VILLAGE OF VERNON HILLS
RESOLUTION NO. 2018-046

A RESOLUTION APPOINTING THE PAYROLL & HUMAN RESOURCES BENEFITS SPECIALIST TO SERVE AS THE PLAN ADMINISTRATOR FOR THE VILLAGE'S ICMA RETIREMENT CORPORATION DEFERRED COMPENSATION PLAN

WHEREAS, the Village of Vernon Hills, County of Lake, State of Illinois *("the Village")* is a duly organized and existing municipality and unit of local government created under the provisions of the laws of the State of Illinois, and is operating under the provisions of the Illinois Municipal Code; and

WHEREAS, the Village's Assistant to the Finance Director position was vacated effective July 10, 2018; and

WHEREAS, the Village has determined that appointing the Payroll & Human Resources Benefits Specialist to serve as the Deferred Compensation Plan Administrator to avoid any gaps in the Plan Administrator position will serve and be in the best interest of the Village; and

WHEREAS, as the Plan administrator, the Payroll & Human Resources Benefits Specialist shall receive reports, notices, etc. from ICMA Retirement Corporation, shall cast, on behalf of the Village, any required votes, may delegate any administrative duties related to the Plan to appropriate departments and execute all necessary agreements with the ICMA Retirement Corporation incidental to the administration of the plan.

NOW THEREFORE BE IT RESOLVED BY THE PRESIDENT AND BOARD OF TRUSTEES OF THE VILLAGE OF VERNON HILLS, LAKE COUNTY, ILLINOIS, as follows:

SECTION 1: APPROVAL OF APPOINTMENT. The appointment of the Payroll & Human Resources Benefits Specialist, Kristen Svendsen, as the Plan Administrator for the Village's ICMA Retirement Corporation Deferred Compensation Plan shall be, and is hereby approved. The Village Manager shall be, and is hereby authorized and directed to execute and attest, on behalf of the Village, the necessary forms required by ICMA Retirement Corporation to certify the appointment of Kristen Svendsen, Payroll & Human Resources Benefits Specialist as the Authorized Agent.

SECTION 2: EFFECTIVE DATE. This Resolution shall be in full force and effective August 14, 2018.

SECTION 3: RESOLUTION NUMBER: This Resolution shall be known as Resolution Number 2018-046.
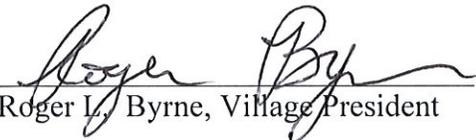
Dated this 14th day of August, 2018

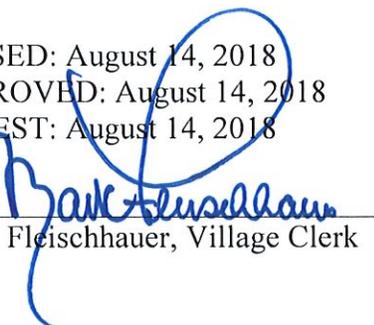Adopted by roll call vote as follows:
AYES: 5 – Schultz, Marquardt, Takaoka, Koch, Oppenheim
NAYS: 0 - None
ABSENT AND NOT VOTING: 0 None

Roger L. Byrne, Village President

PASSED: August 14, 2018
APPROVED: August 14, 2018
ATTEST: August 14, 2018

Mark Fleischhauer, Village Clerk

ICMA-RC Plan-Level Change Form, Page 1 of 2

Employer Name: Village of Vernon Hills

State: IL   **Plan Number(s):** 301321; 800500; 107589; 705802; 701516

Employer's Signature: *[signature]*   **Date:** 08/21/2018

Title of Employer Authorized Official (Please Print): Payroll & HR Benefits Specialist

ICMA-RC Associate: Cassandra Sparks   **Date:** 08/21/2018

This information can also be updated in EZLink.

General Information	(902)	Plan Name: Village of Vernon Hills
	(924)	Street Address: 290 Evergreen Drive
	(925)	
	(918)	City: Vernon Hills
	(919)	State: IL
	(920)	Zip Code: 60061
		Forefeiture Account (999-99-9999) must be updated. This refers to 401 plans only.
Primary Contact Information	(633)	Contact Name: Kristen Svendsen
	(634)	Contact Title: Payroll & HR Benefits Specialist
	(631)	Telephone: (847) 918-3542
	(632)	Fax: (847) 367-0880
	(422)	Email Address: kristens@vhills.org
Disbursement /Loan Contact Information	PT01	Contact Signature: *[signature]*
	(200)	Contact Name: Kristen Svendsen
Please indicate alternate addresses in Comments Section on Page 2	(200)	Contact Title: Payroll & HR Benefits Specialist
	(420)	Telephone: (847) 918-3542 Fax:(847) 367-0880
	(422)	Email Address: kristens@vhills.org
	PT08	Contact Signature:
	(200)	Contact Name:
	(200)	Contact Title:
	(420)	Telephone: (___) Fax:(___)
	(422)	Email Address:
	PT09	Contact Signature:
	(200)	Contact Name:
	(200)	Contact Title:
	(420)	Telephone: (___) Fax:(___)
	(422)	Email Address:
Contribution and Remittance Reconciliation Contact Information	PT02 (200)	Contact Name: Kristen Svendsen
	(200)	Contact Title: Payroll & HR Benefits Specialist
	(420)	Telephone: (847) 918-3542 Fax:(847) 367-0880
	(422)	Email Address: kristens@vhills.org

