



City Hall
117 S. Main Street
Fayette, MO 65248
Ph:(660) 248-5246
Fax:(660) 248-3502

Tentative Agenda

September 24, 2024

Regular Meeting of the Board of Alderman of the City of Fayette
Fayette City Hall, 117 South Main, Fayette, MO 65248
Tuesday, September 24, 2024 at 6:00 p.m.

A. CALL TO ORDER

B. PLEDGE OF ALLEGIANCE

C. ROLL CALL

D. ADDITIONS TO AND APPROVAL OF AGENDA

E. APPROVAL OF MINUTES FOR THE REGULAR MEETING OF THE BOARD OF ALDERMAN HELD ON SEPTEMBER 10, 2024.

F. VISITORS:

Brenda Doyle, regarding the Senior Center.

Ann Schnell, Land & Water Conservation Grant

G. CITIZEN PARTICIPATION:

H. CITY STAFF REPORTS:

1. City Marshal
2. City Clerk
3. City Attorney

I. OLD BUSINESS:

1. DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-11, AN ORDINANCE AMENDING CHAPTER 405 OF THE CITY CODE REGARDING HISTORIC BUILDINGS.

1st Reading by Title Only

2nd Reading by Title Only



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2. DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-12, AN ORDINANCE AMENDING CHAPTER 415 OF THE CITY CODE REGARDING HISTORIC BUILDINGS.

1st Reading by Title Only

2nd Reading by Title Only

3. DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-16, AN ORDINANCE AMENDING SECTION 205.100, LICENSE FOR DOGS, ISSUANCE OF LICENSE, ANNUAL FEE, VACINATION.
4. DISCUSSION AND/OR APPROVAL OF REVISED PURCHASING AUTHORITY. THIS INCLUDES REMOVAL OF PUBLIC WORKS DIRECTOR AND ADD WATER, SEWER, ELECTRIC AND STREET SUPERINTENDENTS TO INCIDENTAL PURCHASES. REVISION INCLUDES INCREASING INCIDENTAL PURCHASES TO LESS THAN \$2,500, MINOR PURCHASES TO LESS THAN \$5,000 AND MAJOR PURCHASES TO \$5,000 OR MORE
5. DISCUSSION AND/OR APPROVAL OF INSURANCE RENEWAL.

J. NEW BUSINESS:

1. PAY RESOLUTION 2024-19 APPROVING INVOICES FOR PAYMENT.
2. DISCUSSION AND/OR APPROVAL OF NEW BUSINESS LICENSE FOR VdPals WELLNESS SPA & SALON, LLC
3. DISCUSSION AND/OR APPROVAL OF LINE-ITEM REQUEST FOR STREET DEPARTMENT

K. BOARD OF ALDERMAN COMMENTS & COMMITTEE UPDATE:

- a. Stephanie Ford ----East Ward
- b. Ronda Gerlt-----East Ward
- c. Peggy O’Connell---Northwest Ward
- d. Michelle Ishmael---Northwest Ward
- e. LeeAnna Shiflett---Southwest Ward
- f. Marsha Broadus----Southwest Ward

L. MAYOR’S COMMENTS:



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**M. MOTION TO ADJOURN TO CLOSED SESSION PURSUANT TO RSMO CHAPTER 610.021
(2) LEASING, PURCHASE OR SALE OF REAL ESTATE BY A PUBLIC GOVERNMENT
BODY WHERE PUBLIC KNOWLEDGE OF THE TRANSACTION MIGHT ADVERSELY
AFFECT THE LEGAL CONSIDERATION THEREFORE: RSMO CHAPTER 610.021 (3)
HIRING, FIRING, DISCIPLINING OR PROMOTING OF PARTICULAR EMPLOYEES BY A
PUBLIC GOVERNMENTAL BODY WHEN PERSONAL INFORMATION ABOUT THE
EMPLOYEE IS DISCUSSED OR RECORDED; RSMO CHAPTER 610.021 (13)
INDIVIDUALLY IDENTIFIABLE PERSONAL RECORDS, PERFORMANCE RATING OR
RECORDS PERTAINING TO EMPLOYEES OR APPLICANTS FOR EMPLOYMENT**

- **Employee Review**

N. MOTION TO ADJOURNMENT:

Posted Monday, September 23, 2024 at 3:30 p.m.

