has found and determined and does hereby find and determine that, (i) the Project is located within the area of operation of the Authority and constitutes a “project” as defined in the Act and specifically, but without limitation, that the Project may be financed and acquired by the Authority as a “project” as defined in O.C.G.A. Sec. 36-62-2(6)(N) (and not as a “project” described in any other provision of the Act defining the term “project” or authorizing “projects”), (ii) the Project will be used in a traditional business enterprise conducted for profit and thus meets the Constitutional and statutory definition of trade, commerce or industry, and that the Project will increase or maintain indirect and potentially direct employment in the County, and therefore, without limitation, this Agreement is for a public use or purpose under the Georgia Constitution, and (iii) the economic benefits that will inure to the County, the Authority and the State of Georgia (the “**State**”) from the Project and the operation thereof and the taxes to be paid by the Company will be equal to or greater than the benefits to be derived by the Company; therefore, the transactions contemplated hereby do not violate the prohibition in the Georgia Constitution on the payment by public bodies of gratuities to private sector persons or entities, and this Agreement and the Project are authorized by the Act and the Georgia Constitution.

AGREEMENT

NOW THEREFORE, the Parties agree as follows:

1. In order to induce the Company to locate the Project in the County, the Parties hereby agree to negotiate and enter into a definitive agreement, entitled the “Memorandum of Understanding,” by and between the Authority and the Company (the “MOU”).

2. The MOU shall include a schedule of fixed payments in lieu of taxes as reflected on Schedule 2 attached hereto and incorporated herein by reference. For each year in the table contained in Schedule 2 hereto, the Company shall make “flat” payments in lieu of taxes which will not be impacted or modified based on the actual amount of capital investment in the Project. The Company will not be required to make any of the payments set forth in Schedule 2 by virtue of this Agreement, but such payments shall only be made upon the terms agreed upon in the executed MOU.

3. Subject to further negotiation, the MOU shall provide (i) for the parties thereto to mutually cooperate with each other in furtherance of the foregoing; (ii) for the parties thereto to mutually negotiate in good faith all transaction documentation related to the foregoing; and (iii) for the Company to be responsible for the financing and carrying out of the Project.

4. Notwithstanding the foregoing and any other provision hereof to the contrary: (i) the MOU and the transaction documents contemplated thereby shall be subject to the approval of the parties to the MOU, by subsequent resolution, and of the legal counsel of each; (ii) the MOU shall provide for it to become effective upon its being documented in accordance with the foregoing and approved and executed by all of the intended parties thereto (such execution of the MOU which shall occur no later than September 1, 2026), and for its termination under certain circumstances, including if (1) the closing (“Closing”) of the issuance of the Bond (defined below) has not occurred by December 31, 2026 (or December 31, 2028 in the event the Project is not awarded in the current Georgia Power cycle) or such later mutually agreeable date, and (2) the Project has not been put into commercial operation by December 31, 2029 (or December 31, 2031 in the event the Project is not awarded in the current Georgia Power cycle) (in which case, the lease related to the Bond, and all property tax savings, shall also terminate); and (iii) the MOU shall contain such other or additional terms and conditions as shall be negotiated by the parties thereto, whether or not mentioned above, including, without limitation, relating to non-violation of laws, compliance with zoning laws, insurance, the permitting, operation and decommissioning of the Project, and satisfactory indemnification and protection of the Authority. To secure the Company’s obligation to decommission the Project (as provided below), the MOU will contain provisions requiring the Company comply with applicable County zoning requirements and State law to obtain a surety bond issued by a rated insurer or surety company, or provide for a permitted alternative acceptable to the Authority. The surety bond, the amount thereof, and the issuer thereof, if applicable, must satisfy applicable County zoning requirements and State law in all respects.

5. The MOU will provide that the Company agrees, that it will dismantle, remove, and dispose of the Project in accordance with any applicable governmental laws or regulations, and comply with any applicable governmental laws or regulations, including, but not limited to, laws or regulations relating to land use, zoning, revegetation, drainage or environmental conditions applicable to the Project. The Company’s obligations under this Section shall survive termination of this Agreement, but at Closing shall be superseded by the Closing definitive documents.

6. In order to establish the bond-financed sale-leaseback structure that is necessary for the provision of *ad valorem* property tax savings for the Project, the MOU will provide that the Authority will issue the Authority's revenue bond (the "**Bond**") in a principal amount not to exceed \$170,000,000 to the Company in exchange for the Project as it then exists. The Bond will be issued as a single draw-down bond such that the principal amount thereof may be increased as the Company's investment in the Project increases. The Authority will lease the Project back to the Company and will grant to the Company the option to purchase the Project for nominal consideration once the Bond has been repaid (which can be accomplished by the Company's surrendering the Bond to the Authority for cancellation). In connection with the financing of the Project, the Authority shall, if requested, agree to grant a lien and security title to the third parties providing such financing; provided, however, such grant shall be non-recourse to the Authority, and the related documentation must be satisfactory to the Authority and its counsel.

7. The Authority shall have the right prior to the issuance of the Bond to review the audited financial statements of the Company in order to ascertain the Company's financial capability to carry out the Project and to comply with its obligations under the MOU. The Company shall make such financial statements available for review by the Authority, but shall not be required to provide electronic or hard copies of such audited financial statements. The MOU shall require that it shall be a condition to the Closing, in favor of the Authority, that the Authority is satisfied, in its discretion, with the results of any such due diligence.

8. The MOU shall require the Company to indemnify the Authority and its directors, members, officers, employees and agents against, and hold them harmless from, any and all liabilities incurred in connection with the acquisition, construction, installation, equipping, use and/or operation of the Project and the issuance of the Bond. Such indemnification provisions must be satisfactory to the Authority and its counsel. Without limitation, the obligation of the Authority with respect to the payment of the Bond will be a limited obligation, payable solely from the lease payments from the Company, and the bonded indebtedness shall not in any manner be a general obligation of the Authority. Neither the Authority, the County, the State, nor any other public or governmental entity shall have any liability or obligation whatsoever for the repayment of such bonded indebtedness in any manner.

9. Seyfarth Shaw LLP, Atlanta, Georgia, counsel to the Authority, shall serve as Bond Counsel and Issuer's Counsel in connection with this Agreement and the issuance of the Bond. The law firm of Smith, Gambrell & Russell LLP, Atlanta, Georgia, shall serve as Company's Counsel in connection with this Agreement and the issuance of the Bond.

10. Provision of the property tax savings contemplated herein is conditional upon the successful judicial validation of the Bond and the MOU.

11. The MOU will set a minimum investment goal of no less than \$130,000,000 for the Project (the "**Capital Investment Goal**"), and actual property tax savings for each year will be recovered in proportion to any shortfall in excess of 20% in attainment of the Capital Investment Goal for such year.

12. Prior to commencement of construction of the Project, the Company shall have the right to terminate this Agreement, and to terminate the MOU, without any further liability

except as may be expressly provided herein or therein, effective immediately upon giving written notice thereof to the Authority. This Agreement shall automatically expire and terminate at 5:00 o'clock p.m., Pike County, Georgia, time on September 1, 2026, if, by then, the Company and the Authority have not agreed to and entered into the MOU, or this Agreement has not otherwise been amended and/or extended by further written agreement of the Parties.

13. Based on the inducement described in Section 1, in the event that the Company determines in its discretion to proceed with construction of the Project, the Company agrees to locate the Project at the Site.

14. Notwithstanding any provisions of this Agreement to the contrary, each of the Parties agrees that it shall not renegotiate or attempt to renegotiate the Property Tax Savings Schedule attached hereto as Schedule 2, the Authority's one-time financing fee or the Capital Investment Goal (unless such renegotiation or attempted renegotiation is to increase the Capital Investment Goal). The amounts payable by the Company as set forth on the Property Tax Savings Schedule include an annual fee to the Authority. There will be no separate annual fee payable by the Company.

15. All rights and benefits of the Company under this Agreement may be transferred and assigned by the Company, provided that, prior thereto, the Authority has determined by resolution that the proposed assignee is reasonably satisfactory to the Authority. Without limitation, such approval may be withheld on the ground of apparent financial incapacity of the assignee to carry out the Project.

16. No official, member, manager, director, officer, agent, or employee of the Company shall have any personal liability under or relating to this Agreement.

17. No official, member, manager, director, officer, agent, or employee of the Authority shall have any personal liability under or relating to this Agreement.

18. The costs and expenses of the Authority related to the transaction contemplated hereby, including legal fees, shall be paid by the Company. Without limitation, the fees and expenses of Issuer's Counsel, Bond Counsel and the Company's Counsel, and the Authority's financing fee for the issuance of the Bond (other than those fees and expenses which are reflected as payable to the Authority in the Property Tax Savings Schedule), shall be paid by the Company, upon increments as set forth in the MOU, but at the minimum at Closing, and reasonable legal fees incurred by the Authority in connection with the negotiation and preparation of this Agreement and related matters, shall be paid by the Company prior to the Authority's execution hereof.

19. All notices under this Agreement shall be in writing, as follows.

(a) If to the Authority:

Development Authority of Pike County, Georgia
P.O. Box 555
416 Thomaston Street
Zebulon, GA 30295

Attn: Executive Director
Email: kfletcher@pikecoga.com

with a copy to:

Seyfarth Shaw LLP
1075 Peachtree Street NE – Suite 2500
Atlanta, Georgia 30309
Attn: Kevin T. Brown, Esq.
Email: kbrown@seyfarth.com

(b) If to the Company:

Flat Shoals Energy Center, LLC
c/o TerraForm Power
200 Liberty Street, 14th Floor
New York, New York 10281
Attn: Legal Department; CC: Tyler Brock
Email: legal@terraformpower.com; CC: tyler.brock@terraformpower.com

with a copy to:

Smith, Gambrell & Russell LLP
1105 W. Peachtree St. NE – Suite 1000
Atlanta, Georgia 30309
Attn: Benjamin J. Brooks, Esq.
Email: bbrooks@sgrlaw.com

20. Other provisions:

(a) This Agreement shall be construed in accordance with and governed by the laws of the State of Georgia.

(b) Counterparts of this Agreement may be executed and collectively shall have the same force and effect as a fully executed original. Signatures in pdf documents shall have the same effect as original signatures.

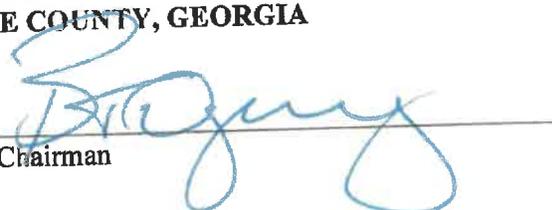
(c) This Agreement constitutes the entire agreement of the Parties concerning its subject matter, and supersedes any prior agreements written or oral.

[SIGNATURES BEGIN ON FOLLOWING PAGE]

IN WITNESS WHEREOF, the Parties have executed and delivered this Memorandum of Agreement as of the date first above written.

Authority:

DEVELOPMENT AUTHORITY OF
PIKE COUNTY, GEORGIA

By: 
Chairman

ATTEST:


Secretary

[AUTHORITY'S SEAL]

[SIGNATURES CONTINUE ON FOLLOWING PAGE]

[SIGNATURE PAGE TO MEMORANDUM OF AGREEMENT]

Company:

FLAT SHOALS ENERGY CENTER, LLC

By: 

Name: Daniel Van Clief III

Title: Chief Development Officer

SCHEDULE 2
Property Tax Savings Schedule

Year	Flat Fee PILOTs
1*	\$1,222,500**
2-5	\$400,000
6-10	\$290,000
11-15	\$255,000

* “Year 1” shall be the earlier of (a) the first calendar year after commencement of commercial operations of the Project, or (b) 2032. There shall be no *ad valorem* property taxes or payments in lieu of taxes for tax years after the closing of the issuance of the Bond, but prior to Year 1; *i.e.*, the Project’s construction period.

**In Year 1, the Company shall be responsible for: (a) annual payment in lieu of taxes in the amount of \$385,000 to be paid to the Authority; (b) the Authority’s one-time financing fee in the amount of \$162,000 to be paid to the Authority; (c) the owner’s contribution in the amount of \$350,000 to be paid to the County in lieu of improving North Madden Bridge Road; and (d) the impact fee of \$325,000 to be paid to the County for permit fees at issuance of the building permit. The foregoing total in the amount of \$1,222,500 shall constitute the “flat” payment in lieu of taxes to be paid by the Company in Year 1. To the extent that the County requires payments in excess of the amounts set forth above for (i) the cost of improving North Madden Bridge Road or (ii) the cost of the permitting or impact fees, then such excess amounts shall be credited against the Company’s obligation to make payments in lieu of taxes in Year 2. The Company shall provide evidence of payment to the County of any such excess.

The savings applies to all *ad valorem* property taxes (county, state, school and other) with respect to property comprising the Project that is titled to the Authority in connection with the issuance of the Bond. The payments in lieu of tax in the Property Tax Savings Schedule above are fixed and will not be impacted or modified based on the actual amount of capital investment in the Project.

PIKE COUNTY BOARD OF COMMISSIONERS

Health Benefits RFPs

SUBJECT:

Discussion of the Health Benefits Request for Proposals (RFPs).

ACTION:

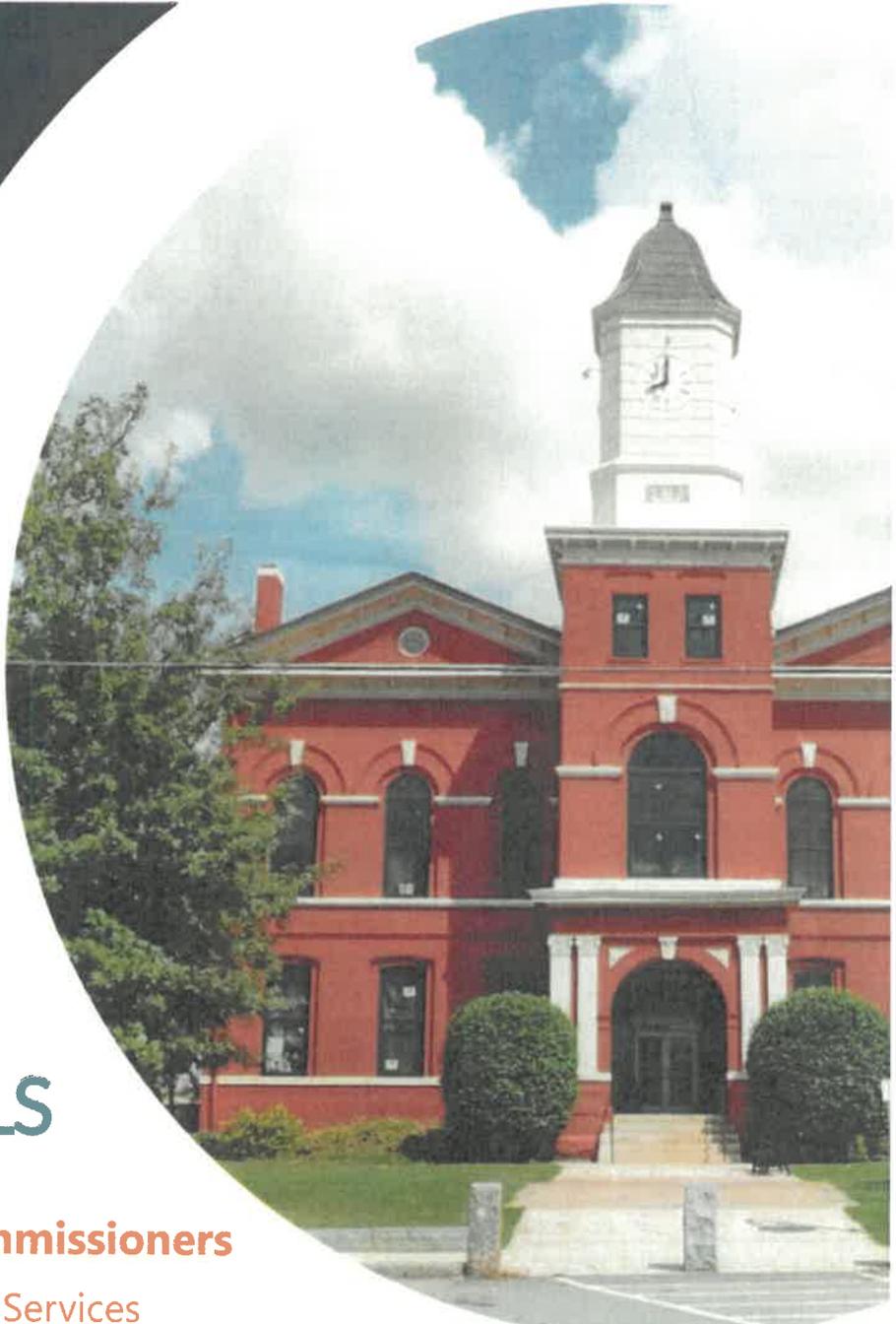
ADDITIONAL DETAILS:

ATTACHMENTS:

Type	Description
▣ Exhibit	Mark III
▣ Exhibit	MSI

REVIEWERS:

Department	Reviewer	Action	Comments
County Clerk	Blount, Angela	Approved	Item Pushed to Agenda



REQUEST FOR PROPOSALS

Pike County Board of Commissioners
Benefits Consulting and Broker Services

February 20, 2026 – 5:00 PM EST

Prepared by:

MARK III BROKERAGE, INC.

Georgia Headquarters:

3205 S. Cherokee Lane, Suite 110
Woodstock, Georgia 30188
(800) 532-1044 - PHONE
(704) 365-1529 - FAX
www.markiiiieb.com
EIN: 56-1055004

Primary Contact:

Rick Beaulieu, Georgia State Manager
(404) 867-7172
Rick@markiiiieb.com
Laura McNulty, Chief Operations Officer, Georgia
(470) 382-6950
Lauram@markiiiieb.com

Approved by:

A handwritten signature in black ink, appearing to read 'Josh D. Nelson'.

Josh D. Nelson, President

February 20, 2026

Pike County Board of Commissioners
331 Thomaston Street
Zebulon, GA 30295

RE: Pike County Board of Commissioners Benefits Consulting and Broker Services

ATTN: Angela Blount

Please find enclosed our response to Pike County Board of Commissioners regarding your RFP for Benefits Consulting and Broker Services. We appreciate the opportunity to respond to the Request for Proposal. Mark III has a 52-year history of performance and innovation for our clients.

WHY MARK III?

Mark III Delivers:

- Our Experience
- Our Strategic Advantage
- Our Negotiating...
- Voluntary Benefits Solutions and Medical Consulting
- Our Unmatched Client service and Account Management

Our Experience

Mark III is a firm dedicated exclusively to employee benefits, bringing a depth of operational knowledge and industry insight few can match. This expertise translates into meaningful results as we design best-in-class solutions tailored to your organization and manage them for long-term success. Most importantly, we understand what works—and what does not—for government employers, allowing us to deliver solutions that consistently perform.

With decades of experience serving public sector clients, Mark III offers a deep understanding of the unique needs and challenges facing organizations like yours. Our 52 years of experience is reflected in our ability to guide clients through multiple industry evolutions and transitions with confidence and stability.

Our Strategic Advantage

Our competitive edge lies in our scale and experience, which provide meaningful leverage for our clients. Mark III Brokerage serves more than 200 public entities, giving us substantial market influence and institutional knowledge that directly translate into client value. With over \$500 million in self-funded benefit plans under our management, we bring a self-funded perspective that is truly differentiated in the marketplace. This same leverage extends to dental and Section 125 vendor relationships.

Our Negotiating Leverage for the Best Arrangements for Your Employees

With broad experience across all coverage lines and deep employee benefits knowledge, we bring a powerful, well-rounded perspective to the marketplace. Our underwriting expertise enables us to secure optimal vendor arrangements on behalf of our clients.

We provide:

- Plan marketing and evaluation services
- Specification preparation and marketing
- Thorough evaluation of vendor responses
- Ongoing plan monitoring
- Accurate renewal calculations well in advance of final renewal

- Development of budgeted rates
- Placement of stop-loss coverage
- Pharmacy benefit solutions
- Customized wellness strategies
- Benefit recommendations based on plan performance and budget considerations

We consistently deliver accurate renewal estimates months ahead of the payor's final renewal. This approach allows our clients to accurately budget for the upcoming fiscal year and avoid unexpected medical plan cost increases. If plan performance presents challenges, proactive planning and competitive bidding are conducted to provide multiple renewal options.

Voluntary Benefits Solutions and Medical Consulting

Mark III provides best-in-class voluntary benefits solutions for our clients and their employees. Leveraging our experience and scale, we deliver enhanced offerings that include:

- **Guarantee Issue** each contract year
- **Non-offset** with other contracts
- **No pre-existing condition limitations**, unlike many competitors
- **Block pricing** for stability and predictability
- **Composite rates** to simplify budgeting and administration

Our voluntary benefits programs are designed to provide employees with flexible, accessible, and reliable coverage options while ensuring cost efficiency and stability for the organization.

Additionally, we will provide medical consulting to Pike County Board of Commissioners as outlined in our response for \$40 per employee per month and accept standard commissions on all voluntary and ancillary products.

Our Unmatched Client Service and Account Management

Mark III delivers employee benefits through a **team-based service model**. Because we work for our clients—not the payors—our philosophy is to provide the strongest solutions available in the marketplace, backed by exceptional service. As our clients consistently discover, our service level is unmatched.

No other advisor matches the level of account management provided by Mark III. Our **dedicated client service team** handles day-to-day functions that larger firms typically do not, including true claims, eligibility, and membership issues. Unlike other advisors who simply refer these matters to the insurance carrier, Mark III actively manages them on your behalf. This hands-on service model has been a cornerstone of our approach for over **52 years**, ensuring clients receive responsive, comprehensive support that goes well beyond traditional advisory services.

EMPLOYEE ENGAGEMENT & ENROLLMENT INNOVATION

Mark III provides a comprehensive suite of services designed to engage employees, streamline enrollment, and drive wellness participation. Our approach combines targeted communication, innovative tools, and actionable insights to ensure employees are informed, confident, and empowered to make benefits decisions.

Communication Services

We create and manage a full range of communication tools and resources to keep employees informed and engaged:

- **Videos:** Promotional, HR, and product videos customized to client needs
- **Enrollment Services:** On-site support, call center assistance, and self-enrollment options
- **Benefits Statements:** Detailed listing of deductions applied during enrollment

- Employee Benefits Website: Access to all benefits information, downloadable forms, booklets, and contact resources
- Benefits Booklets: Summaries of benefits and rate handbooks
- Posters & Flyers: Key dates and enrollment/benefits information
- Text & Social Messaging: Enrollment reminders and updates
- Employee Enrollment Letters: Personalized communications for each participant

Targeted Communication Campaigns

Mark III partners with clients to achieve open enrollment communication goals through highly targeted campaigns.

- Campaign Planning: Define communication objectives and strategy collaboratively
- Asset Creation: Copy, graphics, and ads developed by our Marketing & Media team, aligned with branding guidelines; submitted for approval with a proposed timeline
- Campaign Launch: Schedule, prepare, and launch content; clients can post on their channels or have Mark III run campaigns through our accounts—no passwords, permissions, or costs exchanged
- Ongoing Monitoring: Weekly reporting on engagement and campaign effectiveness
- Targeted Reach: Use Facebook’s advertising tools to reach employees in specific counties who work in government roles
- Directed Traffic - Campaigns drive employees to client microsites with:
 - Enrollment instructions
 - Self-enrollment login options
 - Call center support and scheduling
 - Customized enrollment videos with client-specific updates

Wellness Innovation

- Mark III guides, leads, and advises clients on wellness strategies tailored to organizational goals.
- In a recent wellness evaluation, our client groups were recognized as *Healthiest Employers* in the Charlotte market by the *Charlotte Business Journal*.
- Rankings and scores were determined by independent third-party Healthiest Employers, LLC, ensuring unbiased evaluation of wellness initiatives.

MARK III BROKERAGE: COMPREHENSIVE EMPLOYEE BENEFITS SOLUTIONS

Mark III Brokerage welcomes the opportunity to provide your organization with the leadership, expertise, and vision required to optimize your employee benefits programs. We offer a **comprehensive, end-to-end suite of employee benefits services**, designed to support both your organization and your employees. Our offerings combine strategic insight, hands-on service, and innovative solutions to deliver measurable value and results.

Core Services

- Experience & Strategic Advantage: Decades of public sector expertise guiding plan design and decision-making
- Negotiating Leverage: Securing the best arrangements for employees through our market knowledge and scale
- Unmatched Client Service & Account Management: Dedicated teams handling claims, eligibility, and membership issues, not just referring them to carriers
- Enrollment Services: Onsite support, call center assistance, and self-enrollment options
- Voluntary Benefits Solutions: Flexible, best-in-class offerings for employees

Communication & Engagement

- Benefit Booklets & HR Portals: Clear resources for employees and HR teams
- Employee Surveys: Measuring satisfaction and engagement

- Client-Specific & Product Videos: Education and promotion tailored to your workforce
- Online Benefits Website: Access to all benefits information, forms, and resources
- Targeted Communication Campaigns: Social media, text messaging, and microsites to drive enrollment participation and engagement

Wellness & Population Health

- Wellness Program Guidance: Strategy and execution to improve employee health
- Population Health Improvement: Initiatives to enhance workforce well-being
- Recognition & Benchmarking: Participation in programs such as *Healthiest Employers* to validate program success

Compliance & Regulatory Support

- Healthcare Reform Guidance & ACA Support: Regulatory compliance and reporting
- Flexible Spending Accounts (FSA) & Dependent Eligibility Audits: Ensuring accuracy and efficiency
- OPEB Support & Other Regulatory Assistance: Guidance for post-employment benefits and organizational compliance

Mark III's full suite of services ensures your organization receives strategic, operational, and administrative support that is unmatched in the marketplace, while employees benefit from clear communication, flexible coverage options, and innovative wellness and engagement programs.

We appreciate the opportunity to respond to your Request for Proposal. Please do not hesitate to call or email me with any questions you may have.

Sincerely,



Josh Nelson, President
3205 S. Cherokee Lane, Suite 110
Woodstock, GA 30188
Phone: (904) 759-7062
Fax: 704-365-1529
josh@markiiiieb.com

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6	Samples <ul style="list-style-type: none">• Communication• Wellness• Compliance• Benefit Election Form
7	Cost and Fees
8	Licensure and Liability

9. EXECUTION OF PROPOSAL FORM

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

DATE: 02/20/2026

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- That this proposal was signed by an Officer of the firm.
- That all individuals working on the account will be licensed in Georgia.
- That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- That all labor costs associated with this project have been determined, including all direct and indirect costs.
- That the potential Contractor agrees to the conditions as set forth in this **Request for Proposal** with no exceptions.

Therefore, in compliance with the foregoing **Request for Proposal**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within thirty (30) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

CONTRACTOR Mark III Brokerage, Inc. ADDRESS 3205 S. Cherokee Lane, Suite 110

CITY, ST. & ZIP Woodstock, GA 30188 PHONE (470) 924-2713

BY 
(Signature)

Josh Nelson, President

Printed Name/ Title

56-1055004

Federal Identification Number



TAB 1

About Mark III



OUR BACKGROUND

Mark III Employee Benefits was founded by Don Browder in Charlotte, North Carolina in 1973.

Today, we provide services in 8 states across the Southeast. We are one of the leading independent employee benefits consultants for public sector clients in the Southeast representing over 300,000 public servants and 200 large public sector employers.

Our commitment is to provide benefits for both the employees and employers. Through an educational format, our non-commissioned benefits counselors customize plans for employees and their families based on their needs.

With over 75 full-time trusted employees, Mark III's customer base is comprised of municipalities, townships, county governments, public school systems, and local utility authorities which gives us unique insights into the needs of employers like you.

With a team of expert finance officers, underwriters, and technologists, we hold a deep understanding of public sector employees and are uniquely qualified to evaluate, design, implement, manage, and enhance your overall benefits program. Our goal is to help our employers maintain happy and healthy employees and recruit the best talent.

As an independent employee benefits consultant, we work for the customer and not any single insurance company so that we can provide the best products available at the highest level of customer service. We work for you – the employer and employee – to provide the best insurance solutions possible.

The legacy of Don Browder continues through the work of his sons – Dan, Neil, and Mark. For 52 years the customer has been the main priority and will continue to be for years to come.

"Forsyth County selected Mark III in 1992 and at that time used their services to obtain term life insurance. Over the years they have added Short-Term Disability, Dental Insurance, Flexible Spending Accounts, and the final addition of Health Insurance. During this time, they have provided the County with exceptional service on every level. Mark III's staff members are consummate professionals that go above and beyond. They are attentive, timely, and organized. They provide excellent services that allow us to, in turn, provide quality and affordable benefits to our employees."

Staci Kelso
Benefits Administrator
Forsyth County



EXPERIENCE & QUALIFICATIONS

Mark III is a licensed Broker and Consultant. Founded in 1973, we are still a privately held, family-owned, operated business with over 75 full-time employees. We are a debt-free organization and maintain no affiliations with any insurance company, third-party administrator, or provider network. Our sole obligation is to our client.

Mark III has been representing public sector clients since 1977. Currently, we serve over 200 public sector entities and cover over 300,000 local government employees. Over the last 52 years, we have become the largest Independent Public Sector Broker in the southeast. In an industry where acquisition and mergers are standard, it should be noted that we have never purchased or merged with another company or agency. Our growth has been through the natural course of business and built upon the reputation of meeting or exceeding our client's expectations.

Mark III's entire customer base is comprised of county governments, public school systems, municipalities, and townships. This concentrated focus on the public sector gives Mark III an incredibly unique perspective and skill set. We possess an in-depth understanding of local government benefits and are discernibly qualified to evaluate, design, implement, manage and enhance your overall program.

As a member of your team, we will provide responsive, comprehensive, quality counsel. We will proactively advise you on plan design or administrative changes, financial challenges, and compliance/legislation changes. As a client, you can expect Mark III to provide long-term solutions specific to your benefit challenges and give solid fiscal advice that contributes to the longevity and success of your program. We have extensive experience in all coverage lines.

These coverage lines include:

- Major Medical Programs: Traditional & Self-Funded
- Consumer Driven Health Plans (HSA's and HRA's)
- Dental Coverage
- Vision Coverage
- Life Insurance
- Long & Short Term Disability
- Optional/Voluntary Supplemental Health Policies
- Section 125 Programs (Flexible Spending Accounts)
- COBRA Administration



OUR CLIENTS

Accomack County Schools, VA
 Alexander County Schools, NC
 Ashe County Schools, NC
 Atlanta Public Schools, GA
 Avery County Schools, NC
 Banks County Sheriff's Office, GA
 Barrow County Government, GA
 Botetourt County Schools, VA
 Brevard County Government, FL
 Bristol VA Utility Authority, VA
 Bristol Virginia Public Schools, VA
 Buchanan Pump Service, VA
 Bulloch County, GA
 Cabarrus County Schools, NC
 Caldwell County Government, NC
 Carroll County Government, VA
 Cherokee County Schools, GA
 Cherokee County Schools, SC
 City of Brentwood, TN
 City of Brevard, NC
 City of Bristol, TN
 City of Dalton, GA
 City of Gastonia, NC
 City of Hendersonville, NC
 City of High Point, NC
 City of Johnson City, TN
 City of Kingsport, TN
 City of Laurinburg, NC
 City of Lawrenceburg, TN
 City of Lenoir, NC
 City of Lynchburg, VA
 City of McMinnville, TN
 City of Monroe, NC
 City of Morristown, TN
 City of Oxford, NC
 City of Raleigh, NC
 City of Rocky Mount, NC
 City of Salisbury, NC
 City of Sanford, NC
 City of Sevierville, TN
 City of Shelby, NC
 City of Washington, NC
 City of Wilmington, NC
 City of Winston Salem, NC
 Cleveland County Government, NC
 Cleveland County Schools, NC
 Cleveland County Water & Sewer, NC
 Columbus County Government, NC
 Craven County, NC
 Dare County Government, NC
 Davidson County Schools, NC
 Dawson County, GA
 Dinwiddie County Public Schools, VA

Dorchester Schools District 4, SC
 Duke University, NC
 Durham County Public Schools, NC
 Edgecombe County Government, NC
 Farmers State Bank, TN
 FilmTech Inc., TN
 First TN Human Resources Agency, TN
 Floyd County Public Schools, VA
 Fluvanna County Schools, VA
 Forsyth County Government, NC
 Forsyth Tech Community College, NC
 Franklin County Schools, NC
 Gaston County Government, NC
 Grainger County Schools, TN
 Granville County, NC
 Guilford County Schools, NC
 Habersham EMC, GA
 Halifax County Government, NC
 Hamblen County Government, TN
 Harnett County Schools, NC
 Harnett County Government, NC
 Haywood County Government, NC
 Henderson County Government, NC
 Hertford County Government, NC
 Hoke County Government, NC
 Huntsville Utilities, AL
 Jackson County Schools, NC
 Johnson County Government, TN
 Kannapolis City Schools, NC
 Kingsport City Schools, TN
 King William County Public Schools, VA
 Lancaster County Schools, VA
 Laurens County Schools, GA
 Lee County Government, NC
 Lee County Schools, NC
 Lee County Government, VA
 Lee County Schools, VA
 Lumbee Tribe, NC
 Lynchburg City Schools, VA
 Madison County Government, GA
 Martin County Government, NC
 Maury County Government, TN
 Montgomery County Government, VA
 Nash County Government, NC
 New Hanover County Schools, NC
 Northumberland County Schools, VA
 Nottoway County Schools, VA
 Onslow County Schools, NC
 Onslow Water & Sewer Authority, NC
 Person County Government, NC
 Pitt County Government, NC
 Pitt County Schools, NC
 Pittsylvania County Government, VA

Prince George County Government, VA
 Rabun County Government, GA
 Race City Steel, NC
 Randolph County Government, NC
 Randolph County Schools, NC
 Richard Childress Racing, NC
 Robeson Community College, NC
 Robeson County, NC
 Robeson County Schools, NC
 Rockdale County Public Schools, GA
 Rowan County Government, NC
 Rowan-Salisbury Schools, NC
 Salem City Schools, VA
 Scotland County Government, NC
 Scott County Government, VA
 SEANC, NC
 Smyth County Schools, VA
 Spotsylvania County Schools, VA
 Stafford County Government, VA
 Stafford County Schools, VA
 Stanly County Government, NC
 Sullivan County Government, TN
 Sullivan County Schools, TN
 Surry County Schools, NC
 Surry County Schools, VA
 Sussex County Public Schools, VA
 Tazewell County Schools, VA
 Town of Boone, NC
 Town of Cramerton, NC
 Town of Greeneville, TN
 Town of Hillsville, VA
 Town of Huntersville, NC
 Town of Mount Carmel, TN
 Town of Mountain City, TN
 Town of Nags Head, NC
 Transylvania County Government, NC
 Trion City Schools, GA
 Unicoi County Government, TN
 Vance County Government, NC
 Washington County Government, VA
 Washington County Public Schools, VA
 Watauga County, NC
 Watauga County Schools, NC
 Wayne County Government, NC
 Western VA Water Authority
 Western Piedmont Council of Governments, NC
 White County Water Authority, GA
 Wilkes County Government, NC
 Wise County Government, VA
 Wise County Schools, VA
 Yancey County Government, NC



TAB 2

Proposal Requirements



Organizational & Licensing Information

1. Describe organizational structure.

Mark III Brokerage Inc. is a privately held corporation. It is not a subsidiary or division of any other company. The engaged firm was founded in 1973 and operates independently, focusing on employee benefits and consulting services.

