

MARIPOSA COUNTY
BOARD OF SUPERVISORS

AGENDA
ACTION FORM

DATE: May 15, 1990
AGENDA ITEM NO. 11

DEPT.: COUNTY COUNSEL

BY: JEFFREY G. GREEN

PHONE: 966-3625

RECOMMENDED ACTION AND JUSTIFICATION:

Pass and adopt this resolution authorizing the Chairman to execute the *JOINT POWERS AGREEMENT CREATING THE SELF-INSURED EMPLOYEE BENEFITS AUTHORITY* attached hereto as "Exhibit A".

Further, it is recommended that the Board appoint County Counsel as member and Administrative Officer as alternate member to the governing Board of Directors of this program.

Counsel recommends that the Board adopt and approve this Joint Powers Agreement (JPA) which he and the Administrative Officer have thoroughly reviewed. The purpose of this agreement is to jointly fund a program of employee benefits and other programs and coverages to be determined. By entering into this agreement, the County will begin the process towards the initiation of a County-shared health program.

Additionally, as a participating County in this Joint Power Agreement a committee member and an alternate shall be appointed. Counsel recommends that he be appointed as a member and the Administrative Officer be appointed as an alternate to the governing Board of Directors of this program.

BACKGROUND AND HISTORY OF BOARD ACTIONS:

This is a new program. In the past, the Board has entered into other JPA's with County Supervisors Association of California (CSAC) which have been beneficial to the County, and this program is similar in purpose.

LIST ALTERNATIVES AND CONSEQUENCES OF NEGATIVE ACTION:

Employee health benefits program process would remain the same.

COST: () Not Applicable
A. Budgeted current FY \$ _____
B. Total anticipated costs \$ _____
C. Required add'l funding \$ _____
D. Source: _____

SPECIAL INSTRUCTIONS:
List the attachments and number the pages consecutively:
Exhibit "A" pages 1-17

SOURCE: () 4/5ths Vote Required
A. Internal transfers \$ _____
B. Unanticipated revenues \$ _____
C. Reserve for contingency \$ _____
D. Description: _____
Balance in Reserve for Contingencies, if approved: \$ _____

CLERK'S USE ONLY:
Resolution No. 90-240
Ordinance No. _____
Vote: Ayes: 5 Noes: _____
Absent: _____ Abstained: _____
~~XXXX~~ Approved _____ () Denied _____
() Minute Order Attached

ADMINISTRATIVE OFFICER'S RECOMMENDATION:

This item on agenda as:
 Recommended
 Not Recommended
 For Policy Determination

The foregoing instrument is a correct copy of the original on file in this office.

DATE: _____

ATTEST: MARGIE WILLIAMS
Clerk of the Board of Supervisors
County of Mariposa, State of Calif.

By: _____

Deputy

____ Submitted with Comment
____ Returned for Further Action

Comment: _____

A.O. Initials: _____

=====