**REGULAR MEETING OF THE BOARD OF ALDERMAN OF
THE CITY OF FAYETTE, MISSOURI
TUESDAY, SEPTEMBER 10, 2024**

CALL TO ORDER

The regular meeting of the Board of Aldermen of the City of Fayette was called to order at 6:01 p.m., September 10, 2024 by Mayor Greg Stidham.

PLEDGE OF ALLEGIANCE

Everyone in the Chamber rose for the Pledge of Allegiance led by Alderwoman Ishmael.

ROLL CALL

Roll Call verified six Board Members present for the meeting.

Responding to the Roll Call: Alderwoman O’Connell, Alderwoman Ishmael, Alderwoman Broadus, Alderwoman Gerlt by video.

Alderwoman Ford, Alderwoman Shifflet absent.

ADDITIONS TO AND APPROVAL OF AGENDA.

Alderwoman Ishmael added to the agenda Angie Malone, REH Solutions, added line item six under new business, discussion and/or approval of city insurance liability, property, and casualty renewal.

Alderwoman O’Connell motioned to approve the August 27, 2024 agenda with the above addition. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed.

APPROVAL OF THE MINUTES OF THE REGULAR MEETING OF THE BOARD OF ALDERMEN HELD ON AUGUST 27, 2024

Alderwoman O’Connell motioned to approve the minutes of the Regular Meeting held August 27, 2024. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed.

VISITORS

Ann Schnell, Signage for cameras at City Pool.

Ann Schnell asked about getting signage for the cameras at the City Pool. City Attorney advised signage was not needed for cameras in public places.

Caleb Walker, Insurance renewal.

Caleb Walker went over city Fire Department benefit plans, Cybersecurity plans, and property, liability, and casualty renewal.

Angie Malone, REH Solutions, LLC.

Angie Malone went over her monthly report with council.

CITIZENS PARTICIPATION

Brendisha Mathews talked about Downtown Fayette board interviewing for an Executive Director going well. Downtown Fayette also has two new board members. There is a street dance scheduled on October 5. The location is being moved to the south side of the square. October 12 is CMU Band Day.

Pam Hutsell, Historic Preservation Commission, questioned the revisions about ordinance redraft amending Chapter 405 of the city code regarding historic buildings.

CITY STAFF REPORTS

CITY MARSHAL DAVID FORD

City Marshal David Ford was not present until closed session.

CITY CLERK

Welcomed new City Clerk Tammy Purvis.

CITY ATTORNEY NATHAN NICKOLAUS

City Attorney Nathan Nickolaus was asked about checking into disconnection of utilities for non-pay for somebody with medical equipment. Ameren and larger utility companies have twenty-one-day delay but most smaller entities follow the cold and hot weather rule.

Contact has been made with C&R about solar panels and explained to them they were way over capacity for pay back.

OLD BUSINESS

DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-11, AN ORDINANCE AMENDING CHAPTER 405 OF THE CITY CODE REGARDING HISTORIC BUILDINGS.

Alderman Ishmael made a motion to table until all board members could be present and possibly hold a special board meeting. Alderman O'Connell seconded the motion. Four voting Aye. Nays – none. Motion passed.

DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-12, AN ORDINANCE AMENDING CHAPTER 415 OF THE CITY CODE REGARDING HISTORIC BUILDINGS.

Alderman O'Connell made a motion to table. Alderman Ishmael seconded the motion. Four voting Aye. Nays none. Motion passed.

DISCUSSION AND/OR APPROVAL OF BILL NO. 2024-16, AN ORDINANCE AMENDING SECTION 205.100, LICENSE FOR DOGS, ISSUANCE OF LICENSE, ANNUAL FEE, VACINATION.

Tabled until next Board of Alderman meeting.