Mark III Brokerage Inc. is organized into several functional departments, each serving a critical role in delivering its employee benefits consulting services.

2. Provide proof of Georgia broker licensure and independence from insurance carriers.

Mark III Brokerage Inc. confirms that it is a licensed broker in the State of Georgia and can provide the relevant documentation as required. Additionally, the firm operates as an independent broker and is not affiliated with any insurance company, third-party administrative agency, or provider network. Mark III's business model is structured to serve its clients directly, without any influence from these entities.

Please see **Tab 8** for our license.

3. Provide company history, philosophy, management structure, and any subcontractor relationships.

Mark III's philosophy is centered around providing the best possible employee benefits solutions for its clients. The company operates with a client-first approach, ensuring that they work for their customers, not for insurance companies. We will continue delivering high-quality products, supported by superior customer service, while maintaining a focus on long-term relationships based on trust and accountability. Mark III's consulting philosophy emphasizes partnership, commitment, and quality service to help clients, and their employees achieve their benefits goals.

Mark III Brokerage Inc. does not have any specific long-term contractual relationships with organizations or entities that are necessary for the implementation of proposals. The company provides all necessary services internally to meet client needs. However, if a particular proposal requires the involvement of third-party vendors (e.g., for actuarial services, technology, or data processing), Mark III will transparently work with the client to select appropriate vendors that align with the client's requirements.

4. State years of experience in benefits brokerage (minimum 5).

Mark III Brokerage Inc. has over 52 years of experience as an employee benefits brokerage.

Client Service & Capabilities

5. Describe client communication processes and response times.

Mark III Brokerage employs a team-based communication model centered on responsiveness, accountability, and client support. Each client is assigned a dedicated client service specialist who coordinates day-to-day service and serves as the main point of contact.

Response and communication methods include:

- A dedicated call center, with monitored and recorded calls, available for employee support—especially during enrollment.
- Targeted communication tools, including customized videos, mobile apps, printed materials, emails, and text alerts.
- Monthly reports to resolve discrepancies quickly and keep clients informed.
- Proactive scheduling of client meetings to review plan performance and discuss strategic planning.

This structure ensures timely response times, year-round availability, and clear, consistent communication with both employers and employees.

6. Provide four (4) verifiable references from similar public-sector or comparable clients.

Union County BOC

Jill Chastain Jones, HR Generalist

HR@uniongov.com

(706) 439-6000

Rabun County BOC

Linda Ramey - Human Resources Officer/County Clerk

linda.ramey@rabuncounty.ga.gov

(706) 782-5271 ext. 3

City of Canton

Amy Thomas – Human Resources Manager

amy.thomas@cantonga.gov

(770) 704-1524

Bulloch County BOC

Joleen Orfield – Human Resources Director

jorfield@bullochcounty.net

(912) 764-0164

7. Describe the proposed account service team and qualifications.

Please see **Tab 4** for your dedicated account team.

8. *Outline day-to-day service levels.*

Mark III delivers hands-on, day-to-day service through a dedicated, team-based model that supports the full scope of benefit administration and employee engagement. Each client is assigned a specialized service team responsible for daily tasks such as claims resolution, eligibility updates, onboarding and terminations, communication delivery, and platform support.

Importantly, our team is available year-round, not just during open enrollment, ensuring consistent, responsive support for both employers and employees across all phases of plan administration.

9. *Explain your approach to strategic benefits planning.*

Moving from one servicing vendor to a new broker doesn't have to be complicated. That's why we've developed a plan to ensure that your transition to Mark III Brokerage is smooth and seamless. Please note that services and products are dependent upon the client.

Day-to-day issues, open items, and claims management functions will all be addressed early in the process to ensure adequate support and guidance of your employee benefits program. As your full-service broker, we will cover all your insurance needs. Mark III will move quickly to gain familiarity with the client, including the following:

- Your operations
- Your business and industry environment
- Your employee benefits goals
- Your current coverage/policies
- Your personnel and reporting structure at the various locations
- Your style of operation
- Your claims

This information will allow us to operate effectively as your broker. We will also work with your staff to prioritize aspects of the employee benefits program for the marketing process to alternative carriers.

The following is a tentative transition and service plan designed for the client. We have expanded upon this concept to include a timetable and the services available to the client. This plan and timetable can be revised to reflect other services at your request.

In the first month: With the new broker-of-record (BOR) assignment, the client and Mark III will meet to introduce team members and clarify roles and marketing objectives for the coming months. Mark III will notify carriers of the new BOR and establish a meeting date with them to review open issues. In the subsequent 12 months, we will take the following actions depending upon the services purchased and whether medical only or voluntary only are included.

Information Gathering & Potential Plan Design Changes

- Review historical information in files and request missing information
- Develop a benefits summary matrix
- Review funding alternatives and determine which to include in market specifications
- Run a healthcare claims analysis option
- Evaluate analysis findings and provide benchmarking data
- Discuss potential changes based on analysis and benchmarking
- Decide upon all plan design changes
- Update relevant plan documents

Voluntary Benefits

- Evaluate current voluntary benefits
- Examine other potential voluntary benefits
- Develop a process for administering voluntary benefits
- Develop employee communications plan to promote offerings

Vendor Solicitation & Selection

- Review contractual obligations of current vendors
- Discuss desired vendor services and create a list
- Develop vendor services standards
- Evaluate proposals from third-party vendors and report recommendations
- Negotiate contractual provisions with third-party vendors
- Review of renewal policies

Workplace Wellness Initiatives

- Evaluate current wellness offerings and pinpoint areas for improvement
- Create goals and objectives for wellness program
- Create an employee communications plan
- Develop a plan for measuring and tracking results

Open Enrollment

- Evaluate past open enrollments and identify areas for improvement
- Discuss options to improve open enrollment
- Develop enrollment plan and timeline
- Create an employee communications plan

Retirement Benefits

- Evaluate current retirement plan offerings and enrollment
- Decide on changes to plan structure or type
- Review legal obligations as plan sponsor
- Develop an employee communications plan

Total Compensation & HR Support

- Examine how benefits plan fits into employees' total compensation
- Discuss new perks or benefits to potentially add
- Distribute total compensation statements to employees
- Identify areas where HR department is falling short and pinpoint tools to remedy issues
- Provide consistent access to relevant HR materials
- Evaluate employee handbook and revise as necessary
- Discuss hiring goals and evaluate current practices
- Create a plan to improve the recruiting process
- Discuss retention goals and evaluate current turnover rates
- Create a plan to increase employee satisfaction and retention

Compliance

- Discuss any compliance concerns or hurdles
- Create a plan for addressing compliance issues and provide compliance materials
- Outline a plan for maintaining compliance in the future

Employee Communication Support

- Review previous and current communications
- Identify where communications are lacking and how to improve
- Develop a new employee communications plan and provide regular communications

10. Detail your renewal negotiation process.

Mark III can provide our own independent renewal projections for the client. We can perform the following on all applicable products:

- Track claims monthly to look for trends and monitor the service level of the vendor.
- Provide quarterly meetings/updates versus annual review meetings.
- Provide quarterly underwriting projections based on current and past experience.
- Provide budget projections 6 months in advance versus the industry standard of 60 days.
- Prior to the client receiving the insurance company's annual renewal, Mark III will evaluate the plan experience and develop our renewal separately from the carrier to compare our estimates against theirs.
- Help maintain the financial integrity of the plan.
- Identify plan design challenges.
- Make recommended changes and provide cost impact analysis.

Please refer to our timeline in **Tab 5**.

11. Describe your process for assisting with vendor selection.

Mark III offers a vendor selection process that ensures multiple vendors are evaluated within each benefit category. We believe that providing a range of options is needed to identify the best fit for each client's needs. Our process begins with a thorough needs assessment where we meet with key stakeholders to understand organizational goals, employee demographics, budget considerations, and any challenges with current benefits. Based on this input, we develop customized specifications and release them to a broad group of qualified vendors. Once proposals are received, we conduct a detailed analysis to compare each vendor's offerings in terms of pricing, plan design, network access, service capabilities, and value-added features that are to be reviewed with the client to help make the best decisions.

As an independent consulting firm, Mark III has no affiliations with insurance carriers or third-party administrators. This allows us to provide unbiased recommendations focused solely on what is in the best interest of the client and their employees.

Product & Vendor Relationships

12. List carriers/vendors you work with (life, disability, dental, supplemental, etc.).

Mark III is truly an independent consultant. We are not owned by or beholden to any insurance carrier or provider. Below is a non-exhaustive list of some of the carriers to which we have access.



13. Describe communication strategies and tools for explaining benefits.

Mark III Brokerage Inc. takes a comprehensive and collaborative approach to developing a benefit communication strategy with its clients. The goal is to ensure that employees fully understand the benefits offered, recognize their value, and are empowered to make informed decisions during the enrollment process. Here's how Mark III develops and executes a benefit communication strategy:

Initial Assessment and Planning:

- Understanding Client Needs
- Setting Objectives

Tailored Communication Plan:

- Audience Segmentation
- Multi-Channel Approach

Tools and Resources for Effective Communication:

- Customized Benefits Website
- Benefits Booklets
- Personalized Benefits Statements
- Educational Videos
- Enrollment Support Materials
- In-Person and Virtual Meetings
- Digital Communication Tools

Implementation and Monitoring:

- Rollout of Communication Plan
- Feedback and Adjustments

Post-Enrollment Follow-Up:

- Post-Enrollment Review
- Ongoing Communication

By using these tools and resources, Mark III ensures that the benefit communication strategy is comprehensive, targeted, and effective in helping employees understand and appreciate the value of their benefits.

14. Explain what differentiates your organization.

Mark III is unique from other organizations in that we are a firm focused on public sector employee benefits and possess a knowledge base of operational considerations few can match.

Tailored Insurance Solutions: We work closely with employers to craft insurance plans that align with your unique business needs and budgetary constraints.

Market Expertise: Leveraging our deep industry knowledge and experience, we provide valuable insights into the insurance marketplace, helping you make informed decisions on pricing and carrier options.

- **Cost Optimization:** Our established relationships with insurance carriers enable us to negotiate on your behalf, securing competitive rates and terms to maximize your cost savings.
- **Seamless Claims Handling:** We ensure a smooth claims process, guaranteeing that your employees receive the benefits they deserve without unnecessary delays or complications.
- **Regulatory Compliance:** Stay worry-free as we keep you compliant with the latest insurance regulations, including healthcare reform, COBRA, HIPAA, and other critical laws.
- **Empower Your Workforce:** We conduct employee education sessions, empowering your team to understand their benefits fully, fostering satisfaction and engagement.
- **Data-Driven Insights:** Harness the power of data with our analysis of employee health and benefits utilization, identifying opportunities to reduce costs and enhance wellness programs.
- **Health and Wellness Programs:** Elevate your employees' well-being with tailored wellness programs designed to reduce long-term healthcare costs.
- **Cutting-Edge Technology:** Access our cutting-edge technology solutions, streamlining benefits administration, enrollment, and communication for both you and your employees.
- **Competitiveness Benchmarking:** Stay ahead in the market by comparing your benefits package with industry benchmarks, ensuring your offerings remain attractive to top talent.
- **Comprehensive Benefits:** We assemble comprehensive benefit packages covering health, dental, vision, life insurance, disability coverage, and other voluntary plans, tailored to your workforce.
- **Innovative Funding Strategies:** Explore alternative funding options, such as self-funding or captive insurance, to potentially lower costs and gain greater control over your benefit plans.
- **Legal Support:** Gain access to legal resources and counsel for any insurance-related legal matters, ensuring your business is well-protected.

Our mission as your trusted insurance broker is to empower your business by optimizing your benefits strategy, reducing costs, and providing unwavering support for both you and your employees. Let us be your partner in securing a brighter future for your workforce and your organization.

15. Provide any additional beneficial information.

Mark III Employee Benefits is one of the largest independent public sector benefits consulting firms in the Southeast. Our independence ensures that we work exclusively in our clients' best interests, free from carrier influence or product bias. With more than five decades of continuous service, our firm has built a reputation for responsiveness, transparency, and innovation in employee benefits consulting.

What sets us apart is our fully integrated model that combines strategic consulting, enrollment support, benefits administration technology, compliance oversight, communication development, and wellness programming—all delivered in-house by salaried staff. This approach allows for quality control, consistent messaging, and seamless implementation across all services. We also provide a proprietary online benefits platform at no additional cost, fully integrated with payroll systems and customized to meet each client's needs.

Mark III has remained family-owned, stable, and focused on long-term partnerships. Our growth has come not from acquisitions, but from performance and referrals, a testament to our commitment to client satisfaction. We welcome the opportunity to bring this level of service and experience to the County, and to work as a trusted partner in supporting your employees and long-term benefits strategy.

16. Provide four Georgia public-sector references (if available).

Rabun County BOC

Linda Ramey - Human Resources Officer/County Clerk
 linda.ramey@rabuncounty.ga.gov
 (706) 782-5271 ext. 3

City of Canton

Amy Thomas – Human Resources Manager
 amy.thomas@cantonga.gov
 (770) 704-1524

Dawson County Government

Kristi Finley – Director of HR & Risk Management
 kfinley@dawsoncountyga.gov
 (706) 344-3501 ext. 42239

Barrow County BOC

Michelle Thrasher, Asst. Director, Human Resources
 MThrasher@barrowga.org
 (770) 307-3774 ext. 5798

Union County BOC

Jill Chastain Jones, HR Generalist
 HR@uniongov.com
 (706) 439-6000

17. Describe customer service support for County staff and employees.

Mark III provides dedicated, year-round support through a team-based model:

- County staff work directly with a dedicated client service specialist for day-to-day needs, issue resolution, and plan management.
- Employees receive assistance from salaried benefit counselors via on-site meetings, a year-round call center, and an online benefits portal.
- Communication is reinforced through customized booklets, videos, and enrollment materials.
- Most issues are addressed within 24–48 hours, with proactive follow-up as needed.

This structure ensures prompt, reliable support for both staff and employees throughout the plan year.

18. State whether a benefits website and toll-free support line are available.

Yes, Mark III provides a toll-free number, that number is 1-800-532-1044. You will also receive a dedicated number directly for your employees.

Mark III also provides customized benefits websites for clients, which serve as a central hub for all benefits-related activities. Employees can access plan details, educational materials, and enrollment tools from a single location. This centralization simplifies the administration process by providing a unified platform for communication and management.

Enrollment & Administration

19. Describe in detail the communication and enrollment process.

We offer full-service, customized employee benefits communications. We partner with your staff to initiate a creative and consistent annual marketing and communication strategy/campaign delivered through various media methods. By developing these communication practices and materials, we can promote the benefit packages to your employees.

The following communication techniques are available for implementation:

- Employee Benefits Website
- Multiple Enrollment Options
- Benefit Counselors
- Call Center
- Online Self-Service
- Employee Benefits Booklet
- Educational Videos
- Social Media Marketing
- Text Message Marketing

The communication techniques work together with the enrollment process. After discussion and development of the enrollment plan and timeline, Mark III will communicate with the client how they would like to utilize the communication techniques listed above.

The following enrollment process will be discussed for implementation:

- Creating an effective communication process
- Multiple Enrollment Options
- Benefits Counselors (On-site)
- Call Center
- Online Self-Service
- Making resources available online and onsite
- Employee Benefits Website
- Employee Benefits Booklet
- Educational Videos
- Open Enrollment Flyers/Posters
- Group Benefits Overview & Open Enrollment Presentations
- Making employees aware of important dates as soon as possible
- Social Media Marketing
- Text Messaging Marketing
- Email Campaigns

Please keep in mind products/services vary by contract. Implementation discussion will help mold the strategy.

20. Who will be doing the enrollments?

a) What is their experience in benefit communication and enrollment with the Georgia Public Sector? Include number of staff provided.

Mark III provides non-commissioned benefit counselors to answer any questions your employees may have while enrolling in their benefits. The number of staff provided will vary based on the total number of meetings and days required. Mark III is well equipped to provide an ample supply of staff for a successful enrollment.

b) Do you offer online or web enrollment and if so, please describe?

Yes, Mark III offers online web enrollment for all clients we service. Our online benefits enrollment experience allows employees to electronically put in their elections at the most convenient time for them. Employees have ample opportunity to review their benefit choices, review their elections, and make any revisions if necessary.

Employees can also call a dedicated call center number or their Account Manager if they have any questions throughout the enrollment process. After the employee has made their benefits selections, the information will be automatically sent to the benefits vendors for processing. To further simplify the online enrollment process, a customizable benefits summary can be emailed to the employee to keep for their records.

Mark III will also provide continued communication and education on how to log in and enroll through our online web enrollment platforms. We will also provide necessary training for administration to get more acquainted with the enrollment platform prior to enrollment.

c) Please provide a copy of a benefit election form that you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.

Please see **Tab 6** for a copy of a benefit election form.

21. Describe the procedures for the use of your Flexible Spending Debit Card and participation requirements for benefit enrollment.

Mark III provides employees with a Flexible Spending Account (FSA) debit card that allows for direct, point-of-service payment of eligible expenses such as medical, dental, vision, and dependent care costs.

FSA Debit Card Procedures:

- Issued to enrolled employees at the start of the plan year.
- Can be used at qualified merchants for eligible expenses without requiring reimbursement forms.
- Substantiation may be required for certain transactions; employees are notified via email or portal if additional documentation is needed.
- Lost or stolen cards can be replaced promptly upon request.

Participation Requirements:

- Employees must enroll during open enrollment, upon new hire onboarding, or after a qualified life event.
- Elections are made annually and are subject to IRS rules on pre-tax contributions.
- Enrollment can be completed via online portal, call center, or with a benefit counselor.

22. Who are you proposing as your Third-Party Administrator?

a) Describe the claim reimbursement process.

Mark III does not process claims directly but works closely with carriers to support and expedite the claims reimbursement process on behalf of clients and employees.

- Employee Support: If an employee experiences a delay or issue with a claim, Mark III's account managers or service team will act as a liaison with the carrier to ensure timely resolution.
- Advocacy: The team proactively follows up with carriers, verifies documentation, and escalates issues as needed to ensure accurate reimbursement.
- Communication: Employees can contact the dedicated support team or call center for help understanding claim status or coverage details.

b) How often do you pay reimbursement claims?

Mark III does not directly pay reimbursement claims, as payments are made by the insurance carriers or third-party administrators (TPAs). However, we monitor claim activity regularly and work closely with carriers to ensure that reimbursements are issued promptly and in accordance with the plan's terms, typically within the standard 7–14 business day window, depending on the carrier's process.

c) Is your Spending Account vendor compliant with all relevant IRS Regulations regarding administration of debit cards?

Yes, Mark III is compliant with utilizing Flexible Spending Account Administrators.

IRS Ruling 2003-43 requires that every claim is adjudicated. Our administrators are compliant with this ruling. To eliminate participant hassle, the administrators are integrated with the Inventory Information Approval System (IIAS). This integration allows our debit card transactions to be validated by the merchants 90% of the time and eliminates participant actions on all but 10% of the claims.

d) *What experience does your organization have with Flexible Benefits Administration?*

Mark III has extensive experience administering Flexible Benefit Plans and offers a full suite of flexible benefit administration services to public sector clients across the Southeast.

We provide comprehensive third-party administration (TPA) services for:

- Premium Only Plans (POP)
- Health Care and Dependent Care Flexible Spending Accounts (FSAs)
- Limited Purpose FSAs (for HSA participants)
- Health Reimbursement Arrangements (HRAs)
- Transportation and Parking Reimbursement Accounts

Our team handles plan setup, compliance documentation, employee communications, online claim submission and tracking, and reimbursement processing. We also offer debit card functionality for FSA/HRA participants, simplifying access to funds at the point of service.

Mark III uses modern benefit administration platforms that integrate with payroll systems, manage eligibility and deductions, and support secure employee self-service portals. These tools are maintained by our internal benefits administration and enrollment teams, allowing for seamless coordination between enrollment, payroll deduction, and carrier invoicing.

Additionally, we absorb administrative fees for these services for many of our clients, reflecting our commitment to delivering cost-effective, value-added solutions as part of our standard consulting and brokerage relationship.

23. *Provide a list of all fees that your firm will charge to administer out Flexible Benefits Plan and/or other insurance products you will offer.*

Please refer to **Tab 7** for a list of all cost and fees.



TAB 3

Scope of Work



OUR SERVICES AND CAPABILITIES

Mark III Brokerage uses a team approach to employee benefits (our principal business) revolving around service. Since we work for the customer and not the insurance company, our philosophy is to provide the best products in the marketplace backed up by the best service possible.

Mark III was founded in 1973 as a firm focused on the insurance needs of the individual. While working with our individual clients, we concluded that the employer could accomplish many of the individual needs we were satisfying. We can use group purchasing power of an employer can be leveraged to help its employees acquire coverage and services more cost effectively than the employee can on an individual basis. We felt we could best serve our customers by serving the large employer. This is how Mark III developed into a firm focused on employee benefits providing group employee benefits.

Our consulting philosophy is centered on partnership, commitment, and quality service for you and your employees. We are a member of your team and will provide responsive, comprehensive, quality advice with competitive product offerings, leveraging our total membership and relationships in the market.

We will proactively advise you on any plan design or administrative changes that present potential vendor service or financial challenges, resulting in employee morale issues and dissatisfaction.

We want enduring relationships based on trust and accountability, providing you with long-term, innovative approaches to your benefit challenges and solid fiscal advice for long-term success in managing your employee benefits.

Ultimately, we want to assist you in protecting your employees' household finances through quality employee benefits, education strategies, and consumer accountability.

Mark III is a firm focused on employee benefits in the Public Sector. With 200 public sector customers and 52 years of experience in the public sector, Mark III has the experience as a consultant to find the best programs available. We also implement and manage the programs for the long term.

We are a privately held, financially sound corporation that is debt free.

Leveraging Strength & Experience

With over \$500,000,000 of self-funded benefit plans under management, this is a self-funded perspective that only Mark III can bring.

One of the reasons that we are so successful in Public Sector business is that it requires a sophistication that we possess. The self-funded medical plan business is an extraordinarily sophisticated and requires years of knowledge and experience.

Mark III's focus on the public sector and our breadth of clients gives us more leverage and knowledge, translating into value for our clients. We also work with over 50,000 covered dental lives. In some cases, we are the most prominent consultant for these carriers nationally.

Concerning Section 125 benefits and flexible spending accounts, we bring significant experience and leverage to our clients.

Mark III provides:

Experience

Mark III is a firm focused on public entity employee benefits and possesses a knowledge base of operational considerations few can match. We know your organization, your employees, and their dependents.

This knowledge translates into results as we design the right solutions for your organization, which are best in class and managed for the long haul.

Most importantly, we know what works in public entity business and what does not. We take care of your organization with your interests in mind.

Leverage

Our competitive advantage is our size and experience, which equates to leverage for our clients.

Mark III uses a team approach to employee benefits revolving around service. Since we work for the customer and not the insurance company, our philosophy is to provide the best products in the marketplace backed up by the best service possible.

We have delivered this service to employers like yours for 52 years.

Negotiating the Best Arrangements

We have the underwriting experience to negotiate the best arrangements for our clients with the vendors and significant experience in all coverage lines and bring significant employee benefits experience to bear.

Capabilities and Skills

Mark III Brokerage, Inc. has enjoyed working with many public sector clients in multiple states.

We work closely with HR and Finance Staff to deliver a Benefits Plan that is competitive, creative, and consistent with the desires of the employees and staff. We provide innovative solutions for your product and administrative needs.

You are our target customer.

Mark III provides a professional and committed service staff to support our customers. We do not rely on insurance companies to service our clients.

We are looking to develop relationships with our customers by providing advice and marketing services on various employee benefit programs, providing communication strategies for the employees, and website development to aid in information and employee self-service.

Products

Mark III brings some of the most innovative plan designs to our customers.

- **Outstanding Product Solutions** - We are focused on equity, both from a pricing and benefits perspective.
- **Guarantee Issue Solutions** - Mark III has created a suite of product solutions that offers your employees guarantee issue coverage. This guarantee issue coverage means employees you have who couldn't qualify for some of the current products could obtain coverage through Mark III benefit solutions.

This is a considerable advantage for Mark III and is very important for your employees. We offer products that deliver some of the most significant benefit value to the policyholder available. These products don't take years to build a "benefit," but rather, there is a significant value from the first day that the policy holder owns the policy.

As a broker, we are responsible for discerning what is intrinsically valuable in a policy, what benefits are essential, and what is not.

When one looks at a cancer policy, a significant number of benefits are outlined in the policy form. It is difficult to determine what is valuable and what is not. Many insurance carriers want one to believe the more benefits outlined, the more valuable the policy.

What we set out to determine is: where is the value?

When one looks at mature blocks of cancer coverage policies, the largest single benefit payment category is radiation/chemotherapy payments. Increases in radiation therapy and chemotherapy claim costs drove carriers to significantly limit this benefit.

Chemotherapy claims can range \$3,500 to \$6,000 per treatment, once per week. Treatment can continue for months. We don't believe that a benefit that pays \$300 or \$400 per day adequately cover this exposure.

Cancer Plans we offer provide some of the highest levels of radiation therapy/chemotherapy benefits for participants available in the market per treatment basis.

Secondly, another benefit that is touted by carriers is the first occurrence rider. Industry sources have indicated to us that the average duration of a cancer policy is 6 to 7 years. Therefore, the policy that delivers the most significant value in the shortest amount of time to the policyholder is the one that is the most valuable.

Policies that take years to build up a sizable first occurrence benefit don't deliver the benefit of many policies..

This is the type of evaluation we perform and the logic behind the policies we recommend.

Independence

Mark III is truly an independent consultant. We are not owned by or beholden to any insurance carrier or provider. Below is a non-exhaustive list of some of the carriers to which we have access.



Plan Marketing and Evaluation Services – Mark III has the expertise to market and evaluate all employee benefits. We will perform the following functions.

Specification Preparation – With guidance and assistance from the client, Mark III will prepare specifications that give the carriers/vendors an accurate assessment of your existing programs. This will include census, claims activity, current plans, and requested plan designs. These specifications will outline your concerns and goals.

Marketing the Specifications – Mark III will contact the qualified carriers and vendors to determine their interest in evaluating your programs. Carriers/vendors that express an interest are sent the specifications to obtain a response. Mark III will obtain the responses from the qualified carriers/vendors.

Evaluate the Responses – Once all proposals are received, the client and Mark III will narrow down the most competitive carriers/vendors based on, but not limited to, the following criteria:

- Quality of Care provided to the employees and their dependents
- Sound financial status of the firm
- Outstanding service, including but not limited to, strong client service support, home office underwriting, contracts and legal service departments, claims processing, and related customer service.
- Networks, which provide excellent access to hospitals and physicians in the locations where employees reside.
- Network discounts and pricing
- Competitive rates or fee structure
- Future stability of rates/fees
- Providing comprehensive experience reports to the client so that an evaluation can be made relative to the plan performance
- Carrier flexibility when plan design changes are necessary to meet the needs of the employees and the employer
- Provides quality ongoing service and a service team that is dedicated to solving problems that arise during the plan year
- An ongoing employee education program to assist the employees' understanding of the plan's operation
- The flexibility to expand the network to cover new employees

We will provide a comprehensive evaluation, giving a side-by-side comparison of each vendor's offer.

Mark III tracks the claims to look for trends and monitor the service level of the vendor. Our service function involves problem resolution.

Before the client receives the renewal from the carrier/vendor, Mark III will evaluate the initial experience and develop our renewal separately from the carrier/vendor.

Once Mark III has completed our initial evaluation, we will meet with the client to discuss our initial assessment.

At the renewal meeting, we will compare our estimates against the carrier/vendor's using the following criteria:

- Claims activity
- Competitiveness of the carrier's reserving philosophy. This will be determined by comparing their assumptions to industry norms.
- Competitiveness of the carrier's retention. This will be determined by comparing their costs to industry norms.
- Changes in the demographic composition of the client and how that has changed over time. How these demographics (manual rate) impact the renewal.
- How competitive/aggressive the carrier is when weighing the manual rate vs. the experience rate or vice versa
- Industry trending factors

Scope of Service for the Contract

Plan Management Services

Annual Review – Claims Administrators. Benefit Plan: quality, cost effectiveness, and plan administration.

Mark III will work with the client using the following criteria to evaluate all vendors whether the current administrator or a potential provider in a competitive bid:

- Quality of Care provided to the employees and their dependents
- Sound financial status of the firm
- Outstanding service, including but not limited to, strong client service support, home office underwriting, contracts and legal service departments, claims processing, and related customer service.
- Networks, which provide excellent access to hospitals and physicians in the locations where employees reside
- Network discounts and pricing
- Competitive rates or fee structure
- Future stability of rates/fees
- Providing comprehensive experience reports to the client so that an evaluation can be made relative the plan performance
- Carrier flexibility when plan design changes are necessary to meet the needs of the employees and the employer
- Provides quality ongoing service and a service team that is dedicated to solving problems that arise during the plan year
- An ongoing employee education program to assist the employees' understanding of the plan's operation
- The flexibility to expand the network to cover new employees

Quarterly review of the Client's health costs and the cost-effectiveness of the current plan designs. Our large public sector client base affords us opportunities to compare entities.

Mark III would meet with the client as often as needed focusing on the goals and priorities of the client through our normal consulting services which include:

- Discussion of benefit priorities and financial/budgetary constraints
- Sharing our experiences with typical plan designs and cost structures of other clients with similar demographics as a perspective for the Client
- Make renewal plan recommendations
- Develop strategic plan for future planning
- Market products where appropriate
- Make recommendations on products to implement based on:
 - Employee satisfaction with the plan design
 - Compliance with State and Federal guidelines
 - Competitive plan designs
 - Competitive rates or fee structure
 - Future stability of rates
 - Ability to easily change the plan to meet new employee and dependent need
 - Ease of administration
- Develop enrollment plan as needed
- Develop enrollment dates and timeline
- Review of onsite website upon completion
- Monthly tracking of claims split by medical and prescription
- Quarterly consulting meetings or more often as needed

Mark III is your partner for your health plan and ancillary service administration and works to make your job easy providing the following services.

Consulting

- Provide quarterly versus annual review meetings
- Provide our underwriting projections based on current and past plan experience
- Budget projections 9 months in advance versus industry standard of 60 days
- Maintain financial integrity of health plan
- Identify plan design challenges
- Make recommended changes and provide cost impact

Annual Medical, Pharmacy, Dental, and Voluntary Product Renewals

Renewal Strategy and Negotiation

Mark III develops an understanding of the goals and priorities of all of our customers by meeting with the customer. The purpose of the meeting is to discuss benefit priorities and financial/budgetary constraints. Our vast experience allows us to discuss all of the various products available in the marketplace. We also share our experiences with typical plan designs and cost structures of other clients with similar demographics as a perspective for the client to consider. Once the coverage items have been discussed, Mark III then helps the client create a strategic plan.

Stop Loss insurance Evaluation Yearly: Proper Levels and Rating Reviewed

Mark III regularly reviews stop loss impact and the value for the client. We also review the competitiveness of the rates offered for specific and aggregate protection as well as the value of the aggregate coverage versus the premium paid, whether with the TPA or a third party stop loss carrier, reviewing both plan experience, stop loss reimbursements, medical plan trend year over year, and leverage trend factors used by stop loss carriers.

