Michigan Department Of Transportation 2068 (12/15)

TITLE

DPSDIRECTOR/STREET ADMINISTRATOR

## PUBLIC ACT 51, SECTION 18j, MCL 247.668j Annual Certification of Employee-related Conditions

## **CERTIFICATION YEAR 2019**

CITY OR VILLAGE NAME CI	TY OF TRAVERSE CITY
Section 18j(1) of Public Act 51 of 1951, MCL 247.6 employee compensation plan for its employees a penefits are offered to its employees or elected pu	September 30 thereafter, certification must be made for compliance to 68j(1). A local road agency must certify that it has (a) developed an s described OR (b) the local road agency must certify that medical ublic officials in compliance with the publicly funded health insurance 5.569, or, that it does not offer medical benefits to its employees or
Compliance with(1)(a) I certify compliance with MCL 247.668j(1)(a). Our compensation plan for employees meets	the minimum criteria of MCL 247.668j (a)(i - iv).
Compliance with (1)(b) I certify compliance with MCL 247.668J(1)(b),	and as such, offer one of the following:
☑ I certify that medical benefits are offered to the publically funded health insurance con	o employees or elected public officials in compliance with tribution act, 2011 PA 152; <b>or</b>
☐ I certify that the local road agency has exe act, 2011 PA 152; <b>or</b>	mpted itself from the publically funded health insurance contribution
☐ I certify that medical benefits are not offere	ed to employees or elected public officials.
Non-compliance with (1)(a) or (1)(b) I certify that we are not in compliance with MC I understand that failure to comply with certific part of the distributions made to this local road	L 247.668j(1). ation of (a) or (b) of MCL 247.668j(1) may result in the withholding of all or I agency from the Michigan Transportation Fund.
This form must be signed by the Street-Administrator a	and the Treasurer or Financial Director.
SIGNATURE	SIGNATURE William E. Tweetmeyer
PRINTED NAME Frank Dituri	PRINTED NAME William Twietmeyer

## **Due Each September 30**

TITLE

CITY TREASURER

DATE 9-24-19

DATE 9/25/19

Return the completed form to:

Michigan Department of Transportation, Financial Operations Division, P.O. Box 30050, Lansing, MI 48909, OR Email to: <a href="mailto:moorgan.gov">MDOT-Outreach@michigan.gov</a>, OR

Fax to: (517) 373-6266