PLEASE PRINT USING BLACK INK ONLY

PLEASE MAKE A COPY FOR YOUR RECORDS

ICMA-RC Plan-Level Change Form, Page 2 of 2

ICMA-RC
Building Retirement Security

Employer Name: _Village of Vernon Hills_

State: _IL_   Plan Number(s): _301321; 800500; 107589; 705802; 701516_

Employer's Signature: _[signature]_   Date: _08/21/2018_

Title of Employer Authorized Official (Please Print): _Payroll & HR Benefits Specialist_

Plan Coordinator Contact Information	PT05 (200)	Contact Name: Kristen Svendsen
	(200)	Contact Title: Payroll & HR Benefits Specialist
		Note: Changing this title requires an amendment to your resolution.
	(420)	Telephone: (847) 918-3542 Fax: (847) 367-0880
	(422)	Email Address: kristens@vhills.org

Billing (Fees) Contact Information	PT06 (200)	Contact Name: Kristen Svendsen
	(200)	Contact Title: Payroll & HR Benefits Specialist
	(420)	Telephone: (847) 918-3542 Fax:(847-) 367-0880
	(422)	Email Address: kristens@vhills.org

| Contribution Medium | (623) | **EZ LINK ONLY** |

| Contribution Deposit Method | (624) | ☒ Wire (W)   ☐ ACH (Automatic Clearing House) (A) |
| | | ☐ Check (C) |

| Contribution Frequency | (611) | ☒ Bi-weekly (0)   ☐ Monthly (4)   ☐ Quarterly (7) |
| | | ☐ Weekly (1)   ☐ Semi-monthly (5) ☐ Annually (10) |

| Comments | |
| | |

PLEASE PRINT USING BLACK INK ONLY

PLEASE MAKE A COPY FOR YOUR RECORDS

Plan Name Village of Vernon Hills

Plan Number(s) 301321; 800500; 107589; 705802; 701516

(All plan numbers must be listed to avoid processing delays.)

1 **Primary Contact Information**	Primary Contact Name: Kristen Svendsen
	Primary Contact Title: Payroll & HR Benefits Specialist
	Email Address: kristens@vhills.org
	Daytime Phone Number: (847) 918 - 3542

2 **EZLink User Information**

Select One: ☐ **Add New User ID**   ☑ **Update User ID_____**   ☐ **Remove User ID**

Name: Kristen Svendsen

Title: Payroll & HR Benefits Specialist

Email Address: kristens@vhills.org

Daytime Phone Number: (847) 918 - 3542

Access Options (You must select either yes or no for each access option):

Balances & Reports	✓ Y __N	Contributions & Loan Repays	✓ Y __N
Online Enrollments	✓ Y __N	Participant Data Transfer	✓ Y __N
Participant Changes	✓ Y __N		

Select One: ☐ **Add New User ID**   ☐ **Update User ID_____**   ☐ **Remove User ID**

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (_____) _____ - _____

Access Options (You must select either yes or no for each access option):

Balances & Reports	__Y __N	Contributions & Loan Repays	__Y __N
Online Enrollments	__Y __N	Participant Data Transfer	__Y __N
Participant Changes	__Y __N		

Select One: ☐ **Add New User ID**   ☐ **Update User ID_____**   ☐ **Remove User ID**

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (_____) _____ - _____

Access Options (You must select either yes or no for each access option):

Balances & Reports	__Y __N	Contributions & Loan Repays	__Y __N
Online Enrollments	__Y __N	Participant Data Transfer	__Y __N
Participant Changes	__Y __N		

Please fax your completed EZLink Access Form to the Workflow Management Team at 202-682-6439.