Budget Rate Development

Mark III provides ongoing consulting that provides guidance on plan design that impact cost to alleviate required increases where budget cannot withstand, including development of rate structure taking into consideration the client contribution strategy and philosophy on dependent rates.

Pharmacy Plan Management

Mark III has extensive consulting experience with pharmacy plan management, whether wrapped into the medical or through a third- party vendor. We have worked with third party administrators that provide pharmacy administration through various pharmacy benefit managers, using their leverage to get the best value for our clients.

Whether under one carrier or carved out, we examine utilization patterns to determine population disease states, generic versus brand utilization, and specialty drugs costs. Data is shared with all parties to ensure care management needs are addressed where needed if there are gaps in care issues due to non-compliance.

We review the need for design levers such as DAW, Step Therapy, quantity level limits, controlled drug programs, required maintenance mail order, specialty drug care management programs, deductible plan designs, and overall education regarding pharmacy. Annually, data is used to determine plan design needs based on employee feedback, the employer experience, and budget needs.

Compliance

Mark III educates clients on a variety of topics year-round through meetings, webinars, and conference calls. We also have available an online library of topics and memos on human resources and benefits-related topics.

We present timely topics to keep clients abreast of legislative requirement as well as disseminate compliance and trend information to clients as the developments occur.

Topics in the past have included:

- Healthcare Reform
- Debit Card Capabilities - Enhanced Data Capture
- Web Based Enrollment Opportunities
- Contrarian Point of View - Consumer Driven Health Care
- Dental Insurance Trends
- FSA Grace Period – Operational Pros and Cons
- Compliant Wellness Plan Incentive Strategies and Legal Updates
- Multi-layered Approach to Controlling Healthcare Costs
- Employer Based Wellness Strategies and Population Health Management
- Consumer Driven Health Trends
- Section 403b Regulation Changes and Implementation Strategies
- Section 125 Regulation Changes and the Impact of IIAS
- An Employers Strategies for Wellness and Cost Management
- Children's Health Insurance Program
- Healthcare Reform
- Mental Health Parity
- Early Retiree Subsidy

Mark III provides required Legal Notices for our clients that include such items as the CHIPRA, Medicare D, and Privacy Notices.

ACA updates are provided by Mark III on a regular basis, including instructions and guidance on completion of federal government requirements as they arise (HPID, Reinsurance Fee, and PCORI).

Mark III disseminates updates on legislative changes affecting clients via memo, power point presentations, and email, depending upon client appointments and urgency of issues. Legal Notices are updated yearly as required while year-round updates are shared as they occur when notices come through HHS, DOL, DOI, or any other state of federal agency notifying the public of changes.

Mark III provides healthcare reform updates on a regular basis to all our medical clients and any affected by the mandates as they occur.

Our yearly financial projections include underwriting assumptions for claims increases due to healthcare reform such as office visits applying to the out of pocket and prescriptions copays applying to the out of pocket as well as the inclusion of the PCORI fee and Reinsurance Fee costs, all of which are attributable to healthcare reform.

We provide memos, power points, and overviews for client use.

Population Care Management

The significant challenge that our clients face is the health of the employee and dependent population.

This issue includes the following:

- Weight, which drives Cardiovascular Disease, Hypertension, Diabetes
- Cholesterol leading to Coronary Artery Disease
- High Blood Pressure, which is a primary cause of Heart Disease, Heart Failure, Kidney Disease

Mark III is a leader in strategic population health management and has a proven track record in improving the health of the population and improving claims in controllable health conditions.

Mark III helps develop strategies to improve the health of the population. We review the following:

- Disease Management strategies at the Employer level
- Population Health Management at the Employer level
- Implementation of the following based on comfort level and budget considerations:
 - Screenings
 - Coaching
 - Incentive based strategies
 - Accountability strategies
 - Clinics
 - Disease Management vendors
 - Data mining
 - The impact of our strategies is an improvement in the health of the population and a positive impact on the claims of our customers.

Why is this important?

The main driver of healthcare cost is claims, and we have a meaningful impact on the dominant cost.

Wellness Innovation and Success

Over the past decade, Mark III has developed many of the successful wellness strategies in use for multiple clients.

2024 HEALTHIEST EMPLOYERS AWARDS

The Healthiest Employers Award is the nation's leading corporate wellbeing award. This program recognizes organizations taking a more proactive approach to employee health and investing in solutions and initiatives. The employer's assessment is scored on a 1-100 scale and identifies their Healthiest Employers Index (HEI). Regionally, HEI scores are compared to companies of similar size. Nationally, HEI scores are compared to all participating companies.

Greater Charlotte Area:

- City of Salisbury – 2nd
- Cleveland County – 1st
- City of Gastonia – 2nd
- Gaston County – 5th
- Rowan County – 4th

Triangle Area:

- City of Sanford – 1st
- City of Rocky Mount – 2nd

Triad Area:

- Randolph County – 1st
- City of High Point – 3rd

Virginia - less than 1,000:

- Prince George County – 1st

Top 100 Across America:

- Randolph County – 17th
- Cleveland County – 90th
- Rowan County – 99th

Population Care Management - Results

Diabetes - HealthMapRx Parts. vs. Non-Parts. (PMPY):

10 Self-Funded Customers

10-Customers	2023			
	Total	Medical	Rx	Total
HMPR ₂ Avg	462	\$7,098	\$10,871	\$17,987
Non-HMPR ₂ Avg	495	\$13,326	\$8,154	\$21,480
Differential				\$3,493
NC ESI Avg*				\$20,114

Diabetes - HealthMapRx Parts. vs. Non-Parts. (PMPY): Self-Funded Customers

Customers	Start Date	Claimants	Enrollment	Enrollment (%)
City of Gastonia	7/1/2019	137	76	55%
City of Rocky Mount	7/1/2007	164	108	66%
City of Salisbury	5/1/2018	60	30	50%
City of Sanford	7/1/2017	51	22	43%
Cleveland County	7/1/2017	135	91	67%
Edgecombe County	7/1/2018	108	45	42%
Halifax County	2/1/2019	99	53	54%
Haywood County	3/1/2020	67	40	60%
Person County	10/1/2021	68	21	31%
Prince George County	7/1/2020	49	18	37%
Robeson County	2/1/2019	221	159	72%
Rowan County	7/1/2018	169	83	49%
Vaya Health	7/1/2019	85	46	54%
Wayne County	7/1/2019	141	59	42%
Average		1554	851	55%

Diabetes - HealthMapRx Parts. vs. Non-Parts. (PMPY): Self-Funded Customers

Clinical Goals (n=851)	2023	2022	2021	Visit #1	Industry Standard*
Blood Pressure (<140/90)	89%	87%	84%	79%	50.6%
Cholesterol (LDL) (< 100)	71%	65%	64%	60%	
Blood Glucose (A1C) (< 7%)	59%	58%	49%	44%	34.9%
Blood Glucose (A1C) (< 8%)	80%	81%	75%	68%	49.9%
Blood Glucose (A1C) (> 9%)	9%	8%	10%	19%	42.5%

Human Resources /Benefits Portal

MyWave

Click+Connect+Communicate

Welcome to a whole new way of working — MyWave is your personalized website that allows you to effortlessly click, connect and communicate with Mark III.

It's designed to offer you time-saving tools and resources that build convenience into managing your everyday work tasks. Whether you want to view documents online, participate in plan/program surveys or connect with more than 325,000 peers in your industry, this is the place to be. It's easily accessible, hardworking and just one of the many services available to you when you partner with us.

Posting Center

Our document posting capabilities allow us to seamlessly provide you information.

Accessible 24/7, postings from our agency are timely, relevant and easy to locate in one convenient place online.

Healthcare Reform

Get the information you need about health care reform, including legislative updates, explanations and timelines. Provide your employees the education they need to understand how reform impacts their lives.

Survey Benchmarking

Participate in benefit plan surveys.

Allows you to determine how your plans and programs compare to other employers across the U.S.

Community

Through MyWave® Community, you have access to a vast and knowledgeable network of colleagues from across the country.

Share information and resources via the Community's interactive forum that enables you to post questions to your peers, provide insight into other users' questions, and allows you to track response based on topics or individual questions.

Data Analytics

- Bring all the data in one place
- Identify members, risks, cost drivers to ensure right programs are being put in place
- Agree on metrics, and track these metrics
- Show ROI calculations to internal exec teams
- Proactively drive vendors to report and manage these metrics
- Identify members for programs on an on-going basis

An evidence-based software platform designed to:

- Integrate Medical and Pharmacy Claims
- Capture Biometric Data
- Disease Management Data
- Trended year over year
- Risk stratify the data
- Provide for employee/provider interaction regarding health risks
- Build and track incentive programs
- Predictive model for budgeting
- Demonstrate Plan Successes and Opportunities

Engagement Tool:

- 30% higher engagement
- Higher engagement in members by proactively messaging them to take actions before it's too late.
- Improving enrollment rates during enrollment period.
- 10%-15% cost savings
- Solutions that deliver ROI, drive cost savings when members are enrolled and engaged. Get greater returns on your investments in employee health programs and solutions.
- 1-touch communication
- Communicating to members in a seamless manner over time is the key solution. Get the right messages to the right people to get the right responses.
- 20% reduction in risks
- Engaged members result in a healthier population overall. The seamless cycle of messaging will ensure the engagement flow is continuous.

Advisory Services Example:

Our work includes examples like the spreadsheet below and accomplishments achieved for a similar client with a three-year plan. We develop the plan and build the budgeted rates, completing all underwriting:

Mark III has had success in modifying benefit programs that enhance the benefits and/or reduce costs to the employees and the organization.

Plan Design Options	Option 1				
	Year 1	Year 2		Year 3	
	PPO	PPO	HSA - \$750	PPO	HSA - \$750
	Self-funded	Self-funded	Self-funded	Self-funded	Self-funded
	In-Network	In-Network	In-Network	In-Network	In-Network
Primary Care Physician Visits	\$25	\$25	Deductible/20%	\$25	Deductible/20%
Specialist Physician Visits	\$50	\$50	Deductible/20%	\$50	Deductible/20%
Preventive	0%	0%	0%	0%	0%
Deductible	\$1,000	\$1,000	\$1,500	\$1,000	\$1,500
Deductible - Family Maximum	\$3,000	\$3,000	\$4,500	\$3,000	\$4,500
Coinsurance Maximum	\$1,000	\$1,000	\$2,000	\$1,000	\$2,000
- Individual					
Coinsurance Maximum	\$3,000	\$3,000	\$6,000	\$3,000	\$6,000
- Family					
Hospital Services	Deductible/20%	Deductible/20%	Deductible/20%	Deductible/20%	Deductible/20%
Urgent Care	\$50	\$50	Deductible/20%	\$50	Deductible/20%
Emergency Room	\$175 copay	\$175 copay	Deductible/20%	\$175 copay	Deductible/20%
Pharmacy	\$5/\$45/\$60/25 %	\$5/\$45/\$60/25 %	Deductible/20%	\$5/\$45/\$60/25 %	Deductible/20%
	2.5x Mail	2.5x Mail		2.5x Mail	
Lifetime Maximum	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited
Increase	N/A	N/A	N/A	N/A	N/A
Needed Increase in Funding	120.99%	118.37%		106.62%	
Needed Dollars	\$4,741,545.66	\$4,606,319.14		\$1,966,209.05	
Increase In Funding	11.00%	118.37%		106.62%	
Dollars Funded	\$3,006,903.68	\$4,606,319.14		\$1,966,209.05	
Reserve Used	\$1,734,641.98	\$0.00		\$0.00	
Wellness	4 Out of 4 for Dental Incentive	4 Out of 4 for Dental Incentive \$250 Weight Incentive		4 Out of 4 for Dental Incentive \$250 Weight Incentive	

Client Service Success from Example:

- Successfully transitioned the County Medical Plan from being fully insured to self-funding;
- Successfully transitioned the County Dental Plan from being fully insured to self-funding;
- Conducted Dependent Claim Reviews and recommendations concerning strategies to manage costs;
- Introduced the County to Consumer Driven Health Coverage;
- Transitioned the County to a Transparently Priced Pharmacy Contract
- Eliminated Aggregate Stop-loss Coverage;
- Saved \$500,000 in stop loss costs for the 2019-2020 contract year through a bid process;
- Reviewed appropriate Stop-loss Pooling Points;
- Provided staff with Legal Notices;
- Provided Staff with semi-monthly benefit trends and HCR updates
- Proactively bring new initiatives and compliance requirements to the County such as:
- Wellness Strategies, including, coaching, incentives, and accountability methods.
- Providing the County with monthly Health Care Reform updates.
- Bringing a Variable Hour Tracking and Reporting Solution for 1094C and 1095C reporting.
- Discussion of Dental PPO Opportunities.
- Delivering Web-based Annual Enrollment, with onsite enroller support;
- Discussing Benefit Administration, with a proven solution for 2019; &
- Developed and Managed & Implemented Third Party Benefit Administration System 2018.
- Provided substantial portions of the County's 2020 Wellness RFP
- Marketed the Group Life program on a regular basis and evaluation cost distribution;
- Marketed the Disability Plan and made a carrier and benefit changes that enhanced the solution for County employees;
- Marketed and implemented a voluntary vision plan based on customer interest;
- Advised of FSA changes for roll-over; &
- Discussed Tiered Network Opportunities.

Mark III has had success in modifying benefit programs that enhance the benefits and/or reduce costs to the employees and the organization.

Examples of these include:*Transparently Priced Pharmacy Contracts*

These contracts produced significant reduction in cost for all clients ranging from \$100,000 - \$300,000 in yearly savings and removed any amount of spread pricing with a single administrative fee per prescription with various PBMs.

Dental PPO Plans and PPO Network Development

Installation of PPO plans positively reduced overall dental plan costs and created consumerism with dental coverage not previously achieved. Network growth with significant discounts was achieved as a result of offering the benefit as it encouraged dental providers to join the network at a competitive reimbursement rate.

Our services also include:

- Healthcare consulting that includes tracking of claims and costs, including providing budgeted rates that are not dependent upon the carrier and can provide multiple year projections for planning.
- Wellness Consulting/ RFP preparation and advice
- Dependent Eligibility Audits
- External Pharmacy Contracts
- Healthcare Reform / Benefits Updates / Library
- Stop Loss Analysis: Specific Levels Examined based on based claims

We have the knowledge and experience to deliver to our clients.



Enrollment Process



ENROLLMENT PROCESS

We have over 120 enrollment counselors who conduct enrollments for our clients throughout the year. We do not outsource the physical enrollment process to insurance companies or third-party enrollment firms. Mark III will actually communicate the benefits and conduct the open enrollment process on behalf of client, which in turn gives you more control of your enrollment communication process.

The open enrollment process is set up in an educational format. Our counselors will educate your employees on the benefits offered by the client, answer their questions and address their concerns. At that point, the employee can feel comfortable making his or her own decision based on knowledge and understanding, rather than fear-based sales tactics. The Mark III counselor's sole responsibility is to help your employees understand their benefits, not give them a high-pressure sales pitch.

Below are just some of the advantages of our Mark III Enrollment services.

1. Our Enrollment Team:

- Nearly all of our counselors have 10+ years of communicating employee benefits to public sector employees
- Mark III's counselors are paid a salary or per-diem
- There are no commission, bonus, or incentive payouts of any kind to the counselor
- Elimination of common arm-twisting sales tactics due to incentivized payouts
- The entire process is educational

2. Open Enrollment Process:

Group Presentations – Mark III will schedule group meetings at each work location or virtual via Zoom, Teams, WebEx, etc., so employees do not have to travel. The counselor will give an overview of all the products and services offered by the client and supply them with a benefits booklet that contains all of their benefits information.

Individual Meetings– Mark III will meet individually with each employee at their respective work location to answer questions, take elections and make any necessary changes.

Make-up day – For employees that have an unforeseen event arise during the open enrollment process, Mark III will schedule a make-up day(s) to accommodate those employees.

Enrollment Methods – Mark III offers three ways for employees to enroll in their benefits:

- Face-to-face meetings with an enrollment counselor
- Enrollment over the phone through our call center
- Online self-enrollment through the client's enrollment portal

Mark III App – Through the Mark III app, employees and their dependents can access benefit information, file a claim, schedule an appointment for enrollment, view contact information, and view enrollment information.

3. New Hire Orientation & Enrollment:

- Mark III conducts the orientation process for new hires. This can be done by phone with your dedicated account manager, or it can be done in person with an on-site enrollment counselor, whichever works best for the client. Below are the most common practices with the majority of our public sector accounts.
- Upon being hired, (first 30 days) the employee will call the Mark III account manager and enroll in the desired benefits.

4. Qualifying Event Change:

Mark III will assist employees who need to make a benefit change due to a qualifying event throughout the plan year.

5. Internet-Based Enrollment Platform:

- Mark III offers an enrollment that is entirely electronic. There are several advantages to our internet-based enrollment platform.
- It ensures the delivery of benefit information is consistent
- It completely eliminates the need for a paper applications process
- All employee elections can be downloaded into your payroll system
- Your staff can access and track the enrollment results on a daily basis. They can see who has made their elections and who has not, giving them more control over the enrollment process.
- Changes can be made by employees throughout the open enrollment process without completing a new application.
- It eliminates common paper application errors
- It's a single access point delivering a much higher level of data entry accuracy
- There are no hardware requirements for the client
- A chat feature with a benefits counselor is available to employees if they have any questions regarding products, enrolling, etc.

Mark III has been conducting internet-based enrollments in the public sector since 2004. You will not find another Independent employee benefits consultant who has more experience providing this type of enrollment communication in the local school market.

In the end, we tailor our enrollment process to meet the desires of the client



ENROLLMENT MATERIALS

Open Enrollment & Change of Benefits Letter – We provide a notification letter to all employees outlining the annual enrollment dates, times, and changes in benefits information. These letters serve as an informative outline. Detailed information is given at the group and individual meetings.

Open Enrollment Posters/Flyers – We will produce and distribute open enrollment posters and flyers that display the dates and times of the enrollment at each individual work location for distribution.

Employee Benefits Website – Mark III will construct an employee benefits website for the client employees. They will be able to download various forms, access voluntary insurance information, and view all other benefits deemed necessary by the client.

Educational Videos – We produce customized educational videos that are specific to the client. They can include information on Insurance products, Flexible Spending Accounts, HRAs, HSAs, New Hire Orientation, Wellness Programs, and any other information that you want to be shared with your employee population.

Employee Benefit Booklets – We will provide every employee with an employee benefits booklet. It will encompass all of the benefits administered by Mark III in one concise document as well as information you would like to add. A sample booklet has been included in this RFP.

Benefits Statements – We provide benefit statements to each employee upon completion of their enrollment.

Social Media Marketing - Mark III uses our Facebook and Instagram platforms to communicate to employees in a way that is convenient for them. By using targeted and/or generic audiences, we are able to remind employees about open enrollment.

Text Message Communication - Mark III offers our clients the option to utilize our text message marketing in the effort to communicate various messages (open enrollment, wellness program information, etc.) to your employees. Messages are customizable and can be scheduled when desired.

Mark III Mobile App - Find details about all of your benefits, download forms, submit claims, ask questions, and more on the MyMark III Mobile App. Employees can download it on the App Store or Google Play free of charge.



ENROLLMENT PLATFORM

A comprehensive benefits enrollment solution including software, maintenance, and data integration.

Our benefits platform offers a secure, Internet-based platform that enables web or laptop based benefit communications, self-service or agent-assisted enrollment, comprehensive reporting, and simplified administration.

Integration

Offers connectivity to other web-based enrollment platforms. This enables carrier/vendor products, tools and content to be integrated easily into other systems

Flexible Business Rules

The system can be configured to support any combination of open enrollment, new hire enrollment, and year-round qualified status changes.

Customizable User Interface

From logos and color schemes, to complete employer branding, the Benefits-Selection user interface provides the flexibility to meet the demands of the most discerning employer groups. Plus, carrier/vendor product ideas are available on the system.

Enrollment Setup and Administrator Tools

The enrollment website accommodates self-service and agent-assisted enrollment via co-browse sessions. Employees can enroll in core and voluntary benefit plans, review current benefits, and access forms and other documents.

Free Enrollment of Products

Enroll products with no technology cost via laptop, call center or online with employee self-service.

Administrator Tools

Administrator functionality enables the HR staff and/or enrollment case managers to monitor enrollment activity and process enrollments on behalf of employees requiring assistance, as well as view enrollment history for employees.

Online or Offline Deployment

The system is currently available for Web-based enrollments via the Internet for employee self-service or agent-assisted co-browse sessions. The system can also be used offline on disconnected laptops if a worksite enrollment process is desired.

Post-Enrollment Data Integration

The data integration capabilities enable updates of employee and enrollment data to most back-office HRIS/payroll systems and carrier eligibility systems. After electronic interfaces are established, the system automatically manages all data transmissions, schedules, and data formats, ensuring each recipient receives the right data in the right format at the right time.

Case Building with Enrollment Platform

By simply answering questions in the online interview guide on the enrollment platform and importing key information, Mark III has the capability of publishing customized electronic enrollments, produce customized benefit statements, and create a variety of reports for their clients – all at the push of a button.

Step-by-Step Case Building Guide

A case-builder walks you through a wide range of information such as enrollment dates, benefit plans, rates, eligibility rules and payroll details, and census information.

Client Customization

Meet the needs of employer groups by using their logos, color schemes, communications, and presentations to brand the enrollment website. Videos can also be added.

Single or Multiple Sessions

You have the flexibility of completing the guided interview in one session, or logging out of the website and finishing it later. A check mark identifies the next step to complete on the outline.

One-Click Development

When all steps are completed and automatically reviewed for errors, you simply publish the case directly to Benefits-Selection with the press of a button.

benselect

CUSTOMIZED FOR YOU

WHILE MANY PROVIDERS WILL USE SELERIX BENSELECT OR SIMILAR PLATFORMS TO ENROLL IN BENEFITS, Mark III provides an in-house team with direct experience to tailor the enrollment and HR benefit administration experience to your needs. This includes a complete system which gives guidance for better benefit selections during self-enroll as well as a streamlined HR experience. The system is not required to be implemented and is at the discretion of you the client. Features of the system include enrollment, benefit administration, life event management, and:

Employee Experience

- White labeled Login
- Customized enrollment instructions
- Ongoing, real-time paycheck deduction calculation
- Automatic email notifications & confirmations
- Online Chat
- Communications tools including:
 - *link to benefits guide, embedded product videos, plan summaries, and microsite link.*

HR/Admin Experience

- White labeled Login
- Customized dashboard
- Manual enrollment
- Perform life events
- Confirm EOI (evidence of insurability)
- Manage demographic information
- Robust, custom reporting engine

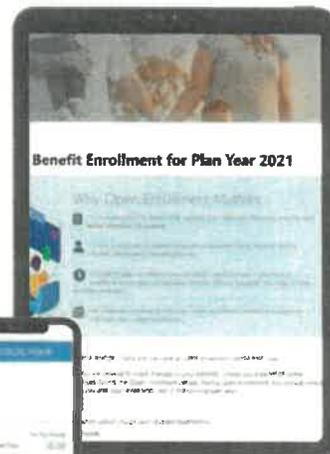
A Quick Glance at the Platform

Below are samples screenshots of the Mark III Enrollment Platform.



ENGAGE. ✓

MANAGE. ✓



SIMPLIFY. ✓



POST-ENROLLMENT DATA INTEGRATION

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BILL RECONCILIATION

Avoiding financial surprises for both you, the employer and your employees

Bill recon process step-by-step detailed; references for provider recon from other districts; Mark III performs bill reconciliation by pulling invoices monthly from the carriers and reconciling them to the payroll files. We will create a monthly discrepancy report per carrier and work with the carriers directly on any discrepancies that need to be resolved. A report can also be provided to the client. If paying by check, checks must be made out to the individual carrier(s) and mailed monthly to Mark III.

ACH options are also available.

This process includes:

- Gathering Payroll Data
- Obtaining Insurance Carrier Invoices
- Comparing Employee Information
- Verifying Deduction Amounts
- Accounting for New Hires/Terms
- Investigating Discrepancies
- Adjustments & Corrections
- Reconciling Payments
- Communicating to the client

This service is provided **at NO COST** to the client.

Bill Reconciliation references include:

Kannapolis City Schools

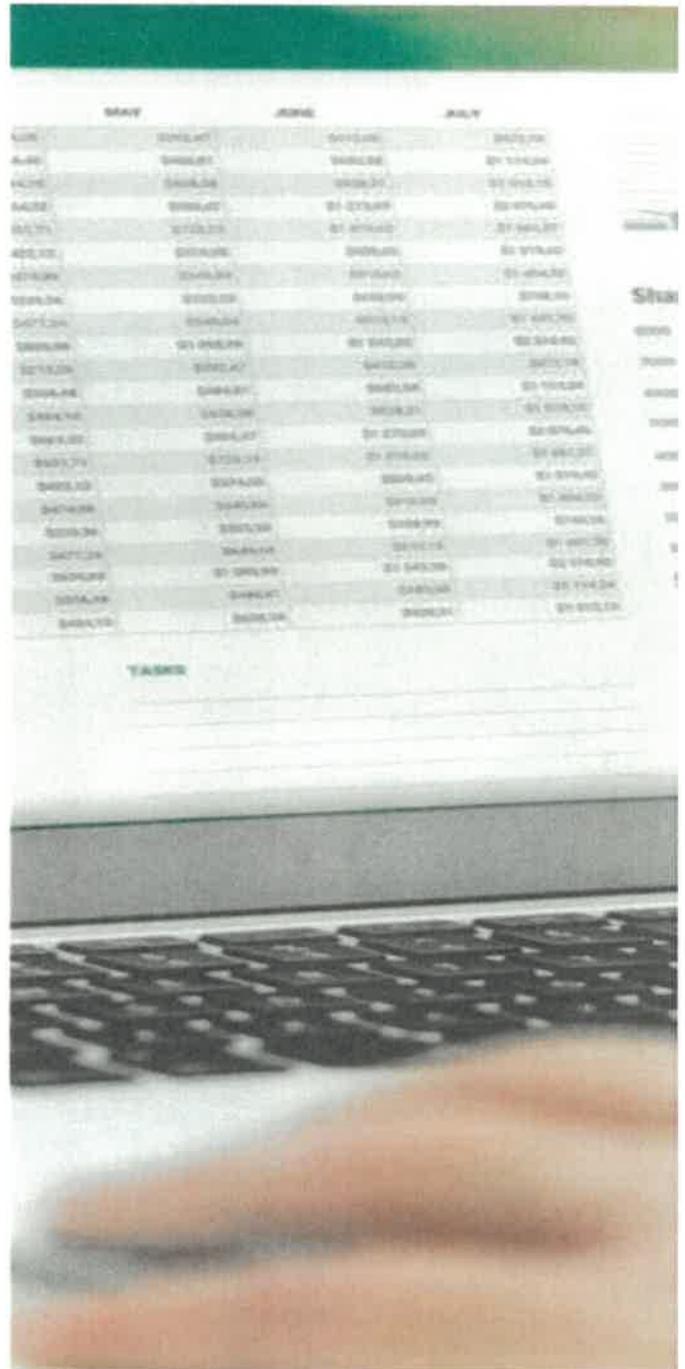
Nicole Keaton, Assistant Director of Human Resources
704-938-1131
Nicole.keaton@kcs.k12.nc.us

Cleveland County Schools

Angie Guffey, Payroll Supervisor
704-476-8101
aguffey@clevelandcountyschools.org

Franklin County Schools

Mitzi Abbott, Benefits Specialist
919-496-2600
mitziabbott@fcschools.net





TAB 4

Your Team



YOUR DEDICATED CLIENT MANAGEMENT TEAM

Your day-to-day Mark III servicing team is: Rick Beaulieu, State Manager, Georgia

Rick joined Mark III after retiring from a successful career in the Georgia school system. Throughout his tenure, Rick served as a teacher, coach, and administrator; ultimately concluding his time in the school system as a Chief Human Resources Officer. Rick's responsibilities include, but are not limited to:

- RFP Management & Vendor Coordination – Overseeing medical, stop-loss, benefit administration, and third-party vendor proposals
- Strategic Medical Consulting – Advising on medical plan design, optimization, and long-term strategy
- Contract Negotiations – Managing negotiations with health plans, benefit administration vendors, and enrollment partners
- Stakeholder Engagement – Coordinating and conducting client, commissioner, and enrollment meetings

Karen Montgomery, Director of Client Service, Georgia

Karen is an experienced insurance veteran who leads the Georgia Mark III client service team. Karen serves as a dedicated advocate for both the organization and its employees, ensuring exceptional service and support. Her responsibilities include, but are not limited to:

- Client Service Leadership – Overseeing service operations and ensuring responsive, high-quality support
- Project Management – Leading plan rollouts, compliance initiatives, and key projects such as HCR, ERRP, and legal notices
- Plan Compliance & Account Management – Ensuring regulatory adherence and smooth plan operations
- Carrier & Vendor Negotiation
- Platform Training – Providing training on enrollment and benefits administration platforms to client groups as needed

San Hicks, Client Service Specialist

San possesses in-depth knowledge of insurance company procedures, is highly efficient at problem-solving, and is responsive to the unique needs of each client. Her responsibilities include, but are not limited to:

- Day-to-day Client Support
- Employee Support & Claims Resolution – Ensuring timely assistance and resolution for employee claims
- Contract & Benefits Management – Facilitating contract updates and implementing employee benefit solutions

Destiny Deetz, Implementation Manager

Destiny oversees the full implementation process for all new groups, coordinating closely with the assigned account manager and all departments involved. Her responsibilities include:

- Data Collection & Accuracy – Ensuring all required information is gathered, workbooks are completed correctly, and updates are made in a timely manner
- Project Management – Acting as the project lead for all groups through our project management platform, ensuring files, account manager tasks, enrollment technology, and marketing activities are completed and providing assistance as needed

- Issue Validation & Tracking – Reviewing client or account manager-reported issues to confirm all necessary data is available, and logging items into issue tracking software
- Sales Team Support – Assisting account managers during sales presentations and group onboarding; focuses on managing processes rather than direct employees

Pam Cox, Enrollment Manager

Pam is a trusted enrollment manager responsible for overseeing the entire enrollment process and managing our staff of non-commissioned enrollers. She reports enrollment data to management and ensures company records are accurately updated with information relevant to each employee's enrollment. Her key responsibilities include:

- Enrollment Planning & Implementation
- Enrollment Team Organization & Training
- Ongoing Enrollment Support

Tom Cheswick, Senior Marketing Consultant

Tom is responsible for marketing the various ancillary products selected by clients and analyzing vendor responses. With over twenty years of experience in the insurance industry, he brings deep knowledge of insurance company procedures, efficient problem-solving skills, responsiveness to client needs, and strong advocacy for both the employer and employees. His key responsibilities include:

- Life, Dental, Voluntary Product Expertise
- Plan Implementation Creating specifications
- Voluntary RFP project management
- Collecting the medical materials and information the vendors will need to produce a response
- Respond to the vendor's questions and inquiries
- Analyze the vendor responses
- Produce spreadsheets to provide comparative formats
- Vendor negotiations: renewal and new business

Makenzie Correll, Wellness Coordinator

Makenzie is a graduate of the University of North Carolina at Charlotte and works closely with both existing and new clients to provide tailored wellness solutions. Through constant engagement with clients, she is highly attuned to employer challenges and is committed to developing effective, practical solutions. Her key responsibilities include:

- Promoting a Culture of Wellness
- Wellness Program Management
- Program Implementation Support – Assisting in the rollout and execution of wellness programs designed by consulting staff

Warren Wilson, Executive Director of Enrollment Technology

Warren brings nearly 15 years of experience with enrollment technology and platforms. Warren has extensive experience in account management, case building, EDI, and sales/consulting of enrollment and HRIS technology. His key responsibilities include:

- Enrollment Technology Team Oversight
- Technology Strategy Development and Execution
- Client & Service Support

Michael Smith, Executive Director of Marketing & IT

Michael brings an extensive background in both marketing and technology. He joined Mark III in 2015 and now leads both the Marketing & Communications and Technology departments. His key responsibilities include:

- Marketing and Communications Strategy Development
- Client Acquisition Marketing
- IT Management & Infrastructure
- Compliance & Risk Management



TAB 5

Transition and Timeline



TRANSITION & SERVICE PLAN

Moving from one servicing vendor to a new broker doesn't have to be difficult. That's why we've developed a plan to ensure that you transition to Mark III Brokerage is smooth and seamless. Please note that services and products are dependent upon the client.

Day-to-day issues, open items, and claims management functions will all be addressed early in the process to ensure effective support and guidance of your employee benefits program. As your full-service broker, we will take care of all your insurance needs. Mark III will move quickly to gain familiarity with the client, to include the following:

- Your operations
- Your business and industry environment
- Your employee benefits goals
- Your current coverage/policies
- Your personnel and reporting structure at the various locations
- Your style of operation
- Your claims

This information will allow us to operate effectively as your broker. We will also work with your staff to prioritize aspects of the employee benefits program for the marketing process to alternative carriers.

The following is a tentative transition and service plan designed for the client. We have expanded upon this concept to include a time table and idea of the services available to the client. This plan and time table can be revised to reflect other services at your request.

