

A RESOLUTION CLARIFYING VILLAGE POLICY WITH RESPECT TO HOSPITALIZATION INSURANCE.

WHEREAS, Council feels the need to further explain its policy with regard to providing hospitalization insurance to certain employees; and,

WHEREAS, Council desires to clarify this issue further.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE VILLAGE OF BUCKEYE LAKE, COUNTY OF LICKING, STATE OF OHIO, THAT:

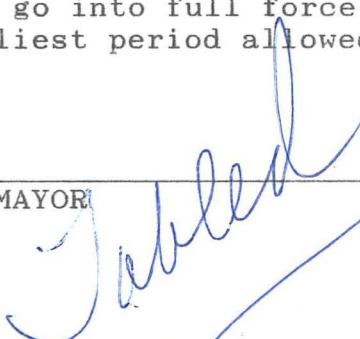
SECTION 1: Council has heretofore provided hospitalization insurance coverage for certain covered employees. On occasion, some employees or members of their families may not be coverable due to the insurance carrier's declining to provide coverage. In such situations, the Village shall not be liable for any medical expenses incurred by the employee.

SECTION 2: In such situations where an employee is deemed non-insurable or uncoverable by the hospitalization insurance carrier currently utilized by the Village, then, such employee shall be notified by the Village so that he may find coverage elsewhere.

SECTION 3: Nothing in this Resolution or in the Village Employee Handbook shall be deemed to obligate the Village of Buckeye Lake to provide medical coverage to any employee who has been refused for insurance coverage by the hospitalization insurance carrier utilized by the Village.

SECTION 4: This Resolution shall go into full force and effect from and after the earliest period allowed by law.

DATED: _____

MAYOR 

ATTEST:

CLERK/TREASURER

APPROVED AS TO FORM:

LAW DIRECTOR

Tabled

ORDINANCE OR RESOLUTION NUMBER: _____

INTRODUCED BY: _____

MOTION TO SUSPEND RULES: _____ SECOND _____

	<u>AYES</u>	<u>NAYES</u>
JAMIE BRAIG WILSON	_____	_____
LARRY ESSEX	_____	_____
WILLIAM FORD	_____	_____
GRAYCE HOLMES	_____	_____
RICHARD LEINDECKER	_____	_____
ROBERT WILSON	_____	_____
TOTAL:	_____	_____

MOTION TO ADOPT _____ SECOND _____

	<u>AYES</u>	<u>NAYES</u>
JAMIE BRAIG WILSON	_____	_____
LARRY ESSEX	_____	_____
WILLIAM FORD	_____	_____
GRAYCE HOLMES	_____	_____
RICHARD LEINDECKER	_____	_____
ROBERT WILSON	_____	_____
TOTAL:	_____	_____

DATE POSTING BEGAN _____

EFFECTIVE DATE _____

CERTIFICATION

I hereby certify the above to be an accurate account of the action of Council on the above matter.