NEW BUSINESS

PAY RESOLUTION 2024-18 APPROVING INVOICES FOR PAYMENT

Alderwoman O’Connell motioned to approve Pay Resolution 2024-18, approving invoices for payment. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed.

DISCUSSION AND/OR APPROVAL OF NEW BUSINESS LICENSE FOR LISA KAY CREATIONS LLC, DBA HONEY BEE FREEZE DRIED TREATS

Alderwoman Broadus made a motion to approve. Alderwoman O’Connell seconded the motion. Four voting Aye. Nays – none. Motion passed.

DISCUSSION AND/OR APPROVAL OF NEW BUSINESS LICENSE FOR RCVR JOURNAL LLC

Alderwoman O’Connell made a motion to approve. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed

DISCUSSION AND/OR APPROVAL OR NEW BUSINESS LICENSE FOR VAUGHN HEATING AND COOLING

Alderwoman Broadus made a motion to approve. Alderwoman O’Connell seconded the motion. Four voting Aye. Nays – none. Motion passed

DISCUSSION AND/OR APPROVAL OF SPENDING AUTHORITY

Discussion was had to remove Public Works Director, add Water, Sewer, Electric, and Street Superintendents to incidental purchases. Increase incidental purchases from \$1,000 to \$2,500 or less, minor purchases to \$5,000 or less, and major purchases to \$5,000 or more.

Alderwoman O’Connell made a motion for City Attorney to draft a revised ordinance. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed.

DISCUSSION AND/OR APPROVAL OF CITY INSURANCE RENEWAL

Alderwoman Broadus made a motion to approve renewing the city’s liability, casualty, and property insurance. Alderwoman O’Connell seconded the motion. Four voting Aye. Nays – none. Motion passed.

BOARD OF ALDERMAN & MAYOR COMMENTS & COMMITTEE UPDATES

Alderman Stephanie Ford – East Ward

Alderman Ford not present.

Alderman Ronda Gerlt – East Ward

Alderman Gerlt had no comments.

Alderman Peggy O’Connell – Northwest Ward

Alderman O’Connell had no comments.

Alderman Michelle Ishmael – Northwest Ward

Alderman Ishmael welcomed new City Clerk Tammy Purvis. She thanked Angie Malone for her work.

Alderman LeeAnna Shiflett – Southwest Ward

Alderman Shiflett not present.

Alderman Marsha Broadus – Southwest Ward

Alderman Broadus asked Angie Malone about a trailer in the trailer court and asked Chief Ford about speeding on S. Park.

Mayor Greg Stidham

Mayor Stidham and Electric Superintendent Sonny Conrow met with engineer Chris Plate about a reliability study for the entire city. Conrow is going to collect data for them.

Water was released from Rickett’s Dam, dropping the water level approximately 4.5 feet, stopping the leak. The mayor has been in contact with two contractors, John Dometorch and Kevin Anson, to look at the dam. He also contacted Own Engineering in Fayette, who referred him to OWN in Kansas City. The city is exempt from getting any approval from other government agencies in reference to Rickett’s Dam.

He reported the parking committee would be having a meeting at City Hall on Thursday night at 6 pm.

The Mayor has been in contact with MECO Engineering in reference to D.C. Rogers wing walls. MECO reported they have been working on it for a long time. They are working with FEMA now and hope to have FEMA sign off next month to get bids.

TO CLOSED SESSION

Alderman Ishmael motioned to move to closed session at 7:35 p.m. Alderman Broadus seconded the motion. Four voting Aye. Nays – 0. Motion Passed.

Responding to Roll Call: Alderwoman Gerlt, Alderwoman Broadus, Alderwoman O’Connell, Alderwoman Ishmael.

Alderwoman Broadus moved to adjourn closed session at 7:58 p.m. and go into open session. Alderwoman O’Connell seconded the motion. Four voting Aye. Nays – None. Motion passed.

ADJOURNMENT

Alderwoman Broadus motioned to adjourn at 7:59 p.m. Alderwoman Ishmael seconded the motion. Four voting Aye. Nays – none. Motion passed.