In the first month: With the new broker-of-record (BOR) assignment, the client and Mark III will meet to introduce team members and clarify roles and marketing objectives for the coming months. Mark III will notify carriers of the new BOR and establish a meeting date with them to review open issues. **In the subsequent 12 months, we will take the following actions dependent upon the services purchased and whether medical only or voluntary only are included.**

Information Gathering and Potential Plan Design Changes												
Month	1	2	3	4	5	6	7	8	9	10	11	12
Review historical information in files and request missing information	AB	AB										
Develop a benefits summary matrix		AB										
Review funding alternatives and determine which to include in market specifications	AB	AB										
Run a health care claims analysis option				B								B
Evaluate analysis findings and provide benchmarking data				B								B
Discuss potential changes based on analysis and benchmarking					AB							AB
Decide upon all plan design changes					AB							AB
Update relevant plan documents					AB							AB

A = client B = broker C = carrier/service provider

Mark III Brokerage, Inc.

A = client **B** = broker **C** = carrier/service provider

Voluntary Benefits

Month	1	2	3	4	5	6	7	8	9	10	11	12
Evaluate current voluntary benefits	AB											
Examine other potential voluntary benefits		AB										AB
Develop process for administering voluntary benefits		AB										AB
Develop employee communications plan to promote offerings			AB									AB

Vendor Solicitation and Selection

Month	1	2	3	4	5	6	7	8	9	10	11	12
Review contractual obligations of current vendors	ABC											
Discuss desired vendor services and create a list		AB										
Develop vendor services standards			AB									
Evaluate proposals from third-party vendors and report recommendations		AB	AB									
Negotiate contractual provisions with third-party vendors						BC						BC
Review of renewal policies						B						B

Workplace Wellness Initiatives

Month	1	2	3	4	5	6	7	8	9	10	11	12
Evaluate current wellness offerings and pinpoint areas for improvement	AB											
Create goals and objectives for wellness program		AB										
Create an employee communications plan				AB								
Develop a plan for measuring and tracking results						AB						AB

Open Enrollment

Month	1	2	3	4	5	6	7	8	9	10	11	12
Evaluate past open enrollments and identify areas for improvement	AB											
Discuss options to improve open enrollment		AB										AB
Develop enrollment plan and timeline			AB									AB
Create an employee communications plan			AB									AB

A = client **B** = broker **C** = carrier/service provider

A = client B = broker C = carrier/service provider

Retirement Benefits

Month	1	2	3	4	5	6	7	8	9	10	11	12
Evaluate current retirement plan offerings and enrollment	AB											AB
Decide on changes to plan structure or type		AB										AB
Review legal obligations as plan sponsor			B									B
Develop an employee communications plan				AB								AB

Total Compensation and HR Support

Month	1	2	3	4	5	6	7	8	9	10	11	12
Examine how benefits plan fits into employees' total compensation	AB											
Discuss new perks or benefits to potentially add		AB										
Distribute total compensation statements to employees				AB								AB
Identify areas where HR department is falling short and pinpoint tools to remedy issues					AB						AB	
Provide consistent access to relevant HR materials	B	B	B	B	B	B	B	B	B	B	B	B
Evaluate employee handbook and revise as necessary	AB											AB
Discuss hiring goals and evaluate current practices				AB								AB
Create a plan to improve the recruiting process					AB							
Discuss retention goals and evaluate current turnover rates						AB						AB
Create a plan to increase employee satisfaction and retention						AB						

Compliance

Month	1	2	3	4	5	6	7	8	9	10	11	12
Discuss any compliance concerns or hurdles	AB					AB						AB
Create a plan for addressing compliance issues and provide compliance materials	AB	B	B	B	B	B	B	B	B	B	B	B
Outline a plan for maintaining compliance in the future								AB				

Employee Communications Support

Month	1	2	3	4	5	6	7	8	9	10	11	12
Review previous and current communications	AB											AB
Identify where communications are lacking and how to improve		AB										AB
Develop a new employee communications plan and provide regular communications			AB	B	B	B	B	B	B	B	B	B

A = client B = broker C = carrier/service provider

PROPOSED OPEN ENROLLMENT TIMELINE

The following information is confidential and specific to the group and Mark III Brokerage. This document is for informational purposes and is based on assumptions made by Mark III. Tasks and completion dates can be changed and updated as needed. All dates are to be determined and will be based on the enrollment start date. The information is being provided to you solely for the purpose of implementing the Annual Enrollment Process for the requested plan year.

8 - 10 weeks prior to enrollment	<ul style="list-style-type: none"> • Meetings will be held with group and Mark III to discuss implementation and enrollment process for all products offered by Mark III. • Mark III New Account Questionnaire to be completed by group. • Conference Call will be held with group, Mark III, and the enrollment system to discuss the annual enrollment. This will be held once the products have been decided. Topics include: <ul style="list-style-type: none"> • Confirming enrollment dates and products to be enrolled • Pre-enrollment census file • Post-enrollment deduction file • Enrollment Website • Mark III Account Manager will request census data from group. Census to include: <ul style="list-style-type: none"> • Demographic info: SSN, Name, DOB, DOH, Address, Gender, Salary, Occupation • Deductions info: To be determined • Mark III Account Manager, the enrollment tech team and medical carrier will have a conference call to discuss the post enrollment data file layout required by medical carrier. • Mark III Account Manager will request dependent eligibility census from prior medical carrier and/or group to load into enrollment website.
6 - 8 weeks prior to enrollment	<ul style="list-style-type: none"> • Mark III Account Manager to set-up product implementation calls with carriers and group. • Mark III Account Manager will send carrier contracts for group to sign. • Enrollment Schedule - Group and Enrollment Manager will work on drafting and confirming the enrollment schedule. • Mark III will work with group on employee communication pieces for all products. <ul style="list-style-type: none"> • Mark III's Marketing team will create the benefits booklet for group. The booklet will be approved by all insurance carriers and group prior to printing. • Mark III Account Manager will send a draft of Enrollment Poster & Flyer for review to group. Once approved, Mark III Account Manager will have a supply printed and mailed to distribute to each location. • Video Processing if applicable. Develop and review video content to communicate all products to employees.
3 weeks prior to enrollment	<ul style="list-style-type: none"> • Group will send the requested pre-enrollment census data to Mark III Account Manager. • Once sent and processed at Mark III, Mark III Account Manager will forward the payroll census data to the enrollment tech team. Product information (including rates) will also be sent to the enrollment system. • Mark III Account Manager will request that the enrollment system look over the data to ensure that the necessary components are there to begin working on the website.
1 - 2 weeks prior to enrollment	<ul style="list-style-type: none"> • Mark III Account Manager, group, and the enrollment tech team will review the website and make sure that it is ready to be launched for the enrollment.
Enrollment Period	<ul style="list-style-type: none"> • Mark III enrollers will be on-site at group to assist employees with enrolling in their benefits, and answer questions related to the benefits being offered.
Last day of enrollment	<ul style="list-style-type: none"> • Website will close to Mark III Enrollers. (Remember, no elections will be permitted after this date so that post-enrollment data will be returned to group in a timely fashion.)
3 weeks after enrollment	<ul style="list-style-type: none"> • The enrollment system will send post enrollment data to group, Mark III Account Manager, and all insurance carriers. It will be the responsibility of group to load the payroll deductions into their system. The file will be formatted so that it may be uploaded to group payroll system. NOTE: If there is a challenge with the electronic file that group receives, the enrollment system and Mark III need to be notified ASAP.
1 week after data is distributed by enrollment system	<ul style="list-style-type: none"> • Mark III Account Manager will confirm with all carriers that the data has been received and that all applications are being processed accordingly with the effective date of coverage.



TAB 6

Samples

- Communication
- Wellness
- Compliance
- Benefit Election Form





Communication



COMMUNICATION & ENGAGEMENT



Employee Benefits Website

Mark III will create an employee benefits website specifically for the employees to use. Here they can download forms (claim, enrollment, wellness, etc.), view educational videos, and access voluntary insurance information. The benefit booklet is also available for the employee to view and download during Open Enrollment. The customized microsite is also used for employees who are enrolling, either onsite or through our call center, to set an appointment to meet with a benefits counselor.



Scan or click to review sample microsite, booklet, and videos

for:



City of
Thomaston



Educational Videos

Our in-house media production team produces customized educational videos that are specific to your employee benefits. These videos highlight information regarding insurance products, flexible spending accounts, HSAs, new hire orientation, open enrollment, wellness programs, and any other topics you would like to be shared with your employees.

COMMUNICATION SAMPLES

Booklet Sample

THOMASTON
This is Home

EMPLOYEE BENEFITS HANDBOOK

JANUARY 1, 2026 - DECEMBER 31, 2026

OE Poster Sample

THOMASTON
This is Home

2026 BENEFITS OPEN ENROLLMENT

November 17-21, 2025

Important Information

This is the **ONLY TIME** of the year you can make changes to your benefits unless you experience a qualifying life event.

- Your plan year is from 1/1/26 to 12/31/26. All changes to your benefit elections will become effective on 1/1/26.
- This is the time of the year to review and update benefit elections and contact information. Please bring your beneficiary's full name, DOB, SSN, address, and phone number with you to Open Enrollment.
- To enroll dependents, please have all required information, including names, DOB, SSN, etc.

Benefits Offered

- Medical
- Dental
- Vision
- Health Life
- Voluntary Life
- Short-Term Disability
- Long-Term Disability
- Cancer
- Accident
- Hospital Indemnity
- Critical Illness
- Uninsured Life

How to Enroll

HR has two (2) ways to enroll in your benefits during Open Enrollment.

- **ENROLL MEET** with a staff of Benefits Counselor Center
Dates: Monday - Wednesday (Nov 17-19, 2025)
HR will distribute the materials for sign-ups.
- **CALL CENTER** Speak with a Benefits Counselor by Phone
Dates: Thursday - Friday (Nov 20-21, 2025)
Hours: 8:00am - 5:00pm EST
Number: 535-5248

Join the HR Circle to learn more about your open enrollment.

Employee Benefits Portal

Scan the QR code for quick access to your employee benefits portal page. Review your benefits guide online, learn how you can enroll, access claim forms, and more!

Link: <https://www.markiii.com/employeebenefitsportal>

City of Thomaston, GA
Danielle Jefferson, HR Director | 762-922-0954

Mark III Employee Benefits | 800-532-3164

OE Flyer Sample

THOMASTON
This is Home

Open Enrollment Information

Please review your benefit options below to learn how you can enroll at your Annual Open Enrollment.

Annual Open Enrollment Dates

November 24 - 26, 2025

Important Information

This is the **ONLY TIME** of the year you can make changes to your benefits unless you experience a qualifying life event.

- Your plan year is from 1/1/26 to 12/31/26. All changes to your benefit elections will become effective on 1/1/26.
- This is the time of the year to review and update benefit elections and contact information. Please bring your beneficiary's full name, DOB, SSN, address, and phone number with you to Open Enrollment.
- To enroll dependents, please have all required information, including names, DOB, SSN, etc.

How to Enroll

You have two (2) ways to enroll in your benefits during Open Enrollment.

- **ENROLL MEET** with a Mark III Benefits Counselor Center
Dates: Monday - Wednesday (Nov 24-26, 2025)
HR will distribute the materials for sign-ups.
- **CALL CENTER** Speak with a Benefits Counselor by Phone
Dates: Monday - Wednesday (Nov 24-26, 2025)
Hours: 8:00am - 5:00pm EST
Number: 535-5248

Employee Benefits Portal

Visit the link for quick access to your employee benefits portal page. Review your benefits guide online, access claim forms, and more!

Link: <https://www.markiii.com/employeebenefitsportal>

Benefits Offered

- Medical
- Employee Assistance Program (EAP)
- Dental
- Vision
- Health Life
- Voluntary Life
- Short-Term Disability
- Long-Term Disability
- Cancer
- Accident
- Hospital Indemnity
- Critical Illness
- Uninsured Life

For questions & more information:
City of Thomaston, GA
Danielle Jefferson, HR Director
1 (762) 922-0954

Mark III Employee Benefits | 800-532-3164

New Hire Flyer Sample

THOMASTON
This is Home

New Hire Benefit Information

Mark III Employee Benefits is available to help guide you through the benefits offered by your employer. Review the information below to understand your benefit options easier.

How to Enroll in Benefits

Call Center & Self-Serve: You have two (2) options to enroll in your benefits. Call the number below to speak with a Mark III Benefits Counselor or self-serve through the online enrollment platform. Scan the QR code or visit the link below to self-serve.

Call Center: 1 (833) 535-5248 (M - F, 8:00am - 5:00pm EST)

Self-Serve: <https://www.markiii.com/employeebenefitsportal>

*The call center **WILL NOT** be available during annual open enrollment. During this time, you may enroll by self-serve online. If you have questions about how to enroll, please contact your HR Department for instructions.

Important Information

- You have **30 days** from the hire date to enroll in benefits.
- To enroll your dependents, please have all supporting documents available to be uploaded.
- **Qualify for Retiree Medical:** That means you will not have to answer any health questions when you first sign up for certain benefits. Up to guaranteed issue amounts. If you decide until next year to enroll, you will have to answer health questions.
- **Resolve any OIG or Wellness Benefits by signing up with certain plans.** This means you will earn an annual benefit payment if you complete a qualified health screening test, whether or not there is any out-of-pocket cost to you!

Benefits Offered

- Anthem Medical
- Anthem Dental
- Anthem Vision
- Anthem Employee Assistance Program (EAP)
- The Standard Basic Life
- The Standard Voluntary Life
- The Standard Short-Term Disability
- The Standard Long-Term Disability
- Accrual/Loan Corpus
- Uncoin Financial Assistant
- Uncoin Financial Hospital Indemnity
- Uncoin Financial Critical Illness
- Trademark Universal Life

Learn More About Benefits Offered

Visit the link below for quick access to your employee benefits portal website. Review your benefits guide online, access claim forms, and much more!

Link: <https://www.markiii.com/employeebenefitsportal>

Questions? | Phone: 1 (833) 535-5248 | Website: www.markiii.com | Mark III

COMMUNICATION SAMPLES

Social Media Graphic Samples



Text Message Samples & Schedule

Pre-Open Enrollment Sample Message:

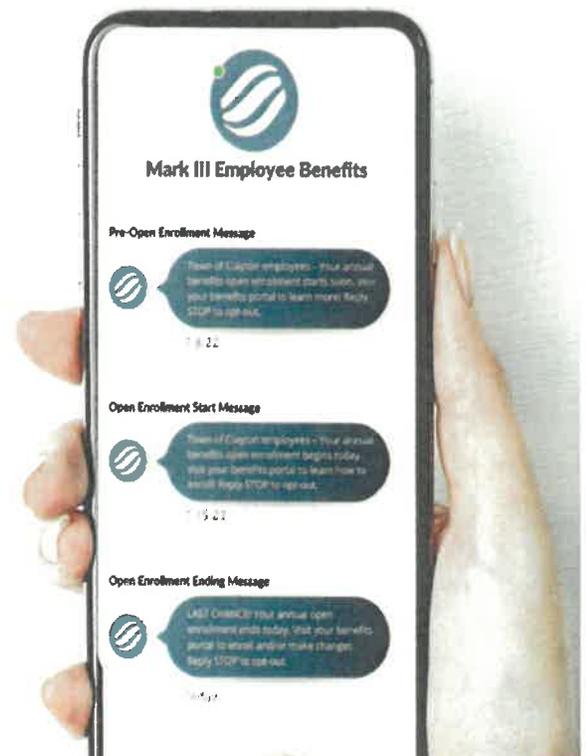
- ABC Employee – Your annual benefits open enrollment starts soon. Visit your benefits portal to learn more! Reply STOP to opt out.

Open Enrollment Sample Message:

- ABC Employee – Your annual benefits open enrollment begins today. Visit your benefits portal to learn how to enroll. Reply STOP to opt out.

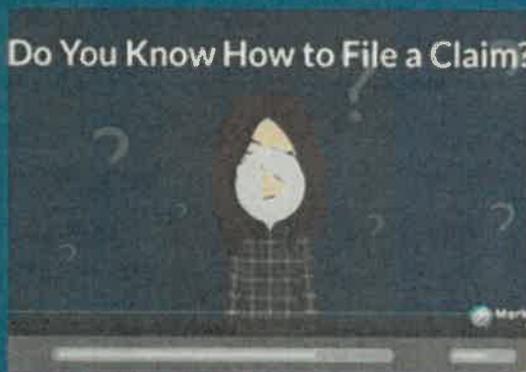
Follow-Up Sample Message:

- LAST CHANCE! Your annual open enrollment ends today. Visit your benefits portal to enroll and/or make changes. Reply STOP to opt out.



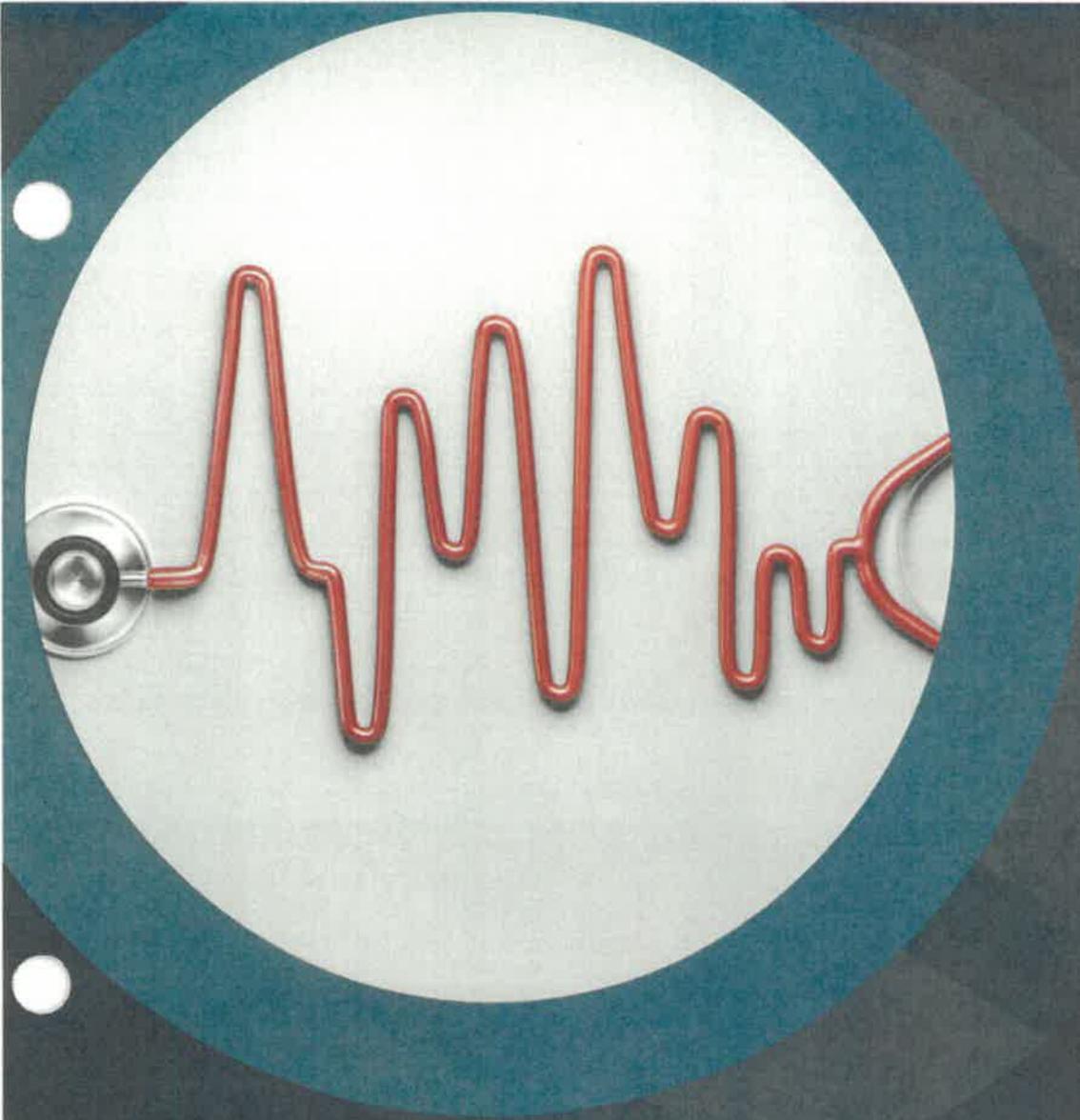
MARK III SAMPLE VIDEOS

To view sample videos visit <https://markiii.io/sample-videos> or scan the QR code below.



Scan the QR code for quick access to the sample videos.





Wellness





Western Piedmont
Council of Governments

Creative Regional Solutions Since 1968



Interested in wellness activities?

Input needed for a wellness program for Western Piedmont COG

We are prioritizing the health and wellbeing of our employees. We want you to feel your best and live healthier. Please take a few minutes to complete the survey. Responses will be used for planning wellness programs in the near future.

Visit: <https://forms.office.com/r/yNSv7H4HN8>
or scan the QR code for the survey.

Deadline to Submit: Friday, September 19, 2025



Wellness WEDNESDAY



WELLNESS COMMITTEE

Be an original.™

Blood Sugar Check in:



Do you exercise, eat right, check your blood sugar and take medication as prescribed?

Healthy choices like these can help prevent or delay diabetes and complications of diabetes.

If you are diagnosed with diabetes, it is also a healthy choice to monitor your blood sugar levels over time with an A1C.

The test results give you a picture of your average blood glucose level over the past two to three months. The higher levels, the greater your risk of developing diabetes complications.

Who benefits from checking blood sugar regularly?

- Anyone taking insulin
- Having a hard time reaching your blood glucose goals
- Having low blood glucose levels
- Having low blood glucose levels without the usual warning signs



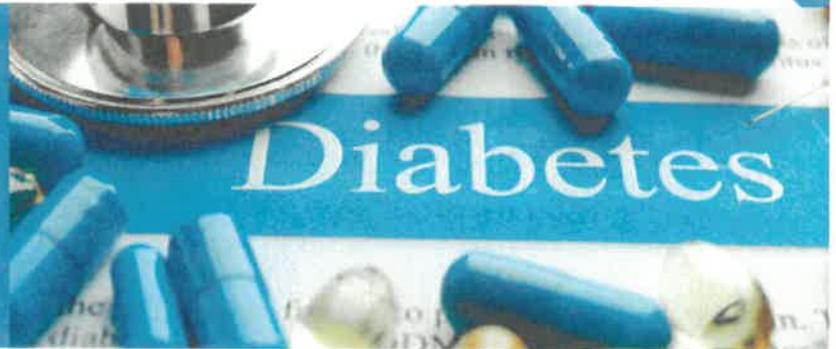
Don't forget to write down your results and note any factors that may have affected them such as food, activity, and stress to share with your doctor. And as a reminder tracking your blood sugar levels is simply a way to know how well your diabetes care plan is working, and if the plan needs to change.



Wellness WEDNESDAY



Diabetes Prevention and Risks



Small changes to your lifestyle can help prevent or delay diabetes, even if you've been diagnosed with prediabetes. If you are overweight, it can impact more than your risk of developing type 2 diabetes. It can lead to unhealthy cholesterol, high blood pressure, heart disease, high blood glucose levels, and stroke.

Did you know that losing just 10-15 pounds can make a big difference?

If you're at risk for developing type 2 diabetes, it's time to turn things around for you and your health by understanding A1C. When it comes to the numbers, there's no one-size fits all target. Your A1C can vary from person to person and targets may be different from someone else. The goal for most adults with diabetes is an A1C less than 7%.

*If your A1C level is between 5.7% and less than 6.5%, your levels are in the prediabetes range

*If you have an A1C level of 6.5% or higher, your levels are in the diabetes range.



Common Symptoms of diabetes:

- Urinating often
- Feeling very thirsty
- Feeling very hungry-even though you are eating
- Extreme fatigue
- Blurry vision
- Cuts/bruises that are slow to heal
- Weight loss-even though you are eating more (type 1)
- Tingling, pain, or numbness in the hands/feet (type 2)

Find out if you are at risk for developing type 2 diabetes with the 60-second Type 2 Diabetes Risk Test from the American Diabetes Association. <https://diabetes.org/diabetes-risk-test>

DIABETES AWARENESS CHALLENGE

This challenge is designed to help you take small, meaningful steps toward understanding and preventing prediabetes and type 2 diabetes.

Each day, focus on building healthier habits through simple activities. Use this worksheet to record your goals, track your progress, and reflect on how you're feeling along the way. Small changes can lead to big results—let's take this journey together!

DAY	GOAL FOR THE DAY	REFLECTION / NOTES
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

ENERGY LEVEL:

A 1 - 5 scale to track how you feel this week

Ways to lower your risk of developing type II diabetes.

1. If you are overweight work towards a healthy weight; aim to lose 5-10% of your body weight.
2. Begin an exercise routine if you are not already active; aim for 30 minutes a day 5 days a week.
3. Meet with a nutritionist to understand what foods are better for your condition than others.
4. Get a support system or buddy, someone to hold you accountable and be your cheerleader to help you stay motivated and healthy.



PATH TO AUTUMN CHALLENGE

Map Challenge. Each checkpoint represents a wellness activity inspired by the Fall Season, promoting physical, mental, and emotional well-being.

Ready to take on the challenge?

Pick 1 task a day for a week—or go wild and complete all 7 whenever you like this month!

Mountain Viewpoint "Breathe Deep"

Practice deep breathing or a short meditation while visualizing a peaceful fall scene.



Forest Trail Start "Gratitude Walk"

Take a 20-minute walk outdoors and list 3 things you're grateful for.



Campfire Circle "Connect & Reflect"

Call or meet with a friend or family member and share a favorite fall memory.



Pumpkin Patch "Seasonal Nourishment"

Try a healthy fall recipe using seasonal produce (e.g., squash, apples, or pumpkin)



Apple Orchard "Mindful Munching"

Eat a snack mindfully, focusing on taste, texture, and smell. Try a crisp apple or roasted nuts.



Cabin Retreat "Digital Detox"

Unplug for one evening. No screens—just books, journaling, or cozy activities.



Final Fireside "Reflect & Share"

Reflect on your journey. What did you enjoy most? Share your experience with someone or journal about it.





Compliance



COMPLIANCE OVERVIEW



Health Flexible Spending Accounts (FSAs)

A health flexible spending account (FSA) is a type of tax-advantaged medical account that reimburses employees for eligible health care expenses that are not covered by their health plans. Both employees and employers can contribute to a health FSA, subject to certain limits.

Although employers have some flexibility when it comes to designing their health FSAs, there are numerous legal compliance issues to consider. As group health plans, health FSAs are subject to various employee benefit laws, such as ERISA, COBRA, HIPAA and the Affordable Care Act (ACA). In addition, when designing their health FSAs, employers should be aware of:

- ☑ The restrictions on employee eligibility, contribution amounts and reimbursement provisions; and
- ☑ The strict coverage rules for health FSAs, including the uniform coverage rule and the “use or lose” rule.

LINKS AND RESOURCES

- [IRS Notice 2012-40](#) includes rules on the health FSA contribution limit
- [IRS Notice 2013-71](#) provides guidance on health FSA carryovers
- The [CARES Act](#) allows health FSAs to reimburse over-the-counter drugs (OTC) and menstrual care products
- An IRS [Chief Counsel Advice Memorandum](#) provides guidance on the claims substantiation requirement for FSAs

ACA Requirements

- The ACA limits employees' pre-tax health FSA contributions to \$2,500 per year (as adjusted for inflation each year). The adjusted limit for 2026 plan years is \$3,400.
- The ACA requires most health FSAs to qualify as "excepted benefits." This means that other health coverage must be offered and employer contributions to the health FSA are limited.

Coverage Rules

- **Use or Lose Rule:** Employees must use their health FSA funds during the coverage period or they forfeit them. Exceptions apply for health FSAs with a grace period or carryover.
- **Uniform Coverage Rule:** An employee's maximum reimbursement amount must be available from the beginning of the plan year, even if it exceeds the employee's current contributions.

Provided to you by [Mark III Employee Benefits](#)



COMPLIANCE OVERVIEW



Overview of Legal Requirements

A health FSA is a self-insured medical reimbursement plan sponsored by an employer for its eligible employees. Both employers and employees may contribute to a health FSA on a tax-advantaged basis. Typically, health FSAs are offered as a benefit under an employer's cafeteria plan (or Section 125 plan) to allow employees to make their contributions on a pre-tax basis. Amounts in the health FSA can be withdrawn to reimburse employees' eligible medical expenses that are not reimbursable by another source.

Health FSAs are subject to a number of federal employee benefit laws, including the following:

LAW	DESCRIPTION
ERISA	A health FSA is an employee welfare benefit plan under ERISA. Unless an employer is exempt from ERISA because it qualifies as a church or governmental employer, its health FSA must comply with ERISA's standards. This means, for example, that the health FSA must have a plan document and summary plan description (SPD) and is subject to the Form 5500 annual filing requirement (unless a filing exception applies). ERISA-covered health FSAs are also subject to ERISA's fiduciary duty standards and claims procedures requirements.
COBRA	Health FSAs are group health plans that are subject to COBRA, unless the employer sponsoring the plan is a small employer (with fewer than 20 employees) or a church. Employers with health FSAs that are subject to COBRA should make sure that they are providing the required COBRA notices and are offering COBRA coverage to participants who would lose health FSA coverage due to a qualifying event. Keep in mind that there is a special rule that applies to most health FSAs. Under this special rule, a health FSA sponsor: <ul style="list-style-type: none">• Is not required to offer COBRA coverage to qualified beneficiaries who have "overspent" their health FSA accounts; and• Must offer COBRA coverage to qualified beneficiaries who have "underspent" their health FSA accounts, but the COBRA coverage may terminate at the end of the year in which the qualifying event occurs.
HIPAA	Health FSAs are group health plans that are subject to HIPAA's Privacy and Security Rules, unless they qualify for the exemption for small plans (with fewer than 50 participants) that are self-insured and self-administered.
Code Section 125	Health FSAs that are offered under a cafeteria plan must satisfy the Internal Revenue Code (Code) Section 125 rules for tax-advantaged benefits. Among other requirements, the Section 125 rules impose restrictions on the types of expenses that may be reimbursed under the health FSA and limit when participants can make changes to their contribution elections during a coverage period.

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LAW	DESCRIPTION
Code Section 105(h)	<p>Health FSAs must comply with nondiscrimination rules for self-insured health plans under Code Section 105(h). Under these rules, a health FSA cannot discriminate in favor of highly compensated individuals regarding eligibility to participate in the plan, and the benefits provided under the health FSA must not discriminate in favor of participants who are highly compensated individuals.</p>
Affordable Care Act	<p>As group health plans, health FSAs are subject to certain reforms under the Affordable Care Act (ACA). For example, the ACA imposes a limit on employees' pre-tax contributions to a health FSA and requires most health FSAs to qualify as "excepted benefits" to satisfy the ACA's market reforms. In general, health FSAs must satisfy the availability AND maximum benefit requirements to qualify as excepted benefits.</p> <ul style="list-style-type: none">• Availability: Other non-excepted group health plan coverage (for example, coverage under a major medical group health plan) must be made available to health FSA participants.• Maximum Annual Benefit: The maximum annual benefit payable to the employee under the health care FSA cannot exceed two times the employee's salary reduction under the health care FSA for that year (or, if greater, the amount of the employee's salary reduction election plus \$500). <p>Retiree-only health FSAs and health FSAs that only provide limited-scope dental or vision benefits qualify as excepted benefits under the ACA based on their design, and do not have to satisfy the availability and maximum benefit requirements.</p>

Plan Design Issues

Because health FSAs are an employer-sponsored benefit, employers have some flexibility when it comes to designing their health FSAs. For example, subject to some legal requirements for health FSAs, employers can decide who will be eligible to participate in their health FSA, what contribution limits will apply and which expenses will be eligible for reimbursement from the health FSA.

Eligibility Rules

As a general rule, an employer may allow any **common law employee** to participate in its health FSA. It may also impose a waiting period before new employees are allowed to participate. However, to qualify as an excepted benefit, a health FSA must generally meet the availability requirement described above. To satisfy this requirement, only employees who are eligible to participate in the employer's group medical plan should be eligible for the health FSA.

Also, individuals who are not considered employees, such as self-employed individuals, partners in a partnership and more-than-2 percent shareholders in a Subchapter S corporation cannot participate in a Section 125 plan.

In addition, the nondiscrimination rules of Code Section 105(h) should be considered when designing a health FSA's eligibility rules. Code Section 105(h) prohibits self-insured health plans (including health FSAs) from discriminating in favor of highly compensated individuals with respect to eligibility or benefits.

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Contribution Rules

Most health FSAs are designed so that eligible employees contribute on a pre-tax basis through a Section 125 plan. These contributions are commonly referred to as “salary reduction contributions.” Employers may also decide to contribute to employees’ health FSA accounts, subject to the Code’s nondiscrimination rules. When designing a health FSA, employers should consider the ACA’s limits on contributions as well as the restrictions on midyear election changes under Section 125.

Limit on Amount of Contributions

The ACA imposes a maximum dollar limit on salary reduction contributions to a health FSA. The dollar limit started as \$2,500 and is indexed for cost-of-living adjustments for years after 2013. The limit is **\$3,400** for plan years beginning in 2026 (\$3,300 for plan years beginning in 2025).

In addition, an employer that makes health FSA contributions must comply with the maximum benefit requirement for the health FSA to qualify as an excepted benefit. To comply with this requirement, the maximum benefit payable under the health FSA to any participant for a year cannot exceed the greater of:

- Two times the participant’s salary reduction election under the health FSA for the year; or
- The amount of the participant’s salary reduction election for the health FSA for the year, plus \$500.

