Michigan Department of Transportation 2067 (08/19)

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

CERTIFICATION YEAR 20 22
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	COUNTY ROAD AGENCY	NAME	GEMAW C CUNTY ROAD COMMISSION	_	
compliandeveloped certify that funded h	ce to Section 18j(1) of Public Act 5 d an employee compensation pla at medical benefits are offered to	1 of 1951, MCI an for its emp its employees 2011 PA 152,	September 30 thereafter, certification mu L 247.668j(1). A local road agency must ce loyees as described OR (b) the local ro s or elected public officials in compliance MCL 15.561 to 15.569, or, that it does r	ertify that it has (a) pad agency must with the publicly	
	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 employees or elected public officials in compliance with the publically funded health insurance contribution act, 2011 PA 152; or				
	☐ I certify that the local road agency has exempted itself from the publically funded health insurance contribution act, 2011 PA 152; <b>or</b>				
	☐ I certify that medical benefits are not offered to employees or elected public officials.				
	Non-compliance with (1)(a) or (1)(b) I certify that we are not in compliance with MCL 247.668j(1). I understand that failure to comply with certification of (a) or (b) of MCL 247.668j(1) may result in the withholding of all or part of the distributions made to this local road agency from the Michigan Transportation Fund.				
	m must be signed by the Chairman of of the County Road Agency.	the County Roa	d Commission or the County Executive and the	Chief Financial	
SIGNATURE & Wise			SIGNATURE /		
PRINTED NAME DAN WINTER			PRINTED NAME PAT REINKE		
TITLE DATE CHAIRMAN 08/03/22			TITLE MANAGER	DATE 08/03/22	

## Due Each September 30

Return the completed form to:

Michigan Department of Transportation, Financial Operations Division, P.O. Box 30050, Lansing, MI 48909, **OR**E-mail to: MDOT-Outreach@Michigan.gov, **OR** 

Fax to: (517) 335-1828