Respectfully submitted by:

_____ Angie L. Malone

_____ Greg Stidham, Mayor



**Plans of Insurance for the
City of Fayette Fire Department**
Benefits apply while performing a Covered Activity.

Class 1 All volunteer classes of membership including but not limited to a Volunteer Member, Emergency Volunteer, Auxiliary Member, Fire Corps, Community Volunteer, Board Member, Trustee, Administrative Personnel, Junior Member, Member in Training, Probationary Member, and Part-Time Employees of the Policyholder.

Class 2 Career Personnel of the Policyholder.

Section I: Death Benefits

	<u>Present Plan</u>	<u>Plan 1</u>	<u>Plan 2</u>
A. Covered Injury Death Benefit	\$25,000	\$50,000	\$75,000
B. Covered Illness Death Benefit	\$25,000	\$50,000	\$75,000
C. HIV Positive Diagnosis Lump Sum Benefit	\$25,000	\$50,000	\$75,000
D. Bereavement Benefit	\$2,500	\$5,000	\$7,500
E. Dependent Child Benefit (Per Child)	\$10,000	\$10,000	\$10,000
F. Seatbelt Benefit	\$6,250	\$12,500	\$18,750
Airbag Benefit	\$6,250	\$12,500	\$18,750
G. Final Expenses Benefit*	\$2,500	\$5,000	\$7,500
H. Spousal Benefit	\$15,000	\$15,000	\$15,000
I. Surviving Spouse Education Benefit	\$10,000	\$10,000	\$10,000
J. Dependent Child Education Benefit	\$10,000	\$10,000	\$10,000

* Includes repatriation to the funeral home as well as other locations, cremation, burial services, grave marker/headstone.

Section II: Impairment Benefits

A. Dismemberment, Loss of Speech or Hearing Benefit**	Up to \$25,000	Up to \$50,000	Up to \$75,000
B. Vision Impairment Benefit**	Up to \$25,000	Up to \$50,000	Up to \$75,000
C. Cosmetic Disfigurement from Burns Benefit**	Up to \$25,000	Up to \$50,000	Up to \$75,000
D. Permanent Physical Impairment Benefit**	Up to \$25,000	Up to \$50,000	Up to \$75,000
E. Felonious Assault Benefit	Up to \$12,500	Up to \$25,000	Up to \$37,500
F. Impairment Modification Benefit**	Up to \$50,000	Up to \$50,000	Up to \$50,000
G. Paralysis Benefit**	Up to \$25,000	Up to \$50,000	Up to \$75,000

** Benefits payable are based on the percentage of impairment or loss as defined in the Policy.

Section III: Income Protection Benefits

A. Weekly Total Disability Benefits	Up to \$300	Up to \$350	Up to \$400
A.i. Covered Injury Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.ii. Covered Illness Minimum Weekly Total Disability Benefit	\$50	\$50	\$50
A.iii. Covered Injury Weekly Earned Income Replacement Benefit***	\$250	\$300	\$350
A.iv. Covered Illness Weekly Earned Income Replacement Benefit***	\$250	\$300	\$350
B. Partial Disability Benefit ***	\$300	\$350	\$400
C. Cost of Living Adjustment	\$900	\$1,050	\$1,200
D. First Week Disability Benefit***	\$1,000	\$1,000	\$1,000
E. Transition Benefit	\$300	\$350	\$400
F. Retraining Benefit	\$20,000	\$20,000	\$20,000

*** Benefits are payable in coordination with the Loss of Earnings Coverage as defined in the Policy.

**Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.**

Section IV: Medical Expenses

- A. Medical Expense Benefit****
- B. Plastic Surgery Expense Benefit****

**** We will not pay covered medical expenses incurred by an Insured Person that are paid or payable under Workers' Compensation, no fault auto or similar insurance.