For example, a health FSA with a one-to-one employer match (\$700 employee, \$700 employer) would satisfy the maximum benefit requirement. Also, a health FSA with an employer contribution of \$500 or less would satisfy the maximum benefit requirement.

Midyear Election Changes

Under the rules for cafeteria plans, participants’ elections generally must be irrevocable until the beginning of the next 12-month coverage period. This means that participants ordinarily cannot make changes to their cafeteria plan elections, including their elections for health FSA contributions, during a coverage period. However, as a plan design option, a cafeteria plan may allow health FSA participants to make election changes for the remaining portion of the 12-month period on account of and consistent with certain events, including “change in status” events (such as marriage, divorce or the birth or adoption of a child).

Reimbursement Rules

A health FSA can only reimburse employees for amounts spent on medical care, as defined under Code Section 213(d). Code Section 213(d) defines “medical care” to include amounts paid “for the diagnosis, cure, mitigation, treatment, or prevention of disease, or for the purpose of affecting any structure or function of the body.”

A health FSA can only reimburse medical care expenses that are not reimbursed from other health plan coverage and that the employee does not claim a deduction for on his or her tax return. An employee must also be covered by the health FSA when the medical expense is incurred in order for the expense to be eligible for reimbursement.

In addition, a health FSA can only reimburse medical care expenses that are incurred by the employee, the employee’s spouse, the employee’s child who has not attained age 27 as of the end of the employee’s taxable year, or the employee’s tax dependent.

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Caution Regarding IRS Publication 502: Employers and third-party administrators should be cautious about using [IRS Publication 502 \(Medical and Dental Expenses\)](#) to administer FSA claims. IRS Publication 502 explains the itemized deduction for medical and dental expenses that individuals can claim on their federal tax return. The medical expenses that can be deducted on an individual’s tax return are not exactly the same as the expenses that can be reimbursed under a health FSA. Not all expenses that are deductible are reimbursable under a health FSA.

The following chart indicates whether some common expenses are medical care expenses that may be reimbursed by a health FSA. Employers that sponsor health FSAs can also further limit the expenses eligible for reimbursement. For example, some health FSAs exclude certain expenses that are difficult to administer, such as expenses that could be for personal as well as medical reasons.

Type of Expense	Medical Care Expense?
Acupuncture	Yes
Body scans (MRIs and similar technology)	Yes
Breast pumps, lactation supplies and lactation consultant	Yes
COBRA premiums	No
Car seats	No
Cosmetic procedures (for example, laser hair removal or teeth whitening)	No
Deductible, copayment or coinsurance	Yes, if underlying service/item is for medical care
Dental exams and procedures	Yes
Drug addiction treatment	Yes
Eye exams, eyeglasses or contact lenses	Yes
Fertility treatments	Yes
Genetic testing/counseling	Yes, to the extent the testing is done to diagnose a medical condition or to determine possible defects
Hearing exams and hearing aids	Yes
Insurance premiums	No
Long-term care premiums or services	No
Menstrual care products	Yes, the Coronavirus Aid, Relief and Economic Security Act (CARES Act) allows health FSAs to reimburse menstrual care

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Type of Expense	Medical Care Expense?
Menstrual care products	products. Menstrual care products include tampons, pads, liners, cups, sponges or similar products used by individuals with respect to menstruation.
Orthodontia	Yes
Over-the-counter medicines or drugs	Yes, the CARES Act allows health FSAs to reimburse OTC medicines and drugs. This change eliminates an ACA provision that required individuals to have a prescription for an OTC medicine or drug (except insulin) to pay for it with their health FSA.
Smoking cessation programs	Yes
Special foods	Yes, if prescribed by a medical practitioner to treat a specific illness or ailment and if the foods do not substitute for normal nutritional requirements.
Vision corrective surgery	Yes
Weight loss programs or drugs	No, if the purpose of the weight loss is the improvement of appearance, general health or sense of well-being. However, if the weight loss is a treatment for a specific disease diagnosed by a physician (e.g., obesity, diabetes, hypertension or heart disease), these costs may be considered a medical care expense.

Substantiation Requirements

Health FSA claims must be substantiated with information from a third party that describes the medical care expense, such as a health care provider's receipt or bill. Also, health FSA claims must include a statement from the participant that the medical expense has not been reimbursed from another source and that the participant will not seek reimbursement from another health plan. Many FSAs use debit cards to make it easier for participants to access their funds. Certain electronic transactions qualify for automatic substantiation, which means that employees are not required to submit additional information following the transaction.

In March 2023, the IRS released a [Chief Counsel Advice Memorandum](#) that provides important reminders about the claims substantiation requirements for health FSAs. According to the IRS memorandum, the following methods are not permissible for substantiating reimbursements of medical expenses from an FSA:

- Allowing employees to self-substantiate expenses;
- Requiring substantiation of only a random sample of unsubstantiated charges to the debit card (that is, charges that are not automatically substantiated);

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- Not requiring substantiation for debit card charges that are less than a specified dollar amount; and
- Not requiring substantiation for debit card charges from certain dentists, doctors, hospitals or other favored health care providers.

Coverage Rules

Uniform Coverage Rule

A health FSA is required to provide coverage for a period of 12 months (except for short first plan years or short plan years when the entire plan year is being changed). The uniform coverage rule causes a health FSA to act like insurance during a coverage period, with the employer assuming the risk of loss.

How the Uniform Coverage Rule Works

Once the plan year begins, an employee's maximum amount of reimbursement from the health FSA must be available at any time during the coverage period (reduced only for any prior reimbursements during the same coverage period), even if a reimbursement would exceed the year-to-date contributions to the employee's health FSA.

For example, an employee decides to put \$1,000 in her health FSA for the plan year, and her employer contributes an additional \$600 to the employee's health FSA for the year. If the plan year begins on Jan. 1, and the employee has an eligible \$1,200 claim in February, the health FSA is required to make the \$1,200 available to the employee for reimbursement, even though only a fraction of that amount has been contributed to the health FSA so far.

The uniform coverage rule may result in an experience loss to the health FSA if a participant terminates employment during a coverage period or makes a permissible midyear election change after incurring significant medical expenses. An employer cannot require employees to pay back these excess reimbursements when they terminate employment (or change their elections midyear).

"Use or Lose" Rule

Health FSAs are subject to a "use or lose" rule under the Internal Revenue Code (Code). Under this rule, any unused funds in the health FSA at the end of the coverage period generally cannot be carried over to the next coverage period and must be forfeited. However, the IRS has provided some exceptions to the "use or lose" rule for health FSAs. When electing a health FSA during open enrollment, an employee must specify how much he or she would like to contribute to the FSA for the year. The goal is choosing an amount that will cover eligible medical expenses, but that is not so high that the money will be forfeited and wasted.

Exception for Grace Periods

The IRS allows employers to design their health FSA with an extended deadline, or grace period, of **two and a half months** after the end of a plan year to use FSA funds. Thus, for a plan year ending Dec. 31, the employees would have until March 15 to spend the funds in their health FSA.

Allowing a health FSA grace period is strictly optional; the employer must choose to implement it as part of its health FSA's design. Also, a grace period under a health FSA is an alternative to offering carryovers—a health FSA that allows carryovers cannot also have a grace period.

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Also, a health FSA grace period is different from a “run-out” period for submitting claims. Most health FSAs are designed with a run-out period that gives participants time after the end of the coverage period for submitting claims for medical expenses that were incurred during the coverage period. Unlike a grace period, a run-out period does not allow a health FSA to reimburse claims incurred after the coverage period ended.

Exception for Carryovers

Employers with health FSAs may allow **up to \$500 (as adjusted for inflation) of unused funds** remaining at the end of a coverage period to be paid or reimbursed to plan participants for qualified medical expenses incurred during the following coverage period. For this purpose, the remaining unused amount as of the end of the coverage period is the amount unused after medical expenses have been reimbursed at the end of the plan’s run-out period.

Beginning in 2020, the maximum carryover amount receives an annual adjustment so that it equals 20% of the maximum salary reduction contribution for that plan year.

- For plan years beginning in 2024, the carryover limit is \$640.
- For plan years beginning in 2025, the carryover limit is \$660.
- For plan years beginning in 2026, the carryover limit is \$680.

Similar to health FSA grace periods, permitting carryovers is strictly optional, and employers must choose to implement it. Also, the carry-over provision is only available if the plan does not also incorporate the grace period rule.

Generally, an amendment to a Section 125 cafeteria plan to increase the carryover limit must be adopted on or before the last day of the plan year from which amounts may be carried over and may be effective retroactively to the first day of that plan year.

Forfeitures

Health FSA forfeitures occur when the contributions to the health FSA for a coverage period (after taking into account the health FSA’s grace period or carry-over rule) exceed health FSA reimbursements for that same period. When deciding how to use forfeitures, an employer should consider both the IRS’ regulations for Section 125 plans and ERISA’s exclusive benefit rule.

In general, the simplest way to handle forfeitures is to use them to offset any experience losses. Using forfeitures to offset experience losses for the same year is permitted under the IRS’ regulations and it is consistent with ERISA’s exclusive benefit rule. Sometimes, however, the forfeitures for a plan year will exceed the plan’s experience losses for the plan year.

Under the IRS’ regulations, forfeitures may be retained by the employer maintaining the cafeteria plan, or, if not retained by the employer, they may be:

- Used to reduce required salary reduction amounts for the immediately following plan year, on a reasonable and uniform basis;
- Returned to the employees on a reasonable and uniform basis; or
- Used to defray expenses to administer the cafeteria plan.

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However, forfeitures that arise from participant contributions (as opposed to employer contributions) are subject to ERISA's fiduciary duty rules, including the exclusive benefit rule. ERISA's exclusive benefit rule states that "the assets of a plan shall never inure to the benefit of any employer and shall be held for the exclusive purposes of providing benefits to participants in the plan and their beneficiaries and defraying reasonable expenses of administering the plan."

Participant forfeitures under a health FSA that is subject to ERISA cannot be retained by the employer, as this would violate the exclusive benefit rule. ERISA's exclusive benefit rule is also likely violated if health FSA forfeitures are used to provide or pay for coverage under a plan other than the health FSA, even if both plans cover the same participants. Many employers choose to use the forfeitures to pay for reasonable administration expenses of the plan before looking at other options.

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DOL Frequently Asked Questions on FMLA Leave for Mental Health

An eligible employee may take leave under the federal Family and Medical Leave Act (FMLA) for their own serious health condition or to care for a spouse, child or parent because of their serious health condition.

The U.S. Department of Labor (DOL) published answers to [frequently asked questions](#) (FAQs) about FMLA leave for mental health reasons. This guidance makes clear that mental health conditions are considered serious health conditions under the FMLA if they require inpatient care or continuing treatment by a health care provider, such as an overnight stay in a treatment center for addiction or continuing treatment by a clinical psychologist. Chronic conditions such as anxiety, depression or dissociative disorders that cause occasional incapacitated periods and require treatment at least twice a year fall under the “continuing treatment” definition.

This Compliance Overview contains the FAQs.

LINKS AND RESOURCES

- DOL [FAQs](#) on mental health provisions under the FMLA
- DOL [Fact Sheet #280: Mental Health Conditions and the FMLA](#)

Highlights

- Mental health conditions can be serious health conditions.
- FMLA leave may be used for regularly scheduled psychologist appointments.
- FMLA leave may sometimes be used to care for adult children with mental health conditions.

Steps for Employers

- Keep employee medical records confidential and maintain them in files separate from more routine personnel files.
- Review policies to ensure that employees are protected from retaliation for taking FMLA leave for mental health reasons.

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FAQs

May I use FMLA leave when I am unable to work because of severe anxiety? I see a physician monthly for this condition to manage my symptoms.

Yes. Assuming that you work for a covered employer and are eligible for FMLA leave, you may take leave if you are unable to work due to a serious health condition under the FMLA. A chronic condition, whether physical or mental (e.g., rheumatoid arthritis, anxiety, dissociative disorders), that may cause occasional periods when an individual is unable to work is a qualifying serious health condition if it requires treatment by a health care provider at least twice a year and recurs over an extended period of time.

I am under the care of a psychologist and attend psychotherapy sessions regularly for anorexia nervosa. Is my leave for treatment related to this condition protected under the FMLA?

Yes. Assuming that you work for a covered employer and are eligible for FMLA leave, you may take leave for treatment visits and therapy sessions for the condition. Under the FMLA, you may use available leave when you are unable to work, including being unable to perform any one of the essential functions of your position, due to a serious health condition or when you are receiving treatment for that condition.

My daughter, who is 24 years old, was recently released from several days of inpatient treatment for a mental health condition. May I use FMLA leave for her care? She is unable to work or go to school and needs help with cooking, cleaning, shopping and other daily activities.

Yes. Assuming that you work for a covered employer and are eligible for FMLA leave, you may use FMLA leave to care for your child who is 18 years of age or older if the child is incapable of self-care because of a disability as defined by the Americans with Disabilities Act (ADA), has a serious health condition as defined by the FMLA, and needs care because of the serious health condition.

A disability under the ADA is a mental or physical condition that substantially limits one or more of the major life activities of an individual, such as working. Major depressive disorder, bipolar disorder, obsessive-compulsive disorder and schizophrenia are a few examples of mental health conditions that may substantially limit one or more of an individual's major life activities when active. A mental health condition requiring an overnight stay in a hospital or residential medical care facility would be a qualifying serious health condition under the FMLA.

May I use FMLA leave to attend a family counseling session for my spouse, who is in an inpatient treatment program for substance abuse?

Yes. Assuming that you work for a covered employer and are eligible for FMLA leave, you may use FMLA leave to provide care for your spouse who is undergoing inpatient treatment for substance abuse. Care could include participating in your spouse's medical treatment program or attending a care conference with your spouse's health care providers.

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When my father passed away, my mother began to see a doctor for depression and needs assistance with day-to-day self-care because of this condition. Currently, I use FMLA leave to take her to her medical appointments, and my sister stays with her during the day. May I also use FMLA leave to help my mother with her day-to-day needs?

Yes. Assuming that you work for a covered employer and are eligible for FMLA leave, you may use FMLA leave to provide physical and psychological care to your mother. You do not need to be the only individual or family member available to help to use FMLA leave for her care. Caring for a family member under the FMLA includes helping with basic medical, hygienic, nutritional or safety needs and filling in for others who normally provide care.

My spouse is a veteran who is suffering from post-traumatic stress disorder (PTSD) since his honorable service discharge last year. May I use FMLA leave for his care?

Yes. An eligible employee who works for a covered employer may use military caregiver leave under the FMLA to care for a relative who is a covered veteran undergoing treatment, recuperating or in therapy for a serious injury or illness. A serious injury or illness is one that was incurred in the line of duty when the veteran was on active duty in the Armed Forces, including any injury or illness that resulted from the aggravation of a condition that existed before the veteran's service in the line of duty on active duty. The condition may manifest itself during active duty or may develop after the servicemember becomes a veteran, as may be the case with PTSD, a traumatic brain injury or depression, for example.

I use FMLA leave once a month for appointments with a mental health therapist. Is my employer required to keep my mental health condition confidential?

Yes. The FMLA requires your employer to keep your medical records confidential and maintain them in separate files from more routine personnel files. Your employer must also maintain your records with confidentiality as required under other laws, such as the ADA or the Genetic Information Nondiscrimination Act, where those laws also apply.

However, your supervisor and managers may be informed that you need to be away from work or if you have work duty restrictions or need accommodations.

The FMLA prohibits your employer from interfering with or restraining your right to take FMLA leave. Your employer is prohibited, for example, from sharing or threatening to share information about your health to discourage you or your coworkers from using FMLA leave.

My son is in the fourth grade and sees a doctor for attention-deficit/hyperactivity disorder. After I used FMLA leave to take my son to a behavioral therapy appointment for this condition, my employer sent me an e-mail informing me that I received a negative point on my attendance record. Can my employer punish me for using FMLA leave?

No. Employers are prohibited from discriminating or retaliating against employees for having exercised or attempting to

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exercise any FMLA right. Examples include using the taking of FMLA leave as a negative factor in employment actions, such as in hiring, promotions or disciplinary actions, or counting FMLA leave against employees in points-based attendance policies.

Source: U.S. Department of Labor

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2026 Open Enrollment Checklist

To prepare for open enrollment, employers that sponsor health plans should be aware of compliance changes affecting the design and administration of their plans for plan years beginning on or after Jan. 1, 2026. These changes include limits adjusted for inflation each year, such as the Affordable Care Act's (ACA) affordability percentage and cost-sharing limits for high deductible health plans (HDHPs). Employers should review their health plan's design to confirm that it has been updated, as necessary, for these changes.

In addition, any changes to a health plan's benefits for the 2026 plan year should be communicated to plan participants through an updated Summary Plan Description (SPD) or a Summary of Material Modifications (SMM).

Health plan sponsors should also confirm that their open enrollment materials contain certain required participant notices, such as the summary of benefits and coverage (SBC), when applicable. Some participant notices must also be provided annually or upon initial enrollment. Employers should consider including these notices in their open enrollment materials to minimize costs and streamline administration.

LINKS AND RESOURCES

- [Revenue Procedure 2025-19](#), which includes the inflation-adjusted limits for health savings accounts (HSAs) and HDHPs for 2026
- [Revenue Procedure 2025-25](#), which includes the inflation-adjusted affordability percentage for applicable large employers (ALEs) for 2026
- [Model notices](#) for group health plans, including the Women's Health and Cancer Rights Act (WHCRA) notice
- [Model COBRA notices](#) for group health plans

Plan Design Issues

- ALEs should confirm that one of their health plan options will satisfy the ACA's affordability standard for the 2026 plan year.
- Employers with HDHPs should confirm that their plan's deductible and out-of-pocket maximum comply with the 2026 limits.
- Employers should communicate plan design changes to employees as part of the open enrollment process.

Notices to Include

- SBC
- Annual Children's Health Insurance Program (CHIP) notice
- Medicare Part D creditable coverage notice
- WHCRA notice
- Wellness program notices

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PLAN DESIGN CHANGES

ACA Affordability Standard

The ACA requires ALEs to offer affordable, minimum-value health coverage to their full-time employees (and dependents) or risk paying a penalty to the IRS. This employer mandate is also known as the “pay-or-play” rules. An ALE is an employer with at least 50 full-time employees, including full-time equivalent employees, during the preceding calendar year.

An ALE’s health coverage is considered affordable if the employee’s required contribution for the lowest cost self-only coverage that provides minimum value does not exceed 9.5% (as adjusted) of the employee’s household income for the taxable year. For plan years beginning in 2025, the adjusted affordability percentage is 9.02%. On July 18, 2025, the IRS [announced](#) that the affordability percentage will increase to **9.96% for plan years beginning in 2026**. This is a significant increase from the affordability percentage for 2025 and the highest this percentage has ever been. As a result, employers may be able to increase employees’ health coverage contributions for 2026 while still meeting the adjusted affordability percentage.

ALEs should take the following step for the 2026 plan year:

- Confirm that at least one of the health plans offered to full-time employees satisfies the ACA’s affordability standard (9.96%). Because an employer generally will not know an employee’s household income, the IRS has provided three optional safe harbors that ALEs may use to determine affordability based on information that is available to them: the Form W-2 safe harbor, the rate-of-pay safe harbor and the federal poverty line safe harbor.

Out-of-Pocket Maximum

The ACA requires non-grandfathered health plans and health insurance issuers to comply with annual limits on total enrollee cost sharing for essential health benefits (EHB). This type of cost-sharing limit is commonly referred to as an out-of-pocket maximum (OOPM). The OOPMs for EHB for plan years beginning on or after Jan. 1, 2026, are **\$10,600** for self-only coverage and **\$21,200** for family coverage.

The ACA’s OOPM for self-only coverage applies to each individual, regardless of whether the individual is enrolled in self-only coverage or family coverage. This requires health plans and issuers to embed an individual OOPM in family coverage if the family OOPM is greater than the ACA’s OOPM for self-only coverage (\$10,600 for 2026 plan years).

Also, to be compatible with HSA contributions, HDHPs must comply with lower limits on OOPMs.

With these requirements in mind, employers should take the following steps:

- Review the health plan’s OOPMs to ensure they comply with the ACA’s limits for the 2026 plan year;
- Determine if the health plan’s OOPM for family coverage is greater than the ACA’s OOPM for self-only coverage (\$10,600 for 2026 plan years). If it is greater, make sure the health plan embeds an individual OOPM for family coverage that is not more than \$10,600; and
- If the health plan is an HDHP, confirm that it complies with the lower limits on OOPMs. For the 2026 plan year, the OOPMs for HDHPs are **\$8,500** for self-only coverage and **\$17,000** for family coverage.

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Preventive Care Benefits

The ACA requires non-grandfathered health plans and issuers to cover a set of recommended preventive services without imposing cost-sharing requirements, such as deductibles, copayments or coinsurance, when in-network providers provide the services. The recommended preventive care services covered by these requirements are:

- Evidence-based items or services with an A or B rating in recommendations of the U.S. Preventive Services Task Force;
- Immunizations for routine use in children, adolescents and adults recommended by the Advisory Committee on Immunization Practices;
- Evidence-informed preventive care and screenings in guidelines supported by the Health Resources and Services Administration (HRSA) for infants, children and adolescents; and
- Other evidence-informed preventive care and screenings in HRSA-supported guidelines for women.

Health plans and issuers are required to adjust their first-dollar coverage of preventive care services based on the latest preventive care recommendations. In general, coverage must be provided for a newly recommended preventive health service or item for plan years beginning on or after the one-year anniversary of when the recommendation was issued. For example, for plan years beginning after Dec. 30, 2025, health plans and issuers must expand their first-dollar coverage for [preventive care for women](#) to include **additional breast cancer imaging or testing** that may be required to complete the initial mammography screening process. In addition, health plans and issuers must cover **patient navigation services** for breast and cervical cancer screening without cost sharing.

Before the beginning of the 2026 plan year, employers should take the following step:

- Confirm the health plan covers the latest recommended preventive care services without imposing any cost sharing when the care is provided by in-network providers.

Health FSA Contributions

The ACA imposes a dollar limit on employees' pre-tax contributions to a health flexible spending account (FSA). This limit is indexed each year for cost-of-living adjustments. An employer may set their own dollar limit on employees' contributions to a health FSA as long as the employer's limit does not exceed the ACA's maximum limit in effect for the plan year. For plan years beginning in 2025, the health FSA limit is \$3,300. For plan years beginning in 2026, the health FSA limit increases to **\$3,400**. Moving forward, employers with health FSAs should take these steps:

- Confirm that employees will not be allowed to make pre-tax contributions in excess of \$3,400 for plan years beginning in 2026; and
- Communicate the health FSA limit to employees as part of the open enrollment process.

HDHP and HSA Limits

The IRS limits for HSA contributions and HDHP cost sharing (minimum deductible and OOPM) increase for 2026. The HSA contribution limits will increase effective Jan. 1, 2026, while the HDHP cost-sharing limits will increase effective for plan years beginning on or after Jan. 1, 2026. Looking ahead, employers should take these steps:

- Check whether HDHP cost-sharing limits need to be adjusted for the 2026 limits; and

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- Communicate HSA contribution limits for 2026 to employees as part of the enrollment process.

The following table contains the HDHP and HSA limits for 2026 compared to 2025. It also includes the catch-up contribution limit that applies to HSA-eligible individuals age 55 and older, which is not adjusted for inflation and stays the same from year to year.

Type of Limit		2025	2026	Change
HSA Contribution Limits	Self-only	\$4,300	\$4,400	Up \$100
	Family	\$8,550	\$8,750	Up \$200
HSA Catch-up Contributions	Age 55 and older	\$1,000	\$1,000	No change
HDHP Minimum Deductibles	Self-only	\$1,650	\$1,700	Up \$50
	Family	\$3,300	\$3,400	Up \$100
HDHP OOPM <i>(deductibles, copayments and other amounts but not premiums)</i>	Self-only	\$8,300	\$8,500	Up \$200
	Family	\$16,600	\$17,000	Up \$400

HDHPs: Permanent Extension of Telehealth Option

To be eligible for HSA contributions, an individual must be covered under an HDHP and have no other impermissible coverage. Historically, individuals who were covered by telehealth programs that provided free or reduced-cost benefits before the HDHP deductible was satisfied were not eligible for HSA contributions.

A pandemic-related relief measure temporarily allowed HDHPs to waive the deductible for telehealth services without impacting HSA eligibility. This relief expired at the end of the 2024 plan year. However, the [One Big Beautiful Bill Act](#) **permanently extends the ability of HDHPs to provide benefits for telehealth and other remote care services before plan deductibles have been met without jeopardizing HSA eligibility.** Due to the permanent extension, HDHPs may waive the deductible for any telehealth or other remote care services for plan years beginning in 2025 and beyond without causing participants to lose HSA eligibility. This provision is optional; HDHPs can apply any telehealth services, other than preventive care, toward the deductible.

Due to this change, employers with HDHPs should take these steps:

- Determine whether the HDHPs will waive the deductible for telehealth services for the plan year beginning in 2026; and
- Notify plan participants of any cost-sharing changes for telehealth services through an updated SPD or SMM.

COMPLIANCE OVERVIEW



EBHRA Limit

An excepted benefit health reimbursement arrangement (EBHRA) is an employer-funded health care account that reimburses employees for their eligible medical expenses on a tax-free basis. Employers can use EBHRAs to supplement their traditional health plan coverage and help employees with their out-of-pocket medical expenses, including deductible, copayment and coinsurance amounts. Employers of all sizes may offer EBHRAs. Although an employer must offer a traditional health plan, employees are not required to enroll in the employer’s group coverage (or any other type of coverage) to be eligible for the EBHRA.

Only employers can contribute to HRAs, including EBHRAs. EBHRAs are subject to a maximum amount that may be made newly available for the plan year. This maximum amount is adjusted annually for inflation. For 2025 plan years, the contribution limit is \$2,150. This limit increases to **\$2,200** for plan years beginning in 2026.

Employers that sponsor EBHRAs should take the following steps:

- Decide how much will be contributed to the EBHRA for eligible employees for the 2026 plan year, up to a maximum of \$2,200; and
- Communicate the EBHRA’s annual benefit amount to employees as part of the open enrollment process.

Wellness Programs—Surcharges/Rewards

Health plans that impose a surcharge (or provide a reward) based on a health-related standard (e.g., not using tobacco or meeting a specific exercise target) must comply with nondiscrimination requirements under the Health Insurance Portability and Accountability Act (HIPAA). Among other requirements, health-contingent wellness programs must provide a reasonable alternative standard for qualifying for the full reward (or avoiding the surcharge) and must disclose the alternative standard in all plan materials describing the surcharge or reward. Numerous class-action lawsuits have recently been filed against employers alleging that health plan premium surcharges related to tobacco use violate HIPAA’s nondiscrimination requirements. Given this increased scrutiny, to prepare for the 2026 plan year, employers should take the following steps:

- Decide whether to impose a surcharge (or provide a reward) based on any health-related standard; and
- If a surcharge is imposed (or a reward offered), ensure it is provided through a wellness program that satisfies HIPAA’s nondiscrimination requirements, including explaining to participants that a reasonable alternative standard is available for avoiding the surcharge (or qualifying for the reward).

Mental Health Parity—Required Comparative Analysis for NQTLs

The Mental Health Parity and Addiction Equity Act (MHPAEA) requires parity between a health plan’s medical/surgical benefits and its mental health or substance use disorder (MH/SUD) benefits. These parity requirements apply to financial requirements and treatment limits for MH/SUD benefits. In addition, any nonquantitative treatment limitations (NQTLs) placed on MH/SUD benefits must comply with MHPAEA’s parity requirements. For example, NQTLs include prior authorization, step therapy protocols, network adequacy and medical necessity criteria.

MHPAEA requires health plans and issuers to conduct comparative analyses of the NQTLs used for medical/surgical benefits compared to MH/SUD benefits. This analysis must contain a detailed, written and reasoned explanation of the specific plan terms and practices at issue and include the basis for the plan’s or issuer’s conclusion that the NQTLs comply with MHPAEA. Plans and issuers must make their comparative analyses available to specific federal agencies or applicable

COMPLIANCE OVERVIEW



state authorities upon request. In 2024, federal agencies released a [final rule](#) under MHPAEA that would have imposed stricter standards for comparative analyses for the plan year beginning in 2026. However, enforcement of this final rule has been [put on hold](#) by the Trump administration. Although the final rule's requirements are not being enforced, MHPAEA's statutory requirement to conduct comparative analyses remains in effect.

Considering this information, employers should take the following step:

- Reach out to the health plan's issuer or third-party administrator (TPA) to confirm that comparative analyses of NQTLs will be updated, if necessary, for the plan year beginning in 2026.

Open Enrollment Notices

Employers that sponsor health plans should provide certain benefits notices in connection with their plans' open enrollment periods. Some of these notices must be provided at open enrollment time, such as the SBC. Other notices, such as the WHCRA notice, must be distributed annually. Although these annual notices may be provided at different times throughout the year, employers often choose to include them in their open enrollment materials for administrative convenience.

In addition, employers should review their open enrollment materials to confirm that they accurately reflect the terms and cost of coverage. In general, any plan design changes for 2026 should be communicated to plan participants either through an updated SPD or an SMM.

Summary of Benefits and Coverage

The ACA requires health plans and health insurance issuers to provide an SBC to applicants and enrollees each year at open enrollment or renewal time. Federal agencies have provided a [template](#) for the SBC, which health plans and issuers are required to use. To comply with the SBC requirements, employers should include an updated SBC with open enrollment materials.

Take note that the plan administrator is responsible for providing the SBC for self-funded plans. For insured plans, the issuer usually prepares the SBC. If the issuer prepares the SBC, an employer is not required to also prepare an SBC for the health plan, although they may need to distribute the SBC prepared by the issuer.

Medicare Part D Notices

Employers that provide prescription drug coverage to individuals who are eligible for Medicare Part D must inform these individuals whether their prescription drug coverage is creditable, meaning that the employer's prescription drug coverage is at least as good as Medicare Part D coverage. There is no penalty or fee for employers that offer prescription drug coverage that is non-creditable. Non-creditable prescription drug coverage can still be a valuable benefit for employees. However, individuals need to know whether their prescription drug coverage is creditable or non-creditable. If the coverage is non-creditable, and Medicare-eligible individuals fail to enroll in Part D during their initial enrollment period, they can be subject to a higher Part D premium if they enroll in Part D at a later date.

The notice generally must be provided at various times, including when an individual enrolls in the plan and each year before **Oct. 15** (when the Medicare annual open enrollment period begins). Model notices are available on the Centers for Medicare and Medicaid Services' [website](#).

COMPLIANCE OVERVIEW



Annual CHIP Notices

Health plans covering residents in a state that provides a premium subsidy to low-income children and their families to help pay for employer-sponsored coverage must send an annual CHIP notice about the available assistance to all employees residing in that state. The U.S. Department of Labor (DOL) has provided a [model notice](#). Employers should confirm they are using the most recent model notice, as the DOL updates it regularly.

Initial COBRA Notices

COBRA applies to health plans sponsored by employers with 20 or more employees. Health plan administrators must provide an initial COBRA notice to new participants and certain dependents within **90 days** after plan coverage begins. The initial COBRA notice may be incorporated into the plan's SPD. A [model initial COBRA notice](#) is available from the DOL.

SPDs

Plan administrators must provide an SPD to new participants within **90 days** after plan coverage begins. Any changes made to the plan should be reflected in an updated SPD booklet or described to participants through an SMM. Also, an updated SPD must be furnished every five years if changes are made to SPD information or the plan is amended. Otherwise, a new SPD must be provided every 10 years.

Notices of Patient Protections

Under the ACA, health plans and issuers that require the designation of a participating primary care provider must permit each participant, beneficiary and enrollee to designate any available participating primary care provider (including a pediatrician for children). Additionally, plans and issuers that provide obstetrical/gynecological care and require a designation of a participating primary care provider may not require preauthorization or referral for such care. If a health plan requires participants to designate a participating primary care provider, the plan or issuer must provide a notice of these patient protections whenever the SPD or similar description of benefits is provided to a participant. If an employer's plan is subject to this notice requirement, they should confirm that it is included in the plan's open enrollment materials. This notice may be included in the plan's SPD or benefit summary provided by the issuer or TPA. [Model language](#) is available from the DOL.

Grandfathered Plan Notices

If an employer has a grandfathered plan, it should include information about the plan's grandfathered status in plan materials describing the coverage under the plan, such as SPDs and open enrollment materials. [Model language](#) is available from the DOL.

Notices of HIPAA Special Enrollment Rights

An employer's health plan must notify each eligible employee of their special enrollment rights under HIPAA at or before enrollment. This notice may be included in the plan's SPD or benefit summary provided by the issuer or TPA.

HIPAA Privacy Notices

The HIPAA Privacy Rule requires covered entities (including health plans and issuers) to provide a Notice of Privacy Practices (or Privacy Notice) to each individual who is the subject of protected health information (PHI). Health plans are required to send the Privacy Notice at certain times, including to new enrollees at the time of enrollment. Also, at least once every three years, health plans must either redistribute the Privacy Notice or notify participants that the Privacy Notice is available and explain how to obtain a copy.

COMPLIANCE OVERVIEW



Self-insured health plans must maintain and provide their own Privacy Notices. However, special rules apply for fully insured plans, where the issuer, not the plan itself, is primarily responsible for the Privacy Notice.