2 EZLink User Information

(continued)

Select One: ☐ **Add New User ID** ☐ **Update User ID** _____ ☐ **Remove User ID**

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (_____) _____ - _____

Access Options (You must select either yes or no for each access option):

Balances & Reports	___Y ___N	Contributions & Loan Repays	___Y ___N
Online Enrollments	___Y ___N	Participant Data Transfer	___Y ___N
Participant Changes	___Y ___N		

Select One: ☐ **Add New User ID** ☐ **Update User ID** _____ ☐ **Remove User ID**

Name: _____

Title: _____

Email Address: _____

Daytime Phone Number: (_____) _____ - _____

Access Options (You must select either yes or no for each access option):

|			
Balances & Reports	___Y ___N	Contributions & Loan Repays	___Y ___N
Online Enrollments	___Y ___N	Participant Data Transfer	___Y ___N
Participant Changes	___Y ___N		

3 Primary Contact Approval

ICMA-RC considers participant information to be highly confidential, and we go to great lengths to avoid breaching that confidentiality. For this reason, ICMA-RC cannot be responsible for (i) negligent or intentional misuse of the password by the municipality's officers, employees, agents or contractors, (ii) a breach of confidentiality that may occur as a result of such negligent or intentional misuse of the password, or (iii) a breach of confidentiality that may occur as a proximate result of the municipality's access to the participant database. If the municipality uses EZLink online transaction processing, please remember to review all financial information you have entered for your participants, as ICMA-RC is not responsible for incorrect data transmitted by the municipality. ICMA-RC recommends that you encourage all participants to review confirmations for accuracy.

ICMA-RC's web site is normally available 24 hours a day, seven days a week. However, service availability is not guaranteed. Neither ICMA-RC or its affiliates, the VantageTrust Company, nor The Vantagepoint Funds will be responsible for any loss (or forgone gain) you may incur as a result of service being unavailable.

Please signify your agreement to these terms by signing in the space indicated below. **You may fax this signed form to the EZLink Administrator at 1-202-962-4601**. We will provide you with User ID(s) and Password(s) to begin using EZLink. Should you have questions, please call our EZLink Team at 1-800-326-7272.
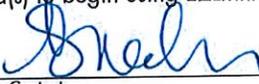
Agreed: _____ Date: 08/21/2018
Primary Contact

Print Your Name Kristen Svendsen

For ICMA-RC Internal Use Only:

EZLink Primary _____ NBU _____

EZLink QA _____ Data Security _____

Please fax your completed EZLink Access Form to the Workflow Management Team at 202-682-6439.

ICMARC
Building Retirement Security

PLAN COORDINATOR CHANGE FORM

This form is used to request a change in the Plan Coordinator information on record at ICMA-RC.

Instructions:

1. Include all plan numbers these changes apply to on page 2.
2. The signature of the current Plan Coordinator or the Primary Contact is required on page 2.
3. Enter the change needed in the appropriate section on page 2.
4. Mail or fax the completed form to:

   ICMA-RC
   New Business Services
   777 North Capitol Street, NE
   Washington, DC 20002-4240

   Or fax to
   Attn: New Business Services
   202-962-4601

Your changes should appear in EZLink five business days from receipt of the properly completed and signed form. If you have any questions or need assistance, please email New Business Services at:

NBS-PlanAdoptionServices@icmarc.org

Plan Coordinator – Change in the TITLE of the Plan Coordinator

The title of the person authorized to fill this role may be designated in a municipal resolution, an affirmative statement, ordinance or other official government action empowered to designate an individual to act on behalf of the retirement plan. Some Plan Sponsors make such changes through their Council or Board and some HR Directors are authorized to make such changes. In order to change the title of the position authorized to function as the Plan Coordinator, you may need to have your legislative body pass a new resolution to update the title of the position designated. A copy of the authorizing documentation must accompany this form.

Sample Resolution:

BE IT FURTHER RESOLVED that the __Payroll & HR Benefits Specialist__ (use title of official, not name) shall be the coordinator for the Plan; shall receive reports, notices, etc., from ICMA Retirement Corporation or VantageTrust; shall cast, on behalf of the Employer, any required votes under VantageTrust; may delegate any administrative duties relating to the Plan to appropriate departments; and,

BE IT FURTHER RESOLVED that the Employer hereby authorizes (use title not name) to execute all necessary agreements with ICMA Retirement Corporation incidental to the administration of the Plan.

Plan Coordinator – Change of the NAME of the Plan Coordinator

If the name (but not the title) of the person designated as the Plan Coordinator is changing, please complete this form. No additional documentation is required.

ICMA-RC
Building Retirement Security

PLAN COORDINATOR CHANGE FORM

Plan Name: **Village of Vernon Hills** Date: **08/21/2018**

Plan Number(s): **301321; 800500; 107589; 705802; 701516** State: **IL**

Authorized Contact Name: **Kristen Svendsen**

Authorized Contact Title: **Payroll & HR Benefits Specialist**

Authorized Contact Signature: _____

Authorized Contact Email Address: **kristens@vhills.org**

Change in TITLE of Plan Coordinator (Additional documentation required. See page 1)	Contact Name: **Kristen Svendsen** Contact Title: **Payroll & HR Benefits Specialist** Phone Number: **847-918-3542** Fax Number: **847-367-0880** Email Address: **kristens@vhills.org**
Change in NAME of Plan Coordinator	Contact Name: **Kristen Svendsen** Contact Title: **Payroll & HR Benefits Specialist** Phone Number: **847-918-3542** Fax Number: **847-367-0880** Email Address: **kristens@vhills.org**
Comments (Special Instructions)	