	Present Plan	Plan 1	Plan 2
A. Medical Expense Benefit****	Up to \$10,000	\$20,000	\$35,000
B. Plastic Surgery Expense Benefit****	Up to \$25,000	\$25,000	\$25,000

Section V: Additional Benefits

- A. Daily Hospital Confinement and Outpatient Treatment Benefit
- B. Daily Critical Care Benefit
- C. Family Expense Benefit
- D. Occupational Rehabilitation Benefit
- E. Mental Stress Management Benefit
- F. Traumatic Incident Benefit
- G. Health Insurance Premium Benefit

	Present Plan	Plan 1	Plan 2
A. Daily Hospital Confinement and Outpatient Treatment Benefit	\$15	\$20	\$25
B. Daily Critical Care Benefit	\$30	\$40	\$50
C. Family Expense Benefit	Not Included	\$5,000	\$10,000
D. Occupational Rehabilitation Benefit	Not Included	\$5,000	\$5,000
E. Mental Stress Management Benefit	Not Included	\$5,000	\$10,000
F. Traumatic Incident Benefit	Not Included	\$5,000	\$5,000
G. Health Insurance Premium Benefit	\$12,000	\$12,000	\$12,000

Present Plan
\$1,682

Plan 1
\$2,508

Plan 2
\$3,388

The annual payment option offers a one-year rate guarantee.

3-year Installment Premium:

The installment payment option offers a three-year rate guarantee which is paid each year for three years and represents a 6.7% discount off the annual premium. \$1,575 \$2,348 \$3,173

3-year Prepaid Premium:

The prepaid payment option offers a three-year rate guarantee which is paid in full at the beginning of the Policy Term and represents a 10% discount off the annual premium. \$4,559 \$6,797 \$9,181

Preparation Date: July 19, 2024
 Renewal Date: September 28, 2024
 Proposal ID: 67312
 This proposal is valid for 90 days from the Preparation Date or until 1 day prior to the Renewal Date, whichever is later.
 Underwritten by: AXIS Insurance Company

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

DISCLOSURE STATEMENT

All U.S. insurance coverage described in this proposal is provided by AXIS Accident & Health and underwritten by AXIS Insurance Company. Coverage may not be available in all U.S. states and jurisdictions. Product availability and plan design features, including eligibility requirements, descriptions of benefits, exclusions or limitations may vary depending on state laws. This proposal outlines in general some of the important features of the proposed insurance program. The controlling provisions will be in the Policy, and this proposal is not intended in any way to modify the provisions or their meanings. The policy will be subject to the laws of the state in which it is issued.

This insurance coverage is administered by Provident Agency, Inc. of Pittsburgh, PA.

This insurance does not apply to the extent that trade or economic sanctions or regulations prohibit AXIS Accident & Health from providing insurance, including, but not limited to, the payment of claims. Payment of claims under any insurance policy issued shall only be made in full compliance with all United States economic or trade and sanction laws or regulation, including, but not limited to, sanctions, laws and regulations administered and enforced by the U.S. Treasury Department's Office of Foreign Assets Control ("OFAC").

Insurance policies providing certain health insurance coverage issued or renewed on or after September 23, 2010 are required to comply with all applicable requirements of the Patient Protection and Affordable Care Act (PPACA). However, there are a number of types of insurance that are specifically exempt from the requirements of the PPACA.

Based on our understanding of the current law and regulations, it is our belief that the accident and health benefits provided under this program are exempt from the requirements of the PPACA. Similarly, we do not believe that this accident and health coverage qualifies as minimum essential benefits as set forth in the PPACA. AXIS Insurance Company continues to monitor PPACA laws and regulations to determine any impact on its products. Should there be any change that requires modification of this coverage, we reserve the right to change the policy and rates accordingly.