Special Rules for Fully Insured Plans

The sponsor of a fully insured health plan has limited responsibilities with respect to the Privacy Notice, including the following:

- If the sponsor of a fully insured plan has access to PHI for plan administrative functions, they are required to maintain a Privacy Notice and provide the notice upon request; and
- If the sponsor of a fully insured plan does not have access to PHI for plan administrative functions, they are not required to maintain or provide a Privacy Notice.

A plan sponsor's access to enrollment information, summary health information and PHI that is released pursuant to a HIPAA authorization does not qualify as having access to PHI for plan administration purposes.

[Model Privacy Notices](#) are available through the U.S. Department of Health and Human Services.

WHCRA Notices

Health plans and issuers must provide a notice of participants' rights to mastectomy-related benefits under the WHCRA at the time of enrollment and on an annual basis. The DOL's [compliance assistance guide](#) includes model language for this disclosure.

SARs

Plan administrators required to file Form 5500 must provide participants with a narrative summary of the information in Form 5500, called a summary annual report (SAR). Health plans that are unfunded (that is, benefits are payable from the employer's general assets and not through an insurance policy or trust) are not subject to the SAR requirement. The plan administrator generally must provide the SAR within nine months of the close of the plan year. If an extension of time to file Form 5500 is obtained, the plan administrator must furnish the SAR within two months after the close of the extension period. A [model notice](#) is available from the DOL.

Wellness Program Notices

Health plans that include wellness programs may be required to provide certain notices regarding the program's design. As a general rule, these notices should be provided when the wellness program is communicated to employees and before employees provide any health-related information or undergo medical examinations. These notices are required in the following situations:

- HIPAA Wellness Program Notice**—HIPAA imposes a notice requirement on health-contingent wellness programs offered under health plans. Health-contingent wellness plans require individuals to satisfy standards related to health factors (e.g., not smoking) to obtain rewards or avoid surcharges. The notice must disclose the availability of a reasonable alternative standard to qualify for the reward (and, if applicable, the possibility of waiver of the otherwise applicable standard) and be included in all plan materials describing the terms of a health-contingent wellness program. The DOL's [compliance assistance guide](#) includes a model notice that can be used to satisfy this requirement.

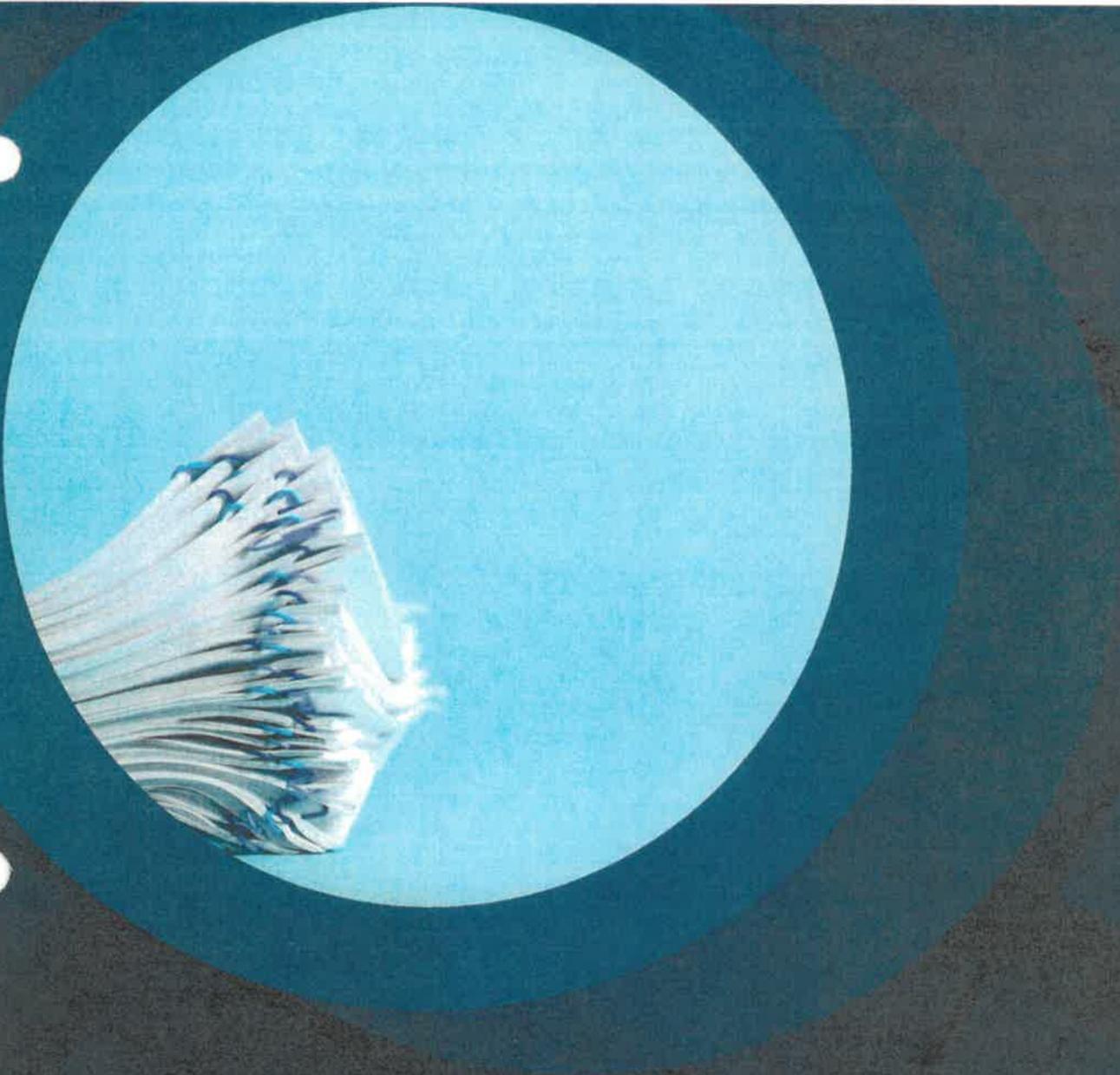
COMPLIANCE OVERVIEW



- ☑ **Americans with Disabilities Act (ADA) Wellness Program Notice**—Employers with 15 or more employees are subject to the ADA. Wellness programs that include health-related questions or medical exams must comply with the ADA’s requirements, including an employee notice requirement. Employers must give participating employees a notice that tells them what information will be collected as part of the wellness program, with whom it will be shared and for what purpose, as well as include the limits on disclosure and the way information will be kept confidential. The U.S. Equal Employment Opportunity Commission has provided a [sample notice](#) to help employers comply with this ADA requirement.

ICHRA Notices

Employers may use individual coverage health reimbursement arrangements (IHRAs) to reimburse their eligible employees for insurance policies purchased in the individual market or for Medicare premiums. Employers with IHRAs must provide a notice to eligible participants about the ICHRA and its interaction with the ACA’s premium tax credit. In general, this notice must be provided at least **90 days** before the beginning of each plan year. Employers may provide this notice at open enrollment time if it is at least 90 days prior to the beginning of the plan year. A [model notice](#) is available for employers to use to satisfy this notice requirement.



Benefit Election Form



DEPENDENT INFORMATION

Dependent Name	Relationship	Birth Date	Gender	Enrollment
Spouse Test	Spouse	08/27/1964	F	Dental, Cancer, Spouse Voluntary Term Life

BENEFICIARY INFORMATION

Beneficiary Name	Relationship	Benefit Plan	Beneficiary Type	Percentage
Spouse Test	Spouse	Employee Basic Life & AD&D	Primary	100.00

PAYROLL DEDUCTION AUTHORIZATION/CANCELLATION

By submitting my benefit choices, I acknowledge that I am authorizing my employer to take pre-tax and/or, to the extent relevant, after-tax deductions from my paychecks to pay for my benefit costs. I understand that pursuant to Internal Revenue Code section 125, this election can only be made during the annual open enrollment period before the beginning of each plan year (unless I am a new hire), and is irrevocable for the entire calendar year unless I incur a Qualifying Family Status Change or other permissible mid-year change event, as determined by the Pre-Tax Payment Plan and the underlying benefit plan(s) I have chosen to participate in (collectively, the "Plans").

I understand that the maximum salary reductions I can make are set forth in the Plans, and that the Plans govern all issues concerning my elections, payroll deductions, eligibility, and benefits. I acknowledge that my elections (with the exception of contributions to Reimbursement Accounts) will automatically rollover from year to year unless I submit a change during the annual open enrollment period.

I agree that in the event of any change in the required benefit plan contributions prior to the next enrollment period, my payroll deduction election will automatically be revised to take such change into account. I also understand that my contributions to Reimbursement Accounts, if any, can only be used to reimburse qualified health and/or dependent care expenses incurred in the same year as the contributions are deducted from my paychecks. Any funds remaining in my Reimbursement Account(s) not used for current year expenses will be forfeited after all current year reimbursements are processed. I understand that I may be required to provide Human Resources with proof of dependent eligibility in order to receive coverage for my dependent(s).

This Payroll Deduction Authorization is not a guarantee of coverage. If underwriting approval is required by the insurer, coverage only begins upon carrier agreement.

Finally, I am also authorizing my employer to use and send necessary personal information, including Protected Health Information under HIPAA, to my selected benefit vendors and providers in order to initiate and support my coverage elections.

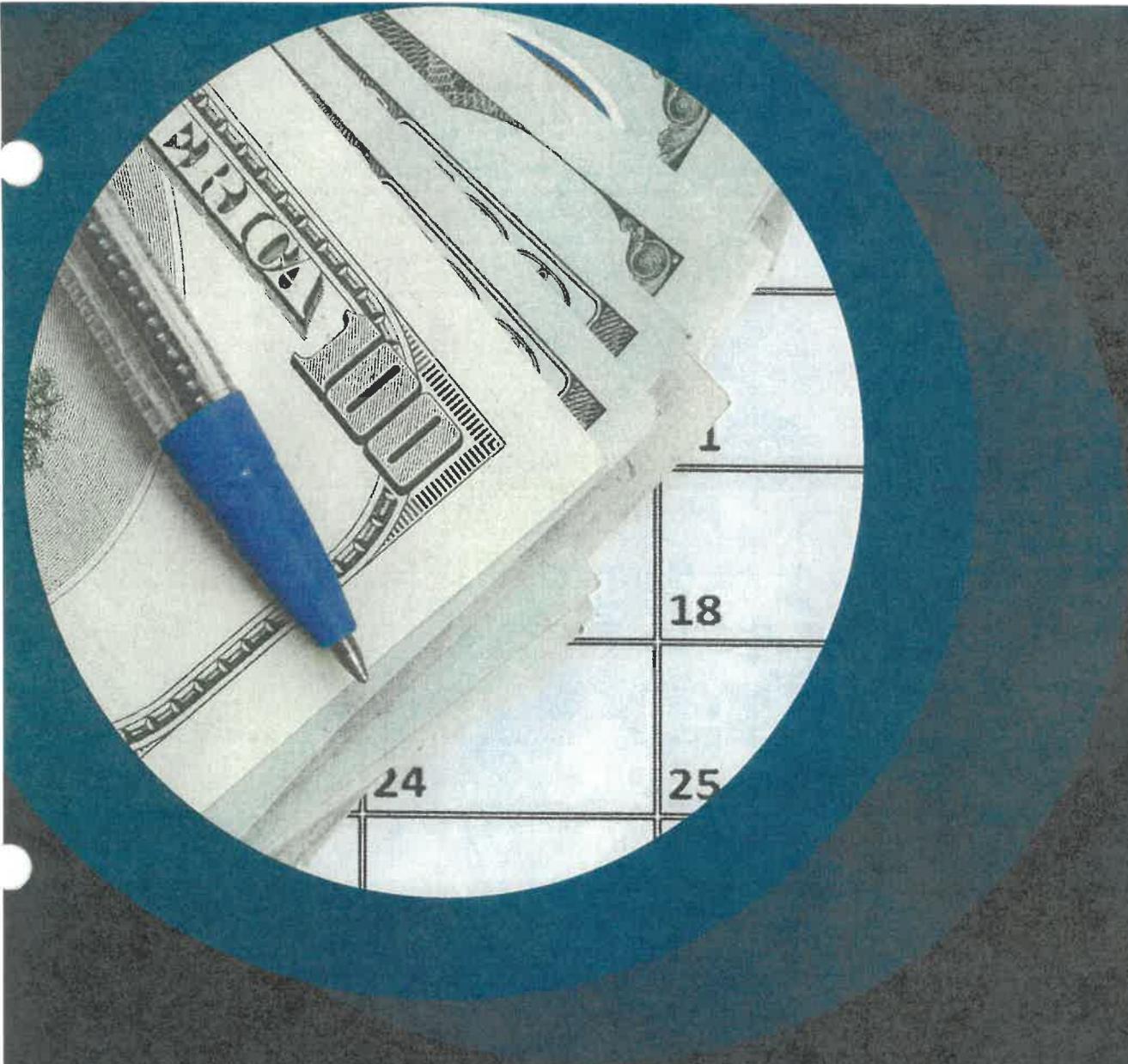
Your total deduction per pay period	Total Deduction
\$ 189.11	

[*****] Electronic Signature on File

12/29/2020

Employee Signature

Date



TAB 7

Cost and Fees



COST & FEES

Mark III Services:

Mark III will provide the following at the cost noted below:

- Voluntary Insurance Brokerage: **Standard industry commissions**
- Voluntary Consulting Services: \$0.00
- Mark III Enrollment Services: \$0.00
- Mark III Client Update Services: \$0.00

Enrollment Services:

Mark III has extensive experience communicating and providing enrollment services. We offer full-service, customized employee benefits communications. We partner with your staff to initiate a creative and consistent annual marketing and communication strategy/campaign delivered through various media methods. By developing these communication practices and materials, we can promote the benefit packages to your employees. The following communication techniques are available to our clients for implementation:

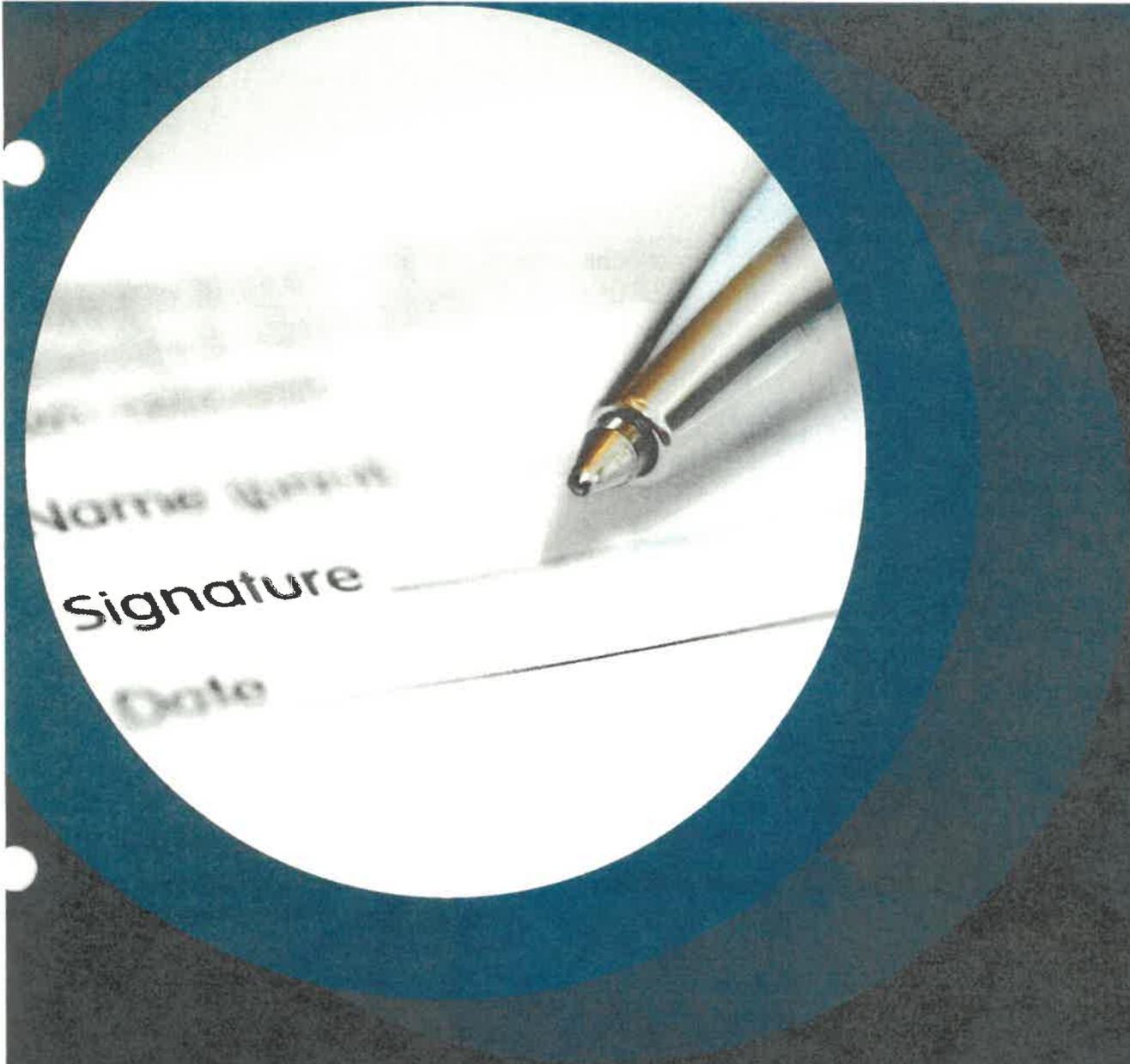
- Employee Benefits Website: \$0.00
- Employee Benefits Booklet: \$0.00
- Educational Posters/Flyers: \$0.00
- Educational Videos: \$0.00
- Social Media Marketing: \$0.00
- Text Message Marketing: \$0.00

Health Care Consulting Fees:

Mark III will provide these services at **\$40 Per Employee / Per Month or normal commissions.**

These services include the following:

- Tracking Claims & Cost
- Budget Rate Development
- Stop Loss Insurance Evaluation
- Renewal Strategy & Negotiation
- Pharmacy Plan Management
- Wellness Plan Management
- Health Plan Bid



TAB 8

Licensure and Liability



Request for Taxpayer Identification Number and Certification

Go to www.irs.gov/FormW9 for instructions and the latest information.

**Give form to the
 requester. Do not
 send to the IRS.**

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	<p>1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)</p> <p>Mark III Brokerage, Inc</p> <p>2 Business name/disregarded entity name, if different from above.</p> <p>3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.</p> <p><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate</p> <p><input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____</p> <p>Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.</p> <p><input type="checkbox"/> Other (see instructions) _____</p> <p>3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See Instructions. <input type="checkbox"/></p> <p>4 Exemptions (codes apply only to certain entities, not individuals; see Instructions on page 3): _____</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____</p> <p><i>(Applies to accounts maintained outside the United States.)</i></p> <p>5 Address (number, street, and apt. or suite no.). See Instructions.</p> <p>211 Greenwich Road</p> <p>6 City, state, and ZIP code</p> <p>Charlotte, NC 28211</p> <p>7 List account number(s) here (optional)</p> <p>Requester's name and address (optional)</p>
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Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Social security number												
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or												
Employer identification number												
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5	6		-	1	0	5	5	0	0	4		

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <i>Andrew Mosley</i>	Date <i>10/1/2025</i>
------------------	-----------------------------------------------	-----------------------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they



Principal Agency - Nonresident

Qualification Effective Dates

Prn Agy - Accident&Sickness 09/26/2005 Prn Agy - Life 09/26/2005

MARK III BROKERAGE, INC.

NPN: 2349721

211 GREENWICH ROAD

CHARLOTTE, NORTH CAROLINA 28211

is authorized to transact business as described above

License No: 114479 Issue Date: 09/26/2005 Expiration Date: 12/31/2026

Generated by Sircon 357791164

Georgia Department of Insurance

THIS IS TO CERTIFY THAT

MARK III BROKERAGE, INC.
211 GREENWICH ROAD



IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN
ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN
BELOW:

Principal Agency - Nonresident
Prn Agy - Accident&Sickness, Prn Agy - Life

Generated by Sircon 357791164



UTICA NATIONAL INSURANCE GROUP

ISSUED BY
Utica National Insurance Group
Republic Franklin Insurance Company
P.O. Box 530, Utica, New York 13503
Telephone: (315) 734-2000

INSURANCE AGENTS AND BROKERS
ERRORS AND OMISSIONS LIABILITY POLICY
CLAIMS-MADE BASIS
New Business

DECLARATIONS

<p align="center">NAMED INSURED AND MAILING ADDRESS</p> <p>Mark III Financial Group 211 Greenwich Rd Charlotte, NC 28211</p>	<p align="center">LOCATION ADDRESS</p> <p align="center">See Attached 14-E-0001</p>
---------------------------------------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------

AT 12:01 A.M. STANDARD TIME AT THE ADDRESS OF THE INSURED AS STATED HEREIN. IN RETURN FOR PAYMENT OF THE PREMIUM, AND SUBJECT TO ALL THE TERMS OF THIS POLICY WE AGREE WITH YOU TO PROVIDE THE INSURANCE AS STATED IN THIS POLICY.

POLICY NUMBER	POLICY PERIOD		PRIOR POLICY NO
	FROM	TO	
5748156 EO	11-08-2025	11-08-2026	

<p>BASIC POLICY COVERAGE</p> <p>LEGAL LIABILITY</p> <p>INSURED'S DEDUCTIBLE AMOUNT</p> <p align="center">DEDUCTIBLE APPLIES TO:</p> <p>PREMIUMS</p> <p>BASIC POLICY PREMIUM</p> <p>REAL ESTATE AGENTS AND BROKERS PREMIUM</p> <p>MUTUAL FUND AND VARIABLE ANNUITY PREMIUM</p> <p>EMPLOYMENT-RELATED PRACTICES PREMIUM</p> <p>OTHER</p> <p>TOTAL POLICY PREMIUM</p>	<p>LIMITS OF LIABILITY</p> <p>\$ <u>2,000,000</u> EACH LOSS</p> <p>\$ <u>6,000,000</u> AGGREGATE</p> <p>\$ <u>20,000</u> EACH LOSS</p> <p>\$ <u>60,000</u> AGGREGATE</p> <p><input checked="" type="checkbox"/> LOSS ONLY</p> <p><input type="checkbox"/> LOSS AND LITIGATION EXPENSE</p> <p>\$ <u>56,230</u></p> <p>\$ <u>0</u> (See attached endorsement for details)</p> <p>\$ <u>0</u> (See attached endorsement for details)</p> <p>\$ <u>0</u> (See attached endorsement for details)</p> <p>\$ <u>0</u></p> <p>\$ <u>56,230.00</u></p> <p>\$ _____</p>
-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

RETROACTIVE DATE

This insurance does not apply to loss, whenever occurring, from "wrongful acts" which took place before the Retroactive Date, if any, shown NONE
Enter Date or "None" if no Retroactive Date applies

OPTIONAL EXTENDED REPORTING PERIOD PREMIUM

In Section VII - EXTENDED REPORTING PERIODS, we agree to provide an Optional Extended Reporting Period under certain conditions. The premium for such an Optional Extended Reporting Period is determined as shown in paragraph 5. of Section VII.

FORMS AND ENDORSEMENTS APPLYING TO AND MADE PART OF THIS POLICY AT TIME OF ISSUE:

COUNTERSIGNED AT: UTICA, NY
DATE: November 7, 2025

BY Shannon C Peck
COMPANY OFFICER
SHANNON PECK

THESE DECLARATIONS AND THE COVERAGE FORM(S) AND ENDORSEMENTS, IF ANY, ISSUED TO FORM A PART THEREOF, COMPLETE THE ABOVE NUMBERED POLICY.



MARKIII-01

DERWIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/10/2026

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Charles H. Litaker, Inc. P O Box 221129 Charlotte, NC 28222-1129	CONTACT NAME:	
	PHONE (A/C, No, Ext): (704) 376-9896	FAX (A/C, No): (704) 375-5810
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
INSURED Mark III Insurance Services, Inc dba B3 Enrollment Services dba Alpine Benefits 300 W. Watauga Ave Johnson City, TN 37604	INSURER A: Ohio Casualty Insurance Company	24074
	INSURER B: Ohio Security Insurance Company	24082
	INSURER C: Accident Fund General Insurance Company	12304
	INSURER D:	
	INSURER E:	
	INSURER F:	

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		BZO53629545	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 15,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:					
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY		BAS53629545	6/1/2025	6/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000		USO53629545	6/1/2025	6/1/2026	EACH OCCURRENCE \$ 2,000,000 AGGREGATE \$ 2,000,000
C	<input checked="" type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N Y N/A	100026359	6/1/2025	6/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input checked="" type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Financial services

CERTIFICATE HOLDER Pike County Board of Commissioners 331 Thomaston Street Zebulon, GA 30295	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
-------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------



MSI Benefits Group, Inc.

TownPark Ravine One, 245 TownPark Drive, Suite 100, Kennesaw, GA 30144
Office: (770) 425-1231 Fax: (770) 425-4722 E-Mail: jleggett@msibg.com

February 20, 2026

Pike County Board of Commissioners
331 Thomaston Street
Zebulon, GA 30295

Re: Request for Proposal for Benefits Consulting & Broker Services

Thank you for the opportunity to respond to your Request for Proposal. We are honored to be considered to serve Pike County and its employees.

MSI Benefits Group is a Georgia-based insurance brokerage and employee benefits consulting firm with a long-standing focus on serving local governments. We currently represent 72 cities, counties, and public authorities across the state, covering more than 40,000 members across the state.

We specialize in helping our public sector clients design, manage, and support comprehensive employee benefits programs. Our services span the full lifecycle of benefits administration—from strategic consulting and carrier negotiations to day-to-day support for eligibility, enrollment, and member advocacy. Our role is to simplify benefits administration for HR teams, control costs for employers, and ensure a positive experience for employees and their families.

What sets MSI apart is our balanced approach across three core areas: expert Consulting and Analytics, smooth Implementation, and responsive, ongoing Service and Support. We act as a true extension of our clients' HR teams, serving as a single point of contact for all benefit-related tasks.

This proposal comprehensively addresses all items outlined in the RFP and includes detailed information on MSI's task-organized functional areas noted below:

- Benefits Consulting
- Enrollment and Eligibility Management
- Member Advocacy
- Administrative Support

We appreciate your consideration and look forward to the possibility of partnering with Pike County. Please feel free to reach out if you have any questions or need additional information.

Sincerely,

A handwritten signature in blue ink, appearing to read 'John Leggett', is placed above the printed name.

JOHN LEGGETT
VP, Benefits Consultant
MSI Benefits Group
jleggett@msibg.com

EXECUTION OF PROPOSAL FORM

THIS PAGE MUST BE COMPLETED AND SUBMITTED AS A PART OF YOUR PROPOSAL.

DATE: February 20, 2026

The potential Contractor certifies the following by placing an "X" in all blank spaces:

- That this proposal was signed by an Officer of the firm.
- That all individuals working on the account will be licensed in Georgia.
- That the potential Contractor has determined the cost and availability of all materials and supplies associated with performing the services outlined herein.
- That all labor costs associated with this project have been determined, including all direct and indirect costs.
- That the potential Contractor agrees to the conditions as set forth in this **Request for Proposal** with no exceptions.

Therefore, in compliance with the foregoing **Request for Proposal**, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within thirty (30) days from the date of the opening, to furnish the services for the prices quoted within the timeframe required.

CONTRACTOR MSI Benefits Group ADDRESS 245 TownPark Drive, Suite 100

CITY, ST. & ZIP Kennesaw, GA 30144 PHONE 770-425-1231

BY  _____
(Signature)

Les Szabolcsi, President
Printed Name/ Title

58-2042103
Federal Identification Number



Table of Contents:



MSI Dedicated Team 1

Scope of Services Acknowledgement 2

Vendor Proposal Requirements 3 - 24

MSI Documents Enclosed

State of Georgia Business Certificate

Cobb County Tax Certificate

Certificate of Liability Insurance

Business Insurance License

Lead Consultant Insurance License

Sample Documents.. Enclosed

Employee Benefits Guide (Front Cover)

Open Enrollment Letter

Benefits Statement



Pike County Dedicated Team:



MSI Benefits Group, Inc.

245 TownPark Drive, Ste 100

Kennesaw, GA 30144

Telephone: 770-425-1231

Email: info@msibg.com

John Leggett

Benefits Consultant
jleggett@msibg.com
770-425-1231 ext. 111

Ashley Gilder

Benefits Consultant
agilder@msibg.com
770-425-1231 ext. 113

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Lead Billing Specialist
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770-425-1231 ext. 117

Rob Tate

Operations Manager/IT Supervisor
rtate@msibg.com
770-425-1231 ext. 124

Maria Campos

Office Manager/CSR Supervisor
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770-425-1231 ext. 128

Amy Strickland

Eligibility/CSR
astrickland@msibg.com
770-425-1231 ext. 104

Zori Worrall

Benefits Analyst/Account Manger
zworrall@msibg.com
770-425-1231 ext. 116

Hillary Mathis

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hmathis@msibg.com
770-425-1231 ext. 118

Brent Henson

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770-425-1231 ext. 129

Marie Reed

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Jacob Holst

IT Associate
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770-425-1231 ext. 123

Nick Jones

IT Associate
njones@msibg.com
770-425-1231 ext. 122

Courtney Fox

Eligibility/CSR
cfox@msibg.com
770-425-1231 ext. 101



Scope of Services Acknowledgement:



MSI Benefits Group Acknowledges and Accepts the following Scope of Work:

- Audit resulting insurance and benefits contracts.
- Support annual benefits renewals, including negotiation.
- Market employee benefits as needed; prepare bid specifications; analyze proposals; make recommendations.
- Conduct annual reviews of benefit offerings for quality, cost effectiveness, and competitiveness.
- Monitor ongoing contracts, provider compliance, and claims experience.
- Provide updates on benefits trends and legislation.
- Meet with County leadership and staff as needed.
- Assist in benefits communications and participate in benefit fairs and enrollment activities.
- Provide a dedicated account representative and year-round support.
- Evaluate benefits products submitted by carriers.
- Provide additional consulting services as requested.

Sincerely,

A handwritten signature in blue ink, appearing to read "John Leggett".

JOHN LEGGETT
VP, Benefits Consultant
MSI Benefits Group
jleggett@msibg.com



Organizational & Licensing Information

1. Describe organizational structure.

MSI Benefits Group, Inc. is a for-profit, Georgia “C” Corporation established in 1983.

Our comprehensive business model is based on the recognition that we are in a ‘relationship/service business’ and not in a ‘transaction business.’ MSI places equal emphasis on **Consulting/Analytics**, **Implementation** and **Service/Support** for employee benefits, which offers inherent administrative efficiencies to our clients, allowing them to take advantage of MSI as a single point of contact.

2. Provide proof of Georgia broker licensure and independence from insurance carriers.

MSI is an independent, licensed insurance firm providing employee benefits consulting and brokerage services to public and private sector employer groups. As required by the Department of Insurance regulations, we are contracted/appointed with all insurance carriers, third party administrators, pharmacy benefit managers and networks whose products we represent, although we are not employed by the aforementioned entities. As such, we are free to conduct unbiased evaluations, providing recommendations that are based purely on the needs and circumstances of our clients.

Note: Copies of our business certificate, licenses, and liability insurance are enclosed as part of our proposal.

3. Provide company history, philosophy, management structure, and any subcontractor relationships.

Established in 1983, MSI focuses exclusively on insured employee benefits. The mission of MSI is to help employers navigate the complex world of employee benefits (not only now, but also as it evolves with constantly changing laws, rules, regulations, products and employee expectations). The clearest insight into our business model and values is that we do not think in terms of finite consulting or brokerage engagements, which have a beginning, middle and end – We don’t just give advice then step away for another plan cycle – We stay, we do the work, and we assume responsibility for our performance.

WE’RE DOING SOMETHING DIFFERENT

At a time of accelerating healthcare trends and continued legislative changes, MSI’s competitive edge relies on three fundamental business principles that guide our relationship with all clients:

 **Integrity:** The complexity of today’s insurance products and the confusing array of employee benefit options make consumers vulnerable to the good faith and professional conduct of their insurance representative. At MSI, the exclusive focus of all our efforts is the needs of the client as we recognize that trust and confidence are the most essential ingredients of our business relationships.

 **Accountability:** MSI has built a culture of taking ownership of problems. Our Customer Service Team is prohibited from using the phrase, “Why don’t you just call the insurance carrier? Here’s the number.” Whether the issue is a claim, bill, COBRA event or enrollment, we do the work and assume responsibility, continually looking for ways to ease the client’s administrative burden.



Sensitivity: The morale of each employee is partly dependent on their understanding of the benefits package that is readily available. MSI’s goal is to be an articulate goodwill ambassador on behalf of the employer as well as an effective benefits counselor to employees. Clients rely on us to treat all employees with fairness, honesty and respect, which has proven to have a beneficial impact on employee turnover, performance and ultimately, the employer’s bottom line.

CONTRACTUAL RELATIONSHIPS

MSI does not outsource any outside vendor. All services described in this RFP are performed in-house by MSI employees. MSI does however, contract with ZEVO to offer all clients an electronic enrollment solution which is managed internally by MSI. Should a client elect to utilize MSI’s enrollment solutions, MSI provides the platform free of charge as part of our standard service package.

ENROLLMENTS MADE EASY



MSI contracts with ZEVO to offer all clients an electronic enrollment solution which is managed internally by MSI. Should a client elect to utilize MSI’s enrollment solution, MSI provides the platform free of charge as part of our standard service package.

ZEVO is designed to meet the unique needs of each organization with the necessary functionality to configure and administer complex core and voluntary benefits. With an emphasis on data feed connections that can be established with carrier and payroll systems alike, MSI continues to streamline the benefits administration process for hundreds of customers by providing a user-friendly and flexible solution at no cost to clients.

4. State years of experience in benefits brokerage (minimum 5).

In business since 1983, MSI takes pride in being one of the few remaining independently owned brokerage and consulting firms with the largest block of public sector clients in the state of Georgia in comparison to any of our competitors. MSI’s long history in the business lends credibility and depth to our expertise, demonstrating sustained commitment to excellence for more than 40 years.



Client Service & Capabilities

5. Describe client communication processes and response times.

PEOPLE FOCUSED & TECHNOLOGY EMPOWERED

MSI Benefits Group is a full-service employee benefits broker, and as such, we strive to be an extension of your HR Department on a daily basis. While technology is very important, it can also get in the way of personal interaction, which is why MSI remains committed to the personal touch in every aspect of our services as we work with you and your employees to navigate the complex world of healthcare.

When an employee calls our office, a live human being is there to answer and help see their issue through to resolution. Your employee will appreciate the personal contact when requesting plan information, disputing a charge, understanding a medical deductible, filing a disability claim, etc. We recognize how stressful it can be for employees, which is why we take tremendous pride in serving as their advocate.

On average, 75% of all customer service calls are addressed and resolved on the first call. As for the other 25% of calls in which may require additional time, our team always goes the extra mile – From contacting the insurance company and/or providers to dispute a claim or assist a member in appealing a charge, MSI will always give their utmost time and attention to each and every member.

MSI provides several methods for employees to communicate with the most common continuing to be by phone. Our office is open Monday-Friday, 8-5 p.m. EST. If an employee calls after hours, they may leave a message, which will be returned the following morning. Employees may also reach out to us via email or through the MSI Employee Portal with text messaging capabilities also available.

Each call and customer service interaction are logged and documented electronically, allowing the MSI Customer Service Team to proactively follow up on all outstanding tickets.

6. Provide four (4) verifiable references from similar public-sector or comparable clients.

With over 40 years of industry knowledge and a very experienced staff, MSI has grown to represent 72 Georgia public sector clients (cities, counties and authorities) with a combined member count in excess of 40,000. We have taken the liberty of including all our public-sector clients as a reference. Each client receives the same level of service as detailed in this proposal. Below are four local government clients along with all of our public sector clients:

SPALDING COUNTY

- Self-funded Medical with carved out Pharmacy; Dental; Vision; Basic Life; Supplemental Life; Short-term Disability; Long-term Disability; Flexible Spending Account, Employee Assistance Program; Radiology Steerage Program
- 2008 to Present
- 526 Full-Time Employees
- Miles Neville / HR Director / 770-467-4221 / mneville@spaldingcounty.com



Vendor Proposal Requirements

HARRIS COUNTY

- Medical; Dental; Vision; Basic Life; Supplemental Life; Short-term Disability; Long-term Disability; Flexible Spending Account; Employee Assistance Program
- 2014 to Present
- 314 Full-Time Employees
- Annette Gregg / HR Generalist / 706-628-4958 / agregg@harriscountygga.gov

BUTTS COUNTY

- Self-funded Medical with carved-out Pharmacy and Stop Loss; Specialty Pharmacy Program; Dental; Vision; Basic Life; Supplemental Life; Short-term Disability; Long-term disability; Flexible Spending Account; Group Accident; Critical Illness; Permanent Life
- 2025 to Present
- 259 Full-Time Employees / 20 Retirees
- Sharon Robinson / HR Director / 470-442-3165 / srobinson@buttscounty.org

CITY OF NEWNAN

- Self-funded Medical; Dental; Vision; Basic Life; Supplemental Life; Short-term Disability; Long-term Disability; Flexible Spending Account; Group Accident; Critical Illness; Hospital Indemnity
- 2020 to Present
- 304 Full-Time Employees
- Cleatus Phillips / City Manager / 678-673-5484 / cphillips@cityofnewnan.org

Public Sector Client	CONTACT	TITLE	PHONE	EMAIL
Bleckley County	Cindy Newman	Finance Director	478-934-3200	cnewman@bleckley.org
Butts County	Sharon Robinson	HR Director	470-442-3165	srobinson@buttscounty.org
City of Calhoun	Brooke Land	HR Director	706-602-5670	bland@calnet-ga.net
City of Dahlonega	Tammy Bruce	HR Manager	706-482-2703	tbruce@dahlonega.gov
City of Douglasville	Karin Callan	Asst. City Manager	770-920-3000	callank@douglasvillega.gov
City of Dublin	Dwayne Greer	HR Director	478-410-5414	greerd@dublinga.org
City of Duluth	Jocelyn McGiboney	HR Manager	770-497-5290	jmcgiboney@duluthga.net
City of Ellijay	Al Hoyle	Mayor	706-635-4711	mayor@ellijay.com
City of Forest Park	Diane Lewis	Deputy HR Director	404-366-4720	dlewis@forestparkga.gov
City of Gainesville	Bryan Lackey	City Manager	770-535-6865	blackey@gainesvillega.gov
City of Grantville	Al Grieshaber	City Manager	770-583-2289	agrieshaber@grantvillega.org
City of Griffin	Jessica O'Conner	City Manager	770-229-6408	joconnor@cityofgriffin.com
City of Hampton	Andrea Atwater	HR Director	770-946-4306	aatwater@hamptonga.gov
City of Hazlehurst	Vernice Thompson	City Clerk	912-375-6680	city.clerk@hazlehurstga.gov
City of Hiawassee	Bonnie Kendrick	City Clerk	706-896-2202	clerk@hiawasseeega.gov
City of Holly Springs	Rob Logan	City Manager	770-721-7503	rlogan@hollyspringsga.us
City of Jasper	Lorrie Waters	City Clerk	706-253-9100	lorrie.waters@jasper-ga.us
City of Jefferson	Pricilla Murphy	City Manager	706-367-5121	pmurphy@cityofjeffersonga.com



Vendor Proposal Requirements

Public Sector Client	CONTACT	TITLE	PHONE	EMAIL
City of Lawrenceville	Annette Crawford	HR Director	678-407-6566	annette.crawford@lawrencevillegaweb.org
City of Lilburn	LaTasha Akers	HR Director	770-638-2233	lakers@cityoflilburn.com
City of Locust Grove	Tim Young	City Manager	770-957-5043	tyoung@locustgrove-ga.gov
City of McCaysville	Nancy Godfrey	City Clerk	706-492-4921	ngodfrey@etcmail.com
City of McDonough	Stephanie Bond	HR Specialist	678-782-6262	sbond@mcdonoughga.org
City of Monroe	Les Russell	HR Director	770-267-3102	lrussell@monroega.gov
City of Newnan	Cleatus Phillips	City Manager	770-254-2358	cphillips@newnanga.gov
City of Riverdale	Natasha Hampton	City Manager	770-909-5390	mhughescoleman@riverdalega.gov
City of Pooler	Caroline Hankins	HR Director	912-748-7261	chankins@pooler-ga.gov
City of Powder Springs	Rosalyn Nealy	HR Director	770-943-1666	rnealy@cityofpowdersprings.org
City of Rincon	Hadassa Villafana	Finance Director	912-826-5745	hvillafana@rinconga.gov
City of Stockbridge	Dwayne Pollock	HR Manager	770-389-7908	dpollock@stockbridgega.org
City of Suwanee	Michelle Hunter	HR Director	470-350-1206	mhunter@suwanee.com
City of Tallapoosa	Melissa Chandler	Finance Manager	770-574-2345	mchandler@tallapoosaga.gov
City of Toccoa	Jan Crawford	HR Manager	706-282-3291	crawford@cityoftoccoa.com
City of Tucker	Lolita Brown	HR Manager	470-568-2093	lbrown@tuckerga.gov
City of Warner Robins	Ken Fennell	HR Manager	478-302-5525	kfennell@wrga.gov
City of Winder	Dr. Niki Graham	Director of HR	678-425-6815	niki.graham@cityofwinder.com
Cusseta-Chattahoochee County	Lisa Bickel	County Clerk	706-989-3602	lisa@ugoccc.com
Dade County	Patty Murphy	HR Manager	706-657-4625	p.murphy@dadecounty-ga.gov
Dade County Water & Sewer Auth.	Ashley Castleberry	Office Manager	706-657-4341	customerservice@mydadewater.com
Dodge County	Conner Bearden	County Manager	478-374-4361	conner.bearden@dodgecounty-ga.com
Douglas County	Danielle Nichols	HR Director	770-920-7277	dnichols@douglascountyga.gov
Elbert County	Tamara Butler	County Clerk	706-283-2000	tbutler@elberton.net
Ellijay-Gilmer Water & Sewer Auth.	Alicia Stewart	Controller	706-276-2202	wsactl@egcwsa.com
Fannin County	Jessie Hall	HR Manager	706-632-2203	jhall@fannincountyga.org
GA World Congress Ctr. Auth.	Ron Miranda	HR Director	404-223-4444	rmiranda@gwcc.com
GA Mountains Regional Comm.	Heather Feldman	Executive Director	770-538-2606	hfeldman@gmrc.ga.gov
Georgia Public Broadcasting	Veronica Daniels	HR Generalist	404-685-2663	vdaniels@gpb.org
Glynn County	Tamara Munson	CFO	912-689-9158	tmunson@glynncounty-ga.gov
Habersham County	Ann Cain	HR Director	706-839-0205	acain@habershamga.com
Harris County	Andrea Dzioba	County Clerk	706-628-4958	adzioba@harriscountyga.gov
Houston County	Kenneth Carter	Director of Personnel	478-542-2005	kcarter@houstoncountyga.org
Jackson County	Kevin Poe	County Manager	706-367-6318	kpoe@jacksoncountygov.com
Jeff Davis County	Hannah Day	HR Manager	912-375-6611	hannah.day@jeffdaviscountyga.gov



Vendor Proposal Requirements

Public Sector Client	CONTACT	TITLE	PHONE	EMAIL
Jekyll Island Authority	Jenna Johnson	HR Director	912-635-4075	jjohnson@jekyllisland.com
Middle Georgia Regional Comm.	Tiffany Andrews	Deputy Director	478-722-6955	tandrews@mg-rc.org
Newton County Water & Sewer Auth.	Tracey Clark	HR Director	770-385-3904	tc@ncwsa.us
Oglethorpe County	Amy Forrester	County Clerk	706-743-5270	aforrester@oglethorpecountyga.gov
Peach County	April Hodges	County Administrator	478-825-2535	april-hodges@peachcounty.net
Pickens County	Paula Peace	HR Manager	706-253-8820	ppeace@pickenscountyga.gov
Savannah Int. Trade & Convention	Gail Terrell	HR Manager	912-447-4052	gterrell@savtcc.com
Spalding County	Miles Neville	HR Director	770-467-4221	mneville@spaldingcounty.com
Sumter County	Terri Wooden	HR Specialist	229-928-4500	twooden@sumtercountyga.us
Telfair County	Janet Yawn	Accounting Specialist	229-868-5688	tcacctg@gmail.com
Town of Tyrone	Sandy Beech	City Clerk	770-487-4038	sbeach@tyrone.org
Twiggs County	Liz Wilmarie	County Administrator	478-945-3629	wliz@twiggscounty.us
Walker County	Hugh Delacruz	HR Director	706-638-1437	hr@walkerga.us
Walton County	John Ward	County Manager	770-267-1301	john.ward@co.walton.ga.us
Ware County	Theresa Young	HR Director	912-287-4333	tyoung@warecountyga.gov
White County	Shanda Murphy	County Clerk	706-865-2235	smurphy@whitecounty.net
Whitfield County	Jackie Carlo	HR Director	706-275-7512	jcarlo@whitfieldcountyga.com
Wilkes County	Karen Burton	County Administrator	706-678-2511	countyclerk@wilkescountyga.org
Wilkinson County	Tracy Strange	County Manager	478-946-2236	tstrange@wilkinsoncounty.net

7. Describe the proposed account service team and qualifications.

John Leggett would serve as the Lead consulting broker and in turn, supported by his Account Manager, Zori Worrall. The MSI Teams described in our answer to Question 8 (Consulting Team; Customer Service Team; Enrollment Team, Eligibility Team; Billing Team; IT and Compliance Team) would also remain actively engaged, offering year-round service and support.

Qualifications of Key Personnel are described below with a full listing of Pike County Board of Commissioners' Dedicated MSI Benefits Group Team enclosed as part of our proposal submission.

John Leggett, Lead Benefits Consultant



John is a native of Dallas, Georgia and began his professional career in 2002 as an Account Executive with MSI. He attended Floyd College while studying Business Administration. John is a licensed insurance agent and counselor in the State of Georgia and provides benefit consulting and brokerage services to a full range of MSI public and private sector clients.

John serves on multiple carrier Executive Broker Councils and local Business Associations, remaining highly involved with many local government associations for more than 20 years.



Ashley Gilder, Benefits Consultant



Ashley graduated from Auburn University and has 13 years of experience in the insurance industry with client representation in both the private and public sectors. Ashley has expertise in all Funding Methodologies with a specialized focus in Self-Funded Health Plans, coupled with extensive knowledge in the Ancillary Benefits space.

As a Lead Benefits Consultant, Ashley is experienced in the development of strategic objectives and initiatives and is ultimately responsible for the Plan Management of the benefits program.

Ashley's strong understanding of the industry and involvement in local Business Associations, coupled with her background in public relations, aids in her ability to not only secure the most comprehensive, cost-effective solutions, but also ensure proper communication deployment for maximizing the value of the benefits program.

Zori Worrall, Lead Benefits Account Manager



Zori relocated to the Atlanta Metro area in 2001 after completing her Legal Degree overseas. She began her professional career with MSI in 2013 after graduating from Kennesaw State University with a degree in Finance.

As a Registered Health Underwriter and Registered Employee Benefits Consultant, Zori is involved in all aspects of account management, from implementation to daily service.

Hillary Mathis, Benefits Account Manager



Hillary has been in the industry for 12 years and is currently serving as a Senior Account Manager. She is instrumental in assisting customers with vendor and member-related issue resolution and overseeing benefit operations and administration.

With ample experience in a number of key areas, Hillary brings a wealth of knowledge relating to Health Plan Compliance (e.g. ACA, HIPAA, COBRA, FMLA), Member Communication and Education, Carrier Implementation and COBRA Administration.

Gayle Mikhail, Lead Benefits Enroller

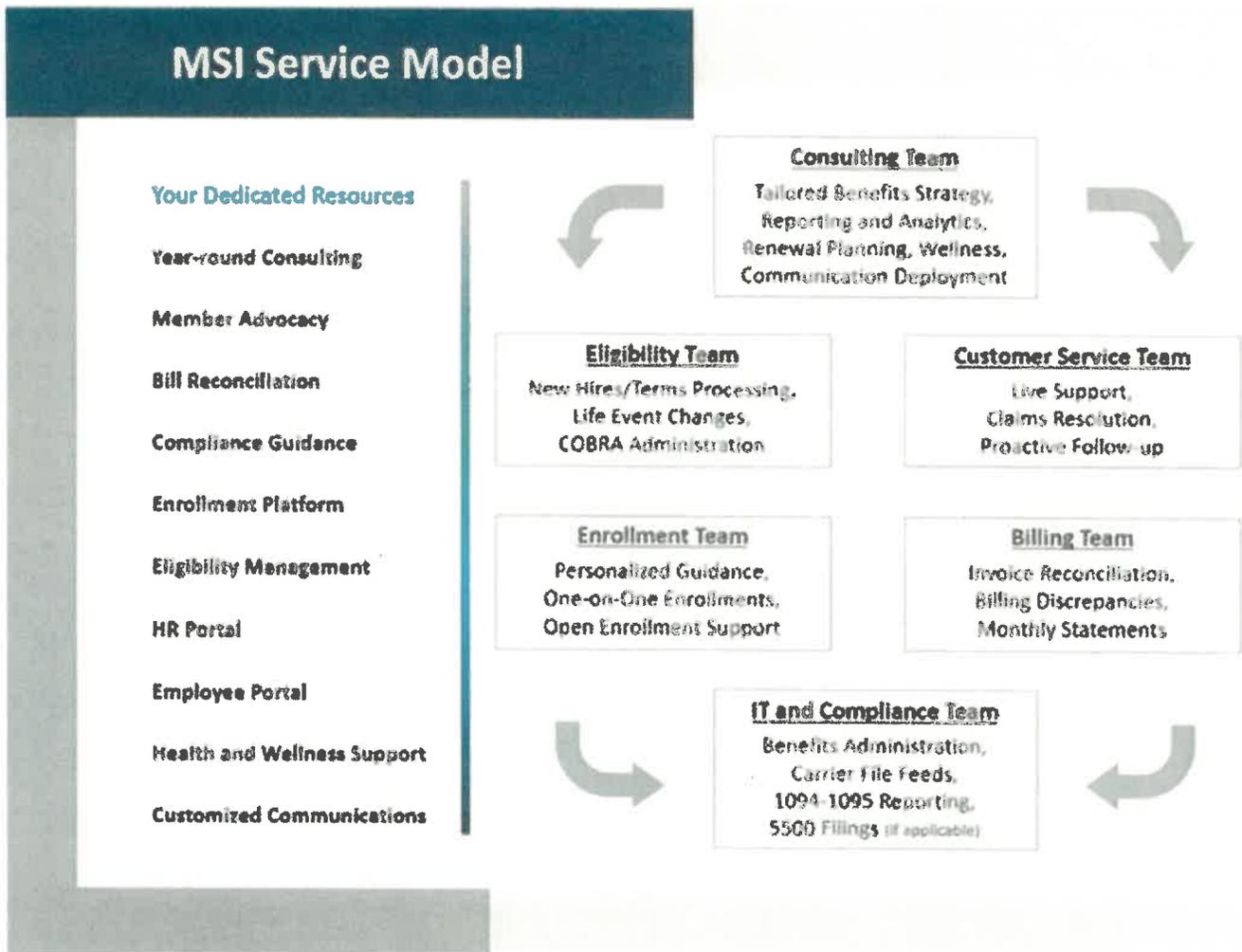


Gayle has more than 20+ years of experience in Health, Life, Compliance and recently became a Certified Health and Wellness Coach. She has served on two advisory boards, managed teams of benefit specialists and closely collaborates on the implementation of all benefits. Gayle is passionate about helping individuals find what is best suited for the employee and their family, which is exemplified in her personable and caring approach.

Maria Campos, Customer Service Representative Supervisor



Maria is a 2001 graduate of the University of Central Florida where she earned a B.S. in Business Administration. From 2001 to early 2005 she worked as a Customer Service Representative in both the Patient Accounting and Managed Care Appeals Departments of Orlando Regional Healthcare. Maria relocated to Atlanta and joined MSI as a Customer Service Representative in February 2005 where she now manages a team of dedicated Customer Service Representatives.



8. Outline day-to-day service levels.

At MSI, we arm our customers with innovative benefit solutions, year-round support and extensive technical expertise, enabling our clients to deploy robust benefit programs in which support the continual need to recruit, retain and motivate top quality employees while adhering to financial constraints. The graphic on the following page outlines our comprehensive service model:



Vendor Proposal Requirements

Benefits Consulting	Enrollment and Eligibility	Member Advocacy	Administrative Support
Financial Reporting	MSI Enrollment Platform	Live Customer Service	Bill Reconciliation
Analytics/Plan Modeling	New Hire/OE Meetings	Claims Assistance	Benefit Deduction Files
Comprehensive Marketing	Customized OE Materials	Provider Outreach	Compliance Reporting
Renewal Planning	Eligibility Management	Billing Concerns	Annual Notices
Health and Wellness	COBRA Administration	MSI Employee Portal	MSI Employer/HR Portal

Each client account is served by a Lead Benefits Consultant who manages the relationship and is involved on a continual, year-round basis alongside the service and support teams with MSI task-organized into the following functional areas:

- **Benefits Consulting:**

The **MSI Consulting Team** provides Financial Reporting and Analytics/Plan Modeling, conducts Comprehensive Market Evaluations, oversees all aspects of Renewal Preparation and Communication Deployment and assists in developing Health and Wellness Strategies for all clients.

- **Enrollment and Eligibility:**

The **MSI IT and Compliance Team** manages the MSI Enrollment Platform and data flow of eligibility via Electronic Data Interface feeds with all applicable carriers on behalf of clients.

The **MSI Enrollment Team** conducts monthly Onsite New Hire Meetings and annual Onsite Open Enrollment Meetings, enrolling and assisting all employees with benefits-related questions.

The **MSI Eligibility Team** monitors New Hires, Changes and Terminations with data flow to Enrollment and Billing Team in addition to COBRA Administration and management of Life Event changes.

- **Member Advocacy:**

The **MSI Customer Service Team** consists of MSI Employees who assist with coverage questions, claims issues, coordination with doctors and hospitals to facilitate claim payments, etc.

- **Administrative Support:**

The **MSI Billing Team** Reconciles All Monthly Invoices with on-going eligibility activity and provides Audited "Premium-due" Information to clients' HR/finance/accounting department(s).

The **MSI IT and Compliance Team** handles 1094/1095 Reporting and required Annual Notices for all clients.

9. Explain your approach to strategic benefits planning.

The employee benefits marketplace has become increasingly complex and competitive. At a strategic level, the primary concern is optimizing the money spent on benefits to attract and retain top workforce talent.

For many organizations, the benefits program has been viewed as merely a “tactical function.” However, transforming this discipline to a strategic directive that prioritizes employee benefits in a way that balances financial constraints and employee wellbeing is quickly becoming a metric for defining a successful organization.



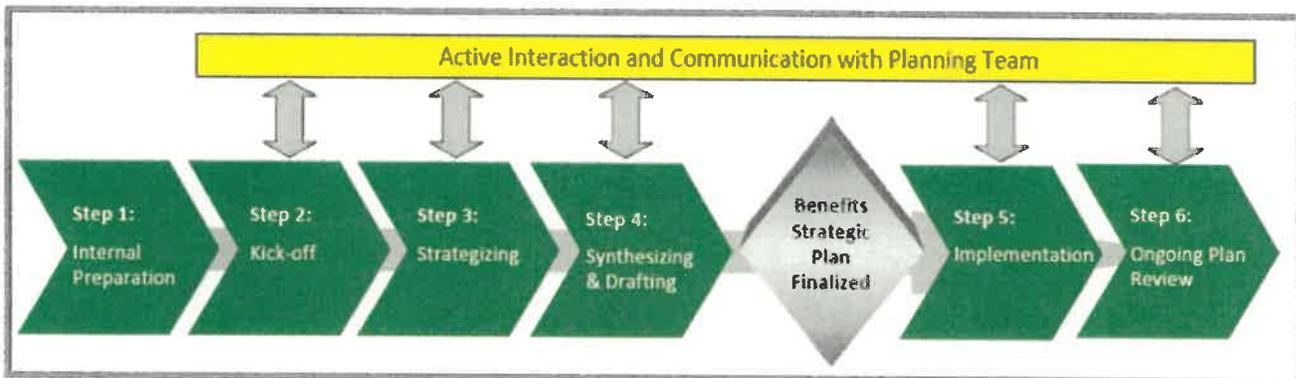
For several years, the cost of the total rewards package and controlling the associated expenses topped the list of primary employer concerns. Today, however, cost reduction and cost containment has been eclipsed by the need for talent management.

The shortage of qualified employees as well as motivating and retaining existing employees in today’s market is the leading priority for a majority of organizations.

ADDRESSING TODAY’S NEEDS, ANTICIPATING TOMORROW’S CHALLENGES

Utilizing strategic planning as a tool and building a Strategic Benefits Plan is the starting point from which success will be achieved.

MSI advocates a six-step process that simultaneously serves as a *project plan* and a *springboard* for future management decisions regarding the benefits program.



The intent of the Strategic Benefits Plan is for it to become the project plan, serving as a roadmap for managing benefits and containing costs, modifying plan designs and introducing new benefit offerings, enhancing or



improving communications deployment, adjusting or implementing new administration processes and leveraging technology.

MSI recognizes that building a successful employee benefits strategy means keeping the benefit offerings relevant, which is why we utilize the Strategic Benefits Plan to regularly measure progress and ensure activities are aligned with current business circumstances and the evolving needs of your workforce.

10. Detail your renewal negotiation process.

Preparation for the renewal begins immediately and is an ongoing process throughout the plan year as claims reporting and utilization are reviewed with renewal claim projections generated.

Vetting carriers is a continual process overseen by MSI to ensure our clients are partnered with the solutions best positioned to meet their organizational goals and objectives. In order to ensure the most competitive pricing is secured while holding the incumbent carrier(s) accountable, MSI utilizes a comprehensive marketing approach. In addition to marketing, our renewal planning process includes pre-renewal meetings, carrier and product evaluations, ensuring all viable options are considered.

Upon completion of our negotiations, all proposals are analyzed and compiled into an Executive Summary, easing management’s task of making comparative judgments about all facets of the proposed coverage options. Our goal is to provide clients with data to keep them well informed so that when a change is discussed, it is justified with a methodical targeted approach. Utilizing the County’s input and supporting data (i.e. claims, utilization reports, benchmarking, etc.), proposed renewal considerations are finalized with the lead benefit consultant(s) involved in all management and council meetings. A Target Renewal Sample Timeline is included on the following page:

Sample Renewal Timeline (July Renewal)	Owner	Target Date
Conduct Pre-Renewal Meeting	MSI / Pike Co	February
Obtain Renewals	MSI	March/April
Initiate Marketing	MSI	March/April
Conduct Renewal Meeting	MSI / Pike Co	April
Finalize Carriers, Plan Offerings and Contributions	MSI / Pike Co	April
Initiate Enrollment Platform Build-out	MSI	April
Provide OE Communication Materials	MSI	April
Target Open Enrollment:		
Conduct Onsite Enrollments	MSI	May
Send Open Enrollment Files to Carriers	MSI	May
Deliver Total Compensation Statements	MSI	May/June
Benefits Effective Date: July 1st, 2026		



11. Describe your process for assisting with vendor selection.

The process of selecting an insurance carrier first begins with a thorough understanding of the client’s needs as part of our strategic planning exercise. Once goals and objectives are determined, MSI will then initiate the comprehensive marketing process.

As your broker, our job is to exercise due diligence on your behalf and make *unbiased* recommendations based solely on the needs of you and your employees. As part of the evaluation however, MSI does adhere to stringent metrics for evaluating carriers in areas such as Reporting Capabilities, Claims Adjudication, Case Management, Network Analysis, Customer Service, etc. MSI’s thorough evaluation process, coupled with our extensive knowledge of the carrier market, allows MSI to provide unique insight into the best vendor partners for consideration with on-site due diligence and interviews recommended.

MSI continues to earn the respect of our insurance partners for always putting our customers first, serving as our client’s advocate above all else. While MSI does not consider any carrier/administrator as a “*preferred carrier*,” most large, competitive insurance carriers do consider MSI as a “*preferred agency*,” which equates to the best benefit choices and price points for our clients.

MSI’s negotiating leverage with carriers is further enhanced by our Benefits Administration system and billing services, which are recognized by insurance companies as having real monetary value. We provide 100% enrollment accuracy and reconcile and manage self-billing for all clients – These efforts provided by MSI not only aid in insurance carriers being more aggressively positioned in the market, but also allow us to secure the best pricing for our customers while simultaneously reducing their administrative burden.

Product & Vendor Relationships

12. List carrier/vendors you work with (life, disability, dental, supplemental, etc.).

MSI has earned the respect of our insurance partners by consistently prioritizing the needs of our clients and acting as their advocate. While we do not designate any carrier or administrator as a "preferred carrier," many major, competitive insurance providers recognize MSI as a "preferred agency." This designation enables us to offer our clients the best benefit options and pricing available. While we work with many insurance companies, we have no relationships with any carrier that could create a conflict of interest. The following page provides a sample listing of our current partner relationships:

MSI PARTNERSHIPS (NOT ALL-INCLUSIVE LISTING)	
AdminAmerica	Hartford Life & Accident Insurance Co.
Aetna Health Inc.	HealthEquity
Alliant Health Plans, Inc.	HealthEZ
Allied	HealthSmart
American Family Life Assurance Co. of Columbus	HM Life Insurance Co.
American Fidelity Assurance Co.	Humana Insurance Co.
American Heritage Life Insurance Co.	Kaiser Permanente Insurance Co.
American United Life Insurance Co.	Lincoln National Life Insurance Co.
Ameritas Life Insurance Corp.	Luminare Health



Vendor Proposal Requirements

Anthem Blue Cross & Blue Shield	MedCom
Banner Life Insurance Co.	Meritain Health
Boston Mutual Life Insurance Co.	Mutual of Omaha
CIGNA Health and Life Insurance Co.	OneAmerica
CompBenefits Insurance Co.	PHCS
Continental American Insurance Co.	ProCare Rx
Crum & Foster	ProCare Rx
Crumdale Partners	Standard Insurance Co.
Davis Vision	SunLife Financial
Dearborn National	Trustmark Life Insurance Co
Delta Dental Insurance Co.	United Healthcare Insurance Co.
EBMS	Unum Life Insurance Co. of America
EyeMed	VeracityRx
Fidelity Security Life	Voya
Greater Georgia Life Insurance Co.	VSP
Guardian Life Insurance Co. of America	Wellfleet Insurance Company

13. Describe communications strategies and tools for explaining benefits.

MSI believes in the power of education and transparent communication. We offer a variety of customized communications to ensure members remain well-informed and engaged with their benefits. MSI designs a customized benefits communication strategy alongside each client to determine how best to reach each customer’s employees, depending on their technical skill level, insurance knowledge, job description and preferred method of communication.

Below are some examples of the different modalities utilized by MSI for communicating with employees:

Targeted Communication – Isolates specific trends through data analytics that could benefit from employee communication in which MSI formulates and deploys (i.e. Avoidable ER, Leveraging Rx Specialty Programs, etc.)

Open Enrollment Notice – Conveys employer’s message for each annual benefit renewal cycle and is inclusive of locations and times for enrollment meetings, changes in carriers, benefits and/or contributions

Benefits Guide – Designed to serve as an informative decision support tool that distills simple descriptions of plan designs and costs for the employees’ consideration (other important information such as vacation and sick leave, holiday work schedule and retirement information can also be included)

Open Enrollment Packet – Contains Open Enrollment Notice and Benefits Guide in which are combined into a 9”x 12” envelope and personalized with each employee’s full name on a label that is segmented by department, helping to ensure that the pertinent benefits information reaches every employee

Personalized Enrollments – Face-to-face or virtual visits with MSI benefit counselors for an explanation of the benefits program and assistance with online enrollment



Vendor Proposal Requirements

Enrollment Orientations and Videos – Provides benefits overview, reviewing key highlights and ensuring benefits messaging remains consistent

Enrollment Platform – Allows employees the opportunity to enroll from their office, home, smartphone or tablet

Employee Portal – Access to benefit summaries, plan documents, claim forms and ability to contact MSI directly with service requests or questions

Total Compensation Statement – Outlines each employee’s benefit elections, employee cost per pay period and employer cost for each benefit, providing the total dollar value equivalent of benefits + salary

Text Messaging – Ability to send direct messages to all employees for events such as open enrollment, health fairs and/or benefit reminders (i.e., preventive care and telemedicine promotion)

Live Member Advocacy – Personalized support with MSI representatives (Mon-Fri, 8a-5p) available to assist with benefit-related questions and/or claim issues for prompt resolution

Email – Each member of our Customer Service team is equipped with email and all employees are provided with a generic email address (HelpMe@msibg.com) that notifies the entire service time

A Sample Open Enrollment Letter, Benefits Guide and Benefits Statement are included as an Enclosure as part of our proposal.

14. Explain what differentiates your organization.

At MSI, we attribute our success and the loyalty of our clients to our service model described in detail throughout this proposal. We strive to provide a level of service unlike any other broker in the market – Some of our value-added services in which make us unique include:

Locally Owned and Operated

- The entire MSI team is under the same roof at our office in Kennesaw, GA.
- While MSI has been approached by larger, national Brokers looking to “buy our block of business,” we are not for sale. Even as a local broker to Georgia, we have access to the same “resources” as our competition.
- MSI does not subcontract any responsibilities (no outsourcing).
- MSI does not charge any additional fees to our clients.

MSI Consulting Team

- MSI’s dedicated Lead Benefits Consultant remains involved on a continual basis – the account is not immediately handed off by a Sales Associate once the Broker of Record Agreement is executed as with competitors. MSI’s Lead Benefits Consultant is intimately involved throughout the sales process and then assumes responsibility for overseeing and managing the account year-round.

MSI Customer Service Team

- When members reach out to MSI, they are greeted by live representatives who are committed to assisting with a wide range of concerns, ensuring all members feel supported with issues resolved promptly.



MSI Billing Team

- Each client account has a dedicated Lead Billing Specialist who reconciles all monthly invoices with on-going eligibility activity and provides audited “Premium-due” information to clients.

MSI IT and Compliance Team

- MSI contracts with ZEVO to offer all clients a benefits administration solution at no additional cost.
- MSI offers all clients the ability for us to maintain responsibility for all members’ eligibility and enrollment data with MSI handling every aspect of the file feed process with carriers.

MSI Enrollment Team

- MSI prefers to enroll each newly hired employee in person (although telephonic enrollment support is also provided).
- MSI believes in one-on-one, face-to-face annual enrollments during employees’ working hours.

MSI Eligibility Team

- MSI maintains electronic files on each of our client’s employees. All documentation received is stored under the employee’s record, which allows easy access to our service team for efficiently handling issues/questions.
- In conjunction with managing the active employee population, MSI also has ample experience in managing clients’ retiree populations (enrollment, move to Medicare, billing, etc.).

15. Provide any additional beneficial information.

To the best of our knowledge, MSI represents and serves more public sector clients in Georgia than any other single broker. We attribute our success and the loyalty of our clients to our service model, which tends to differentiate us from the competition and make us so attractive to public sector employers.

MSI stands out as a truly full-service broker with daily, hands-on involvement. Your employees will quickly become accustomed to reaching out to MSI for support, and your HR team will maintain constant communication with the entire MSI Team designated to Pike County Board of Commissioners. From a consulting perspective, your Lead Benefits Consultant will provide a detailed calendar of important meetings, including quarterly reviews, pre-renewal, and renewal sessions, working proactively to schedule them months in advance. In addition, the Enrollment Team will conduct monthly onsite visits for new hire meetings, and these sessions can also be utilized by current employees who wish to meet with a representative to review claims or address any benefit-related concerns or questions.

Common feedback from our clients is that it feels like MSI functions as an extension of their HR team, helping to manage their benefits program. Typically, HR departments need one HR professional for every 80-100 employees. Many of our public sector clients fall short of this ratio, but with MSI as their broker, they benefit from reduced administrative burdens, allowing them to focus on other critical Human Resources tasks.

16. Provide four Georgia public-sector references (if available).

We have provided all 72 of our public sector clients as a reference for Pike County in our answer to Question 6.



17. Describe customer service support for County staff and employees.

Benefits Consulting Support:

Consulting and Strategic Planning

MSI’s Consulting Team delivers a full range of strategic services, including Financial Reporting and Plan Modeling, Comprehensive Market Evaluations, Renewal Planning and Communication Strategy, and the development of Health and Wellness Initiatives.

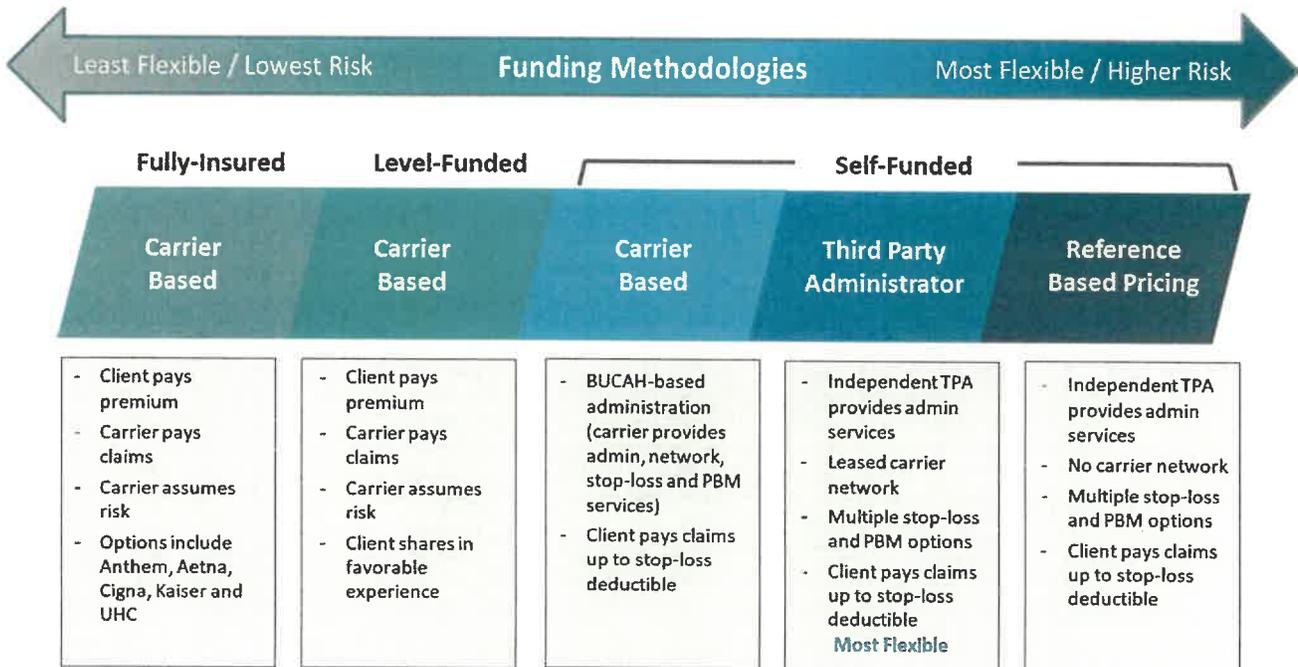
Proactive Cost Management

To help clients stay ahead of rising healthcare costs, MSI closely monitors monthly claims and utilization trends when available based on the plan setup and size of the employer. We provide custom reporting packages tailored to each client’s specific needs—tracking performance against budget and offering renewal projections throughout the year. Our belief is simple: one size does not fit all.

By leveraging advanced data analytics, we identify cost drivers, usage patterns, and actionable insights. This allows us to deliver informed, data-driven recommendations that align with your financial objectives and help improve overall plan performance.

Renewal Planning and Market Strategy

Carrier evaluation is an ongoing process at MSI. We continually assess your current vendors and explore the broader market to ensure you’re aligned with the most competitive and appropriate solutions. Our comprehensive marketing strategy includes soliciting proposals from all viable carriers, analyzing funding methodologies, and negotiating aggressively to maximize value—holding incumbent carriers accountable while always keeping your goals front and center.





Unbiased Carrier Evaluation and Strategic Negotiation

As your broker, MSI’s role is to serve as your advocate—conducting thorough due diligence and offering unbiased recommendations based solely on the needs of your organization and employees. While we tailor each recommendation to the client, we also apply a consistent, metrics-based evaluation process that considers key factors such as carrier reporting capabilities, claims adjudication, case management, network strength, and customer service performance.

Our deep understanding of the carrier landscape enables us to identify the most suitable vendor partners and provide strategic guidance throughout the selection process. Though MSI maintains no formal alliances or "preferred carriers," most leading insurance carriers view us as a "preferred agency." This distinction allows us to offer clients access to highly competitive plan options and pricing not always available through other brokers.

Carrier Leverage Through Value-Added Services

MSI’s strong negotiating position is further enhanced by our in-house Enrollment and Billing services—recognized by carriers as delivering real operational and financial value. Our proprietary platform ensures 100% enrollment accuracy, and our team fully manages self-billing and reconciliation on our clients’ behalf. These services not only reduce the administrative burden for employers but also allow carriers to price more aggressively, resulting in optimal outcomes for our clients.

Executive-Level Reporting and Decision Support

After negotiations conclude, all proposals are compiled into a detailed Executive Summary, offering a side-by-side analysis to support informed decision-making. Any recommended changes are backed by data, benchmarking, and strategic rationale. Final recommendations are developed collaboratively, incorporating client input, and presented by your lead benefits consultant during all relevant management and council meetings.

Hands-On Enrollment Support

MSI’s Enrollment Team conducts monthly onsite new hire meetings and provides in-person support during annual Open Enrollment. We guide employees through their benefit options, assist with enrollment, and answer all benefit-related questions directly.

Comprehensive Eligibility Oversight

Our Eligibility Team actively tracks and manages new hires, terminations, and life event changes. This data flows directly to MSI’s Enrollment and Billing Teams to ensure timely and accurate updates. We also manage COBRA administration, removing the administrative burden from the client and ensuring compliance every step of the way.





Member Advocacy:

Dedicated Customer Service & Member Advocacy

MSI's Customer Service Team is made up of knowledgeable, in-house professionals who assist employees with a wide range of benefits-related needs—including coverage questions, claims issues, and coordination with doctors, hospitals, and insurance carriers to ensure timely and accurate claim payments.

When an employee contacts our office, they speak directly with a live representative who is committed to resolving their issue from start to finish. Whether it's disputing a charge, explaining a deductible, or assisting with a disability claim, we understand how stressful navigating healthcare can be. That's why we take pride in serving as a trusted advocate for your employees.

Administrative Support:

Billing Reconciliation & Compliance Support

MSI's Billing Team manages the aggregation and reconciliation of all monthly carrier invoices, aligning them with current eligibility data to deliver accurate, audited premium-due reports to clients' HR, finance, and accounting departments.

Our month-by-month audit process runs year-round, ensuring complete accuracy and eliminating billing discrepancies. This level of precision is made possible by the continuous tracking of eligibility changes—new hires, terminations, and life events—which MSI manages daily as part of our standard service offering at no additional cost.

In addition to billing support, MSI also assists clients with ACA compliance, including preparation of 1094/1095 reporting, and the generation and distribution of all required annual notices.

18. State whether a benefits website and toll-free support line are available.

Our office can be reached at 800-580-1629 or 770-425-1231 Monday through Friday from 8:00 AM until 5:00 PM. We do also offer an online website that outlines all benefits:

MSI Interactive Client Portal – eligibility functionality in which allows HR to submit New Hire Notifications, Terminations and Change Requests in the event a file feed cannot be established with Client's HRIS platform:

All above notifications are electronically confirmed and archived – Beyond these essential elements of eligibility information in which originate with the client, MSI assumes year-round responsibility, managing all eligibility and enrollments, corresponding administrative actions and interface with insurance carriers.

The Client Portal also provides access to a library of forms and documents specific to each organization's benefit plans as well as a link to the MSI HR Portal – a robust solution, empowering clients with helpful tools and resources to help support strategic HR initiatives.

KEEPING YOU INFORMED

At MSI, our clients are at the center of everything we do. We build long-term relationships by offering personalized solutions and service, ensuring that our clients continually receive the best guidance and support – As a value-add service and extension to this commitment, we send out **MSI Monthly Newsletters** to all our client



Vendor Proposal Requirements

HR/management contacts in which address key issues of topical interest in the realm of employee benefits, related legislative and regulatory trends, including useful tips and resources that can be passed along to employees.

MSI provides all clients with access to the [MSI HR Portal](#) – an online, educational database featuring the most current federal and state law updates, step-by-step guidelines for compliance, information for hiring and terminating employees in addition to many other HR-related functions.

An [Online Training Library](#) of over 200 training videos for employees, managers and HR professionals is also made available by MSI – These training videos provide an educational platform, which frequently satisfies mandatory training requirements. In many cases, employers pay a high price for this capability, but MSI provides this as a part of our standard services.

Each training course was developed in consultation with attorneys so as to provide a high-quality, easy-to-understand learning experience for all. Through the system, managers have the ability to add employees for individual viewing and training purposes. Most courses include a quiz after each module with managers notified when employees have completed the training. Below is a partial listing of available Sample Training Videos:

SAMPLE TRAINING VIDEOS	
How to Keep Employees Motivated	Employment Laws: What Supervisors Need to Know
How to Hire Top Talent	Cybersecurity for Employees: Safe Internet Use
Five Must-Do's for Employee Orientation	Cybersecurity for Employees: Social Media Risks
Employee Handbooks	A Bully-Free Workplace: What Employees Need to Know
Managing the Drug Free Workplace	Understanding & Preventing Heat-Related Illnesses
Avoiding Common COBRA Mistakes	Cold Stress: Working Safely in Cold Weather
Terminating Employees: A Supervisor's Guide	Safety Leadership: An Essential Safety Element
Substance Abuse in the Workplace: A Manager's Guide	Performance Reviews: Tips and Tactics for Supervisors
Sexual Harassment Prevention Training for Managers	Workplace Violence Prevention for Managers

Enrollment & Administration

19. Describe in detail the communication and enrollment process.

It is a core value of MSI Benefits Group to conduct all communication, enrollment, and interaction with employees with professionalism and a keen understanding that the employer group is relying on us to act as an articulate good will ambassador on its behalf. The over-arching goal of the employer to be better positioned to recruit, retain, and motivate top quality employees can only be attained if deliberate and professional effort is expended to convey an understanding of the benefits accurately and effectively to all employees.

- After MSI recommendations, management makes final decision on design and cost of benefits
- Management and MSI coordinate to select dates for Open Enrollment (approx. 30-90 days before renewal effective date)
- MSI drafts Open Enrollment Letter for management signature (enclosed example)
- MSI designs and publishes for each employee an Employee Benefits Guide (enclosed example) which is customized for Pike County's menu of benefits



Vendor Proposal Requirements

- Both letter and handbook are inserted into a 9"x 12" envelope which is personalized with the employee's full name and sorted by County departments. This helps to ensure that the necessary benefit information reaches every single employee in your workforce
- Lead MSI consultant conducts group meetings for all employees and answer questions/concerns while delivering all open enrollment packets
- Open Enrollment meetings then take place which are staffed by the MSI Enrollment Team (licensed, non-commissioned, and experienced benefit counselors) - all MSI counselors are equipped with their own laptops and sit side-by-side, one at a time with each employee to explain benefits, answer questions and assist with the electronic enrollment
- We accommodate 24-hour public safety shifts so that all employees will have the opportunity to meet with an MSI representative at the workplace (while on shift)
- Individual meetings for a group the size of Pike County will typically take place over a 1 – 2 week period depending on the County's scheduling preferences
- After Open Enrollment, we generate, print, and deliver individual Benefit Statements (enclosed example) to the County in sealed, personalized envelopes for each employee

The renewal process begins in January with open enrollment meetings beginning in mid to late April and running through mid to late May. The goal is to have all member ID cards in the hands of employees and their dependents before July 1st.

20. Who will be doing the enrollments?

- a.) **What is their experience in benefit communication and enrollment with the Georgia Public Sector? Include number of staff provided.**
- b.) **Do you offer online or web enrollment and if so, please describe?**
- c.) **Please provide a copy of a benefit election form that you have used that can serve as a sample of a benefit election form to be submitted to our employees for benefit enrollment.**

a.) The **MSI Enrollment Team** conducts monthly Onsite New Hire Meetings and annual Onsite Open Enrollment Meetings, enrolling and assisting all employees with benefits-related questions. The team is led by Gayle Mikhail, who has more than 20+ years of enrollment experience in both the public and private sector. She is supported by an additional team of 4 benefit enrollers.

b.) **MSI Benefits Administration Platform** – enrollment solution in which allows MSI to manage build-out of benefits and establish carrier data feeds in event Client's Payroll/Benefit systems are not integrated:

MSI contracts with ZEVO in order to *offer all clients a benefits administration solution* as part of our standard service package at *no additional cost*. Currently, MSI's enrollment platform represents more than 40,000 member lives in which is designed, deployed and managed year-round by MSI.

ZEVO provides a single electronic point of entry for all insurance products, serving as a state-of-the-art web-based benefits communication and enrollment platform that employees can access 24/7 from their home, office, smartphone or tablet.

The employee's benefit elections, made with the assistance of MSI benefit counselors, are fed electronically to clients' payroll systems and multiple insurance carriers' eligibility databanks via EDI feeds with information mapped directly to the appropriate insurance carrier. This process ensures that the insurance carrier invoices and client's payroll deductions will always match the actual lines of coverage elected by employees.



At the heart of making electronic enrollments work is the blending of technology with an intimate knowledge of the insurance products being enrolled. The system can be programmed to adjust for waiting periods, payroll cycles, late entrants, age bands for supplemental life and critical illness benefits along with a host of other life events. All programming and data mapping are performed by the MSI IT and Compliance Team who are licensed and trained in the insurance plans being offered.

Please note that ZEVO is “HIPAA 834” compliant, which is the federal government standard for electronic insurance eligibility data formatting. The electronic enrollment is designed to augment, not replace, personal interaction and benefit communications. The cornerstone of our implementation strategy is that whenever possible, employee interactions are conducted face-to-face, one-on-one. Thus, we conduct annual open enrollments with a staff of qualified, experienced and non-commissioned benefit counselors who meet individually with each employee to answer questions, returning monthly for new employee orientations.

- c.) All enrollments will be conducted online, so there will be no paper benefit enrollment form for the employee to fill out. Attached in our proposal is the Total Compensation Statement, which provides an employee with his or her annual salaries plus the cost of their benefits that Pike County provides.

21. Describe the procedures for the use of your Flexible Spending Debit Card and participation requirements for benefit enrollment.

Since MSI is not a Third-Party Administrator, we will typically partner with a vendor to administer the FSA and send out the debit cards. There is no minimum participation requirement to offer this benefit to employees. While MSI is not the TPA, we do facilitate the implementation of the benefit and assist employees with any FSA questions or issues once the program is in place.

22. Who are you proposing as your Third-Party Administrator?

- a.) Describe the claim reimbursement process.
 - b.) How often do you pay reimbursement claims?
 - c.) Is your Spending Account vendor complaint with all relevant IRS Regulations in regards to administration of debit cards?
 - d.) What experience does your organization have with Flexible Benefits Administration?
-

We typically partner with Admin America as our Flexible Spending Account (FSA) administrator. Admin America is headquartered out of Alpharetta, Georgia, and based on our experience, has provided exceptional administrative services for benefit programs including FSAs, HRAs, HSAs, and COBRA administration.

- a.) Admin America issues a benefit debit card that can be used at the point of sale for eligible expenses. If a transaction automatically substantiates under IRS guidelines, no additional documentation is required. In certain instances, participants may be asked to provide an itemized receipt for verification.
- b.) FSA claims are processed in real time when the debit card is used and the transaction is substantiated. If a participant submits a manual reimbursement request, claims are typically processed within a few business days of submission and approval.
- c.) Admin America administers plans in compliance with applicable IRS rules and regulations governing tax-advantaged benefit programs.



Vendor Proposal Requirements

d.) MSI has extensive experience administering and supporting FSA plans. We currently serve more than 70 public sector clients, the majority of whom offer an FSA program as part of their benefits package.

23. Provide a list of all fees that your firm will charge to administer our Flexible Benefits Plan and/or other insurance products you will offer.

All services outlined in our proposal are included at no additional cost, as MSI does not charge separate service fees. To further enhance the value of our proposal, MSI will also handle the Pike County's 1094-C and 1095-C reporting at no additional charge.

Additional Service at NO Cost:

Under IRS Section 6055/6056, applicable large employers are required to report to the IRS that they offered health coverage to employees with the information to be reported on Forms 1094-C and 1095-C. MSI will assist with this process at no cost.

At MSI, we are continually evaluating new ways we can enhance our service model to better assist our clients. The services we offer below look very different to the support we provided 20 years ago.

As new legislative changes are passed and more burdens are placed on employers, MSI is committed to continuing to re-evaluate our service offerings to ensure we remain a valuable resource and partner.

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TownPark Ravine One
245 TownPark Drive
Suite 100
Kennesaw, GA 30144

BENEFITS CONSULTING
Financial Reporting, Analytics and Plan Modeling, Comprehensive Marketing, Renewal Planning, Health and Wellness Strategies

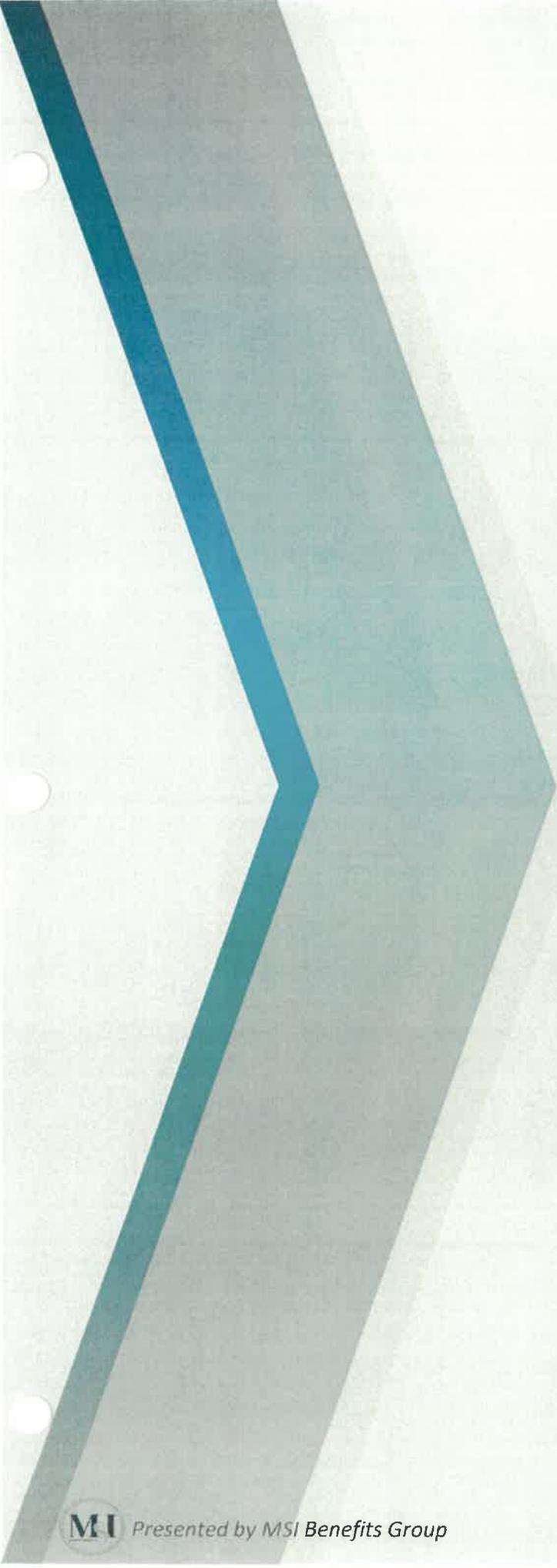
ENROLLMENT AND ELIGIBILITY
MSI Enrollment Platform, Onsite Counselors, New Hire/OE Meetings, Compensation Statements, Eligibility Management

MEMBER ADVOCACY
Live Customer Service, Claims Assistance, Provider Outreach, Billing Concerns, Issue Resolution, MSI Employee Portal

ADMINISTRATIVE SUPPORT
Bill Reconciliation, Benefit Deduction and Payroll Files, Compliance Reporting, Annual Notices, MSI Client Portal, HR Resources

As a locally owned and operated independent insurance broker, MSI is not limited to the corporate structure hierarchy some of our competitors fall under. There is no board of directors, there are no shareholders, and we do not set annual sales goals for the company; thus, allowing MSI the freedom to be available to assist clients as needed, when needed, no matter what the request may be.

In closing, MSI Benefits Group would be honored to earn Pike County's business. We appreciate you taking the time to read through our proposal and considering us as your broker partner.



MSI DOCUMENTS:

State of Georgia Business Certificate

Cobb County Tax Certificate

Certificate of Liability Insurance

Business Insurance License

Lead Consultant Insurance License

STATE OF GEORGIA

Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

MSI BENEFITS GROUP, INC.

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14970888
Date Inc/Auth/Filed: 04/20/1993
Jurisdiction : Georgia
Print Date : 11/29/2017
Form Number : 211



A handwritten signature in black ink, appearing to read 'B. P. Kemp'.

Brian P. Kemp
Secretary of State

COBB COUNTY OCCUPATION TAX CERTIFICATE

P.O. BOX 649 MARIETTA, GEORGIA 30061-0649
(770) 528-8410



BUSINESS LOCATION
245 TOWNPARK DR 100
DATE ISSUED
01-01-2026
D/B/A MSI BENEFITS GROUP INC
MSI BENEFITS GROUP INC
245 TOWN PARK DR, 100
KENNESAW, GA 30144

CERTIFICATE NUMBER
9877
FOR YEAR
2026
CERTIFICATE EXPIRES
12-31-2026

TYPE GENERAL



CERTIFICATE MUST BE DISPLAYED
 THIS CERTIFICATE IS NOT VALID IF OWNERSHIP OR BUSINESS LOCATION CHANGES
 PROFESSIONALS & ATTORNEYS AT LAW ARE NOT REQUIRED TO DISPLAY

BUSINESS DESCRIPTION

CLASSIFICATION CODE	CLASSIFICATION NAME	AMOUNT
641101	INSURANCE AGENT EXEMPT BY STATE LAW	0.00

4332 0.00	4312 0.00	4314 0.00	4316 0.00	4318 0.00	SUB TOTAL \$	0.00
4545 0.00					PENALTY \$	0.00
					INTEREST \$	0.00
					TOTAL \$	0.00

CD - Bus License Certificate,9877,2026,MSI BENEFITS GROUP INC

Emilia Wells

 BUSINESS LICENSE DIVISION MANAGER

EW

 AUTHORIZED INITIALS

IMPORTANT NOTICE

1. Interest as provided by law will be imposed for failure to renew certificate prior to expiration date.
2. Please document to Cobb County Business License Office when business goes out of business.
3. Please provide written notification of any change in address or ownership change. A fee of \$10 will be charged to reprint certificate.
4. Please contact the business license office if you have not received a renewal notice two weeks prior to expiration of certificate.
5. Interest can not be waived despite failure to receive renewal notice. Contact the business license office for fee information.

PLACE ON DISPLAY

425467



Principal Agency - Resident

Prn Agy - Accident&Sickness

Prn Agy - Life

MSI BENEFITS GROUP, INC.

is authorized to transact business as described above

License No: 71686

Effective Date: 02-26-1993

Expiration Date: 12-31-2026

**Georgia Department
of Insurance**

THIS IS TO CERTIFY THAT

MSI BENEFITS GROUP, INC.

LICENSE NUMBER: 71686

IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN
ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN
BELOW:

Principal Agency - Resident

Prn Agy - Accident&Sickness

Prn Agy - Life

Effective Date: 02-26-1993

Expiration Date: 12-31-2026



Resident Agent
Agent - Accident & Sickness
Agent - Life

JOHN C LEGGETT

is authorized to transact business as described above

License No: 641523

Effective Date: 04-09-2003

Expiration Date: 07-31-2026

**Georgia Department
of Insurance**

THIS IS TO CERTIFY THAT

JOHN C LEGGETT

LICENSE NUMBER: 641523

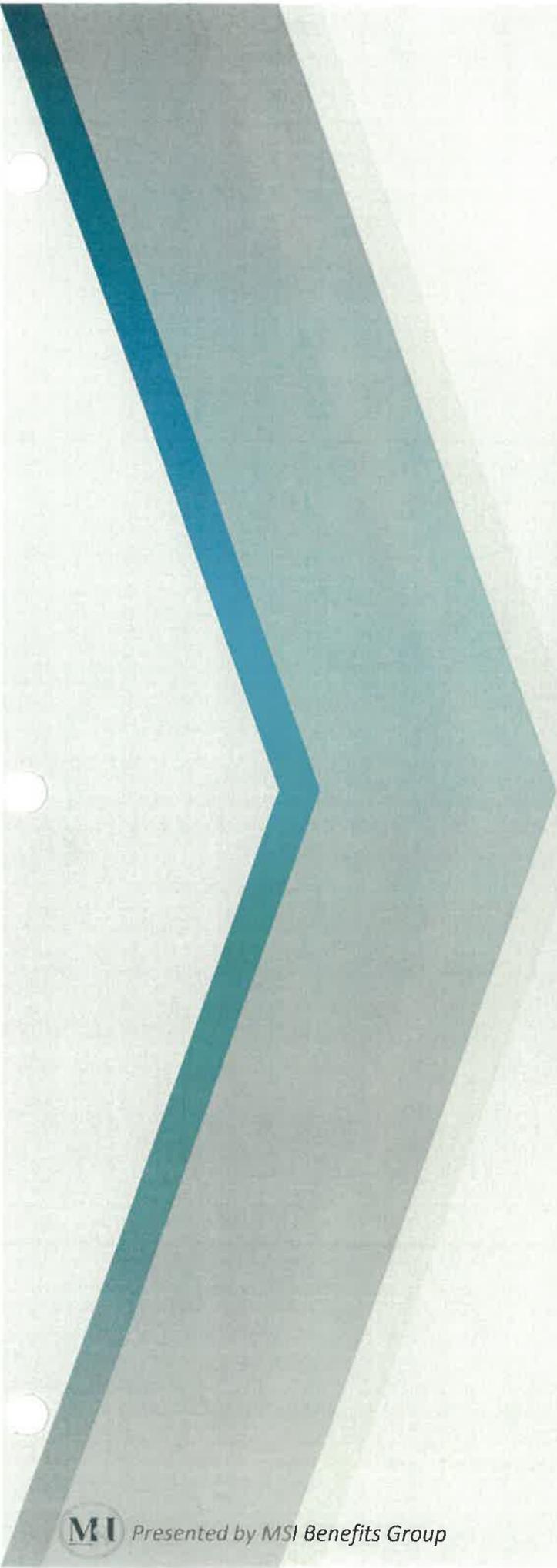


IS HEREBY AUTHORIZED TO TRANSACT BUSINESS IN
ACCORDANCE TO THE LICENSE DESCRIPTION SHOWN
BELOW:

Resident Agent
Agent - Accident & Sickness
Agent - Life

Effective Date: 04-09-2003

Expiration Date: 07-31-2026



SAMPLE DOCUMENTS:

Employee Benefit Guide (Front Cover)

Open Enrollment Letter

Benefits Statement



Date: May 2026
From: Pike County Board of Commissioners
Re: Employee Benefits – Annual Open Enrollment

Annual Open Enrollment for all Employee Benefits is here! During this time, you may make changes to your benefits, which will go into effect on July 1, 2026. Pike County will be conducting Open Enrollment meetings with representatives from MSI Benefits Group on-site to assist with your enrollment and answer any questions you may have.

It is mandatory that all employees confirm their benefit elections and deductions during Open Enrollment, which ends Friday, May 29th – details below:

ENROLLMENT DETAILS AND BENEFIT HIGHLIGHTS

Online Enrollment:

Website: pikecounty.zevobenefits.com

Login: This is your email address (located on the label of this packet)

Password: If you are a new user, you will provide the last four numbers of your Social Security Number and your Date of Birth – this will allow you to set up a password and start your Open Enrollment

If you have any questions, please call MSI Benefits Group at 770-425-1231.

Onsite Enrollments:

Date	Location	Time
Tuesday, May 19 th	County Administration	8:30 am - 12:00 pm 1:30 pm - 5:00 pm
Wednesday, May 20 th	Sheriff's Department	7:00 am – 10:00 am
Wednesday, May 27 th	Public Works	7:00 am – 11:00 am

Medical/Rx – Medical will continue to be administered by Cigna with only a **Modest Cost Increase** to cost.

Dental – Coverage will continue through Cigna with **No Changes** to your benefits or cost.

Voluntary Vision – Coverage will continue through Cigna with **No Changes** to your benefits or cost.

Basic Life and AD&D – Coverage will continue through MetLife with **No Changes** to your benefits.

The County will continue to provide Basic Life and AD&D insurance to all full-time employees at no cost to you.

Voluntary Life and AD&D – Coverage will continue through MetLife with **No Changes** to your benefits or cost unless you or your spouse move into a new age bracket prior to July 1, 2026.

Evidence of Insurability (Health Questions) are required by MetLife if newly electing or increasing coverage.

Voluntary Short-Term Disability (STD) – Coverage will continue through MetLife with **No Changes** to your benefits or cost unless you move into a new age bracket and/or experience a salary change prior to July 1, 2026.

If newly electing STD, payments will not be made in year one for a disability that stems from a Pre-existing Condition.

Long-Term Disability (LTD) – Coverage will continue through MetLife with **No Changes** to your benefits.

The County will continue to provide LTD coverage to all full-time employees at no cost to you.

FOR DETAILED BENEFIT INFORMATION, PLEASE REFER TO YOUR ENCLOSED EMPLOYEE BENEFITS GUIDE.



Pike County Board of Commissioners

Employee Benefits Statement

John Sample

Dept: Administration

Effective Date: 7/1/2026

Pay Periods: Bi-Weekly

Type of Benefit	Benefit Plan / Elected Amount	Coverage Level / Covered Amount	Employee Cost	Employer Cost
Medical	POS Plan	Employee Only	\$0.00	\$320.07
Dental	BASE Plan	Employee + Family	\$23.75	\$23.75
Vision	Enrolled	Employee + Family	\$8.31	\$0.00
Group Basic Life and AD&D	Enrolled	\$50,000	\$0.00	\$3.85
Group Long Term Disability	Enrolled	\$2,147 Monthly	\$0.00	\$5.27
Employee Life and AD&D	Elected: \$100,000	\$100,000	\$11.77	\$0.00
Spousal Life and AD&D	Elected: \$25,000	\$25,000	\$5.88	\$0.00
Dependent Life	Elected: \$10,000	\$10,000	\$1.06	\$0.00
Total Per Pay Cost:			\$50.77	\$352.94
Total Annual Cost:			\$1,320.02	\$9,176.44

Total Benefit Package:

Below is an estimate of your total annual compensation after the cost of employer provided benefits is added to your salary amount.

Gross Annual Salary:	\$42,949.28
County Cost for Provided Benefits:	\$9,176.44
Total Estimated Compensation:	\$52,125.72

As a percentage of your annual salary, the value of the benefits paid for by the County equals:

17.60%

Therefore, your total annual compensation including the cost of employer provided benefits is approximately:

\$52,125.72