GENERAL EXCLUSIONS AND LIMITATIONS

The benefits contained in the Policy are subject to the following limitations:

1. All Covered Injuries and Covered Illnesses arising from the same Covered Activity shall be treated as a single Covered Injury or Covered Illness. If the Insured Person sustained a Covered Injury and a Covered Illness from the same Covered Activity and the amount payable or benefit period for a specific benefit is different for Covered Injuries and Covered Illnesses, the Company will pay the higher amount or adhere to the longer benefit period.
2. If an Insured Person suffers a Covered Injury or Covered Illness that is payable under more than one of the following benefits, the most the Company will pay is the greater of the largest principal sum or the largest single benefit amount payable shown on the *Policy Schedule of Benefits* for any benefit for which the Insured Person qualifies: Covered Injury Death Benefit; Covered Illness Death Benefit; HIV Positive Diagnosis Lump Sum Benefit; Dismemberment, Loss of Speech or Hearing Benefit; Vision Impairment Benefit; Permanent Physical Impairment Benefit or Paralysis Benefit.
3. If an Insured Person is covered under more than one Sponsoring Organization Blanket Accident Policy issued by the Company, the total benefits payable will not exceed those payable under the policy that provides the greatest benefit.
This limitation may not apply when multiple Blanket Accident Policies are issued and an Insured Person is also covered under an Accidental Death & Dismemberment Policy.

This limitation will apply when an Insured Person is covered under multiple Blanket Accident Policies; the Insured Person will not be covered under more than one local policy, more than one county policy, or more than one state policy.

In addition to any benefit or coverage specific exclusion, benefits will not be paid for any loss which directly or indirectly, in whole or in part, is caused by or results from any of the following unless coverage is specifically provided in the Policy: declared or undeclared war or act of war; suicide or any attempt at it, while sane or insane; or intentionally self-inflicted injuries while sane; mental or emotional disorders, except as specifically provided for by the Traumatic Incident Benefit or the Mental Stress Management Benefit; any Organized League Athletic Event, except as provided under the Policy; or commission of a felony. In addition, benefits will not be paid for services or treatment rendered by any person who is: employed or retained by Sponsoring Organization; living in the Insured Person's household; an Immediate Family Member of either the Insured Person or the Insured Person's Spouse; or the Insured Person.

**Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.**

EXCLUSIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

In addition to the Exclusions provided under the Policy, no Income Protection Benefits shall be payable in the following instances, unless coverage is specifically provided: (1) during the Insured Person's incarceration in a penal or corrections institution. Payments may resume after incarceration as long as the Insured Person remains Totally Disabled and remains covered under the Policy; or (2) the Insured Person is not receiving Appropriate Care.

LIMITATIONS THAT APPLY TO THE INCOME PROTECTION BENEFITS

1. Total Disability or Partial Disability claims resulting from athletic events that are not Organized League Athletic Events will be limited to a maximum period of up to 156 weeks.
2. In no event will benefits be payable to an Insured Person for more than one disability at the same time.
3. An Insured Person may reopen his or her claim at any time up to 5 years following a period of Total Disability or Partial Disability for either Covered Injuries or Covered Illnesses for which payments were made under this Policy.
4. If an Insured Person is covered by multiple Accident Policies issued by the Company, the total amount of Income Protection Benefits payable under all policies will be a weekly benefit amount up to a maximum of \$1,000.
5. If a Career Personnel Insured Person is approved for disability retirement or otherwise retires, all eligibility for Total Disability or Partial Disability terminates on the effective date of such retirement.

EXCLUSIONS FOR MEDICAL EXPENSE BENEFIT AND THE PLASTIC SURGERY EXPENSE BENEFIT- In addition to the Exclusions provided under the Policy, no Medical Expense Benefit or Plastic Surgery Expense Benefits shall be payable for the following treatments or services, unless coverage is specifically provided:

1. benefits paid or payable under any Workers' Compensation Act or similar law, or under any no fault automobile insurance plan or similar law. If an Insured Person settles a Workers' Compensation claim, including medical expenses under Workers' Compensation, medical expenses rising from the injury or occupational disease that led to the Workers' Compensation claim will be deemed to be payable under Workers' Compensation for purpose of determining Covered Medical Expenses; or
2. any elective or routine treatment, surgery, health treatment, or examination, including any service, treatment or supplies that: (a) are deemed by the Company to be experimental or investigational; and (b) are not recognized and generally accepted medical practice in the United States.

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

DESCRIPTION OF BENEFITS

Section I: Death Benefits

- A. Covered Injury Death Benefit** - This benefit is payable if an Insured Person sustains a Covered Injury that directly causes the loss of life.
- B. Covered Illness Death Benefit** - This benefit is payable if an Insured Person suffers a Covered Illness that directly causes the loss of life.
- C. HIV Positive Diagnosis Lump Sum Benefit** - If Insured Person tests HIV Positive as a result of participation in a Covered Activity, the Insured Person may choose to receive the HIV Positive Diagnosis Lump Sum Benefit in lieu of the Permanent Physical Impairment Benefit and/or Covered Illness Death Benefit or Covered Injury Death Benefit.
- D. Bereavement Benefit** - If a Covered Injury Death Benefit or Covered Illness Death Benefit is payable under the Policy, an amount up to the Maximum Benefit Amount will be paid for out-of-pocket expenses actually incurred by the Sponsoring Organization or Participating Organization for the following expenses that are directly associated with an Insured Person's loss of life: 1) reasonable cost of bereavement counseling and 2) the reasonable costs associated with the memorial service, wake, honor guard, or other tribute to the Insured Person. This benefit is payable to the Sponsoring Organization or Participating Organization.
- E. Dependent Child Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable for each Dependent Child.
- F. Seatbelt Benefit** - If a Covered Injury Death Benefit is payable under the Policy and the Insured Person's death occurred in an Accident while he or she was wearing a properly fastened automobile seatbelt, the Seatbelt Benefit is payable.
- Airbag Benefit** - If the Seatbelt Benefit is payable, the additional Airbag Benefit Amount will be paid if the Insured Person was also positioned in a seat protected by a properly-functioning and properly deployed Supplemental Restraint System (Airbag) when the Accident occurred.
- G. Final Expenses Benefit** - If a Covered Injury or Covered Illness Death Benefit is payable under the Policy, an additional benefit will be paid for out-of-pocket expenses actually incurred by the beneficiary for expenses directly associated with an Insured Person's loss of life.
- H. Spousal Benefit** - If a Covered Injury Death Benefit or Covered Illness Death Benefit is payable under the Policy, an additional benefit is payable to the Insured Person's Spouse.
- H. Surviving Spouse Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death, a benefit is payable for the surviving Spouse to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Spouse and the Company which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books, room and board, transportation and any other costs charged by the institution up to the Maximum Benefit Amount provided in the Policy.
- I. Dependent Child Education Benefit** - If an Insured Person suffers a Covered Injury Death or Covered Illness Death and a death benefit is payable under this Policy, a benefit is payable for expenses incurred by each Dependent Child for tuition, fees, books, room and board, transportation and any other costs payable directly to a school, or approved and certified by the school, up to the Maximum Benefit Amount provided in the Policy.

Section II: Impairment Benefits

- A. Dismemberment, Loss of Speech or Hearing Benefit** - If an Insured Person sustains a Covered Injury that directly causes a loss of speech, hearing or a dismemberment as defined in the Policy, an amount equal to 6.25% up to 100% of the Principal Sum is payable, based on the level of loss or dismemberment.
- B. Vision Impairment Benefit** - If the Insured Person, as a result of a Covered Injury, suffers a vision impairment as defined in the Policy, an amount equal to 2.75% up to 100% of the Principal Sum is payable. Benefits are payable for partial loss of sight as well as total loss of sight.
- C. Cosmetic Disfigurement from Burns Benefit** - If an Insured Person, as a result of a Covered Injury, suffers a Cosmetic Disfigurement from Burn due to a burn that is classified as third degree or a full thickness burn, a benefit is payable. The amount of the benefit will be based on a formula, which will be multiplied by the Principal Sum. The formula will take into account the area of the body which was burned. This benefit will be paid in addition to any other benefit payable under the Policy, with the exception of a benefit paid under the Dismemberment, Loss of Speech or Hearing Benefit for the same burned area.
- D. Permanent Physical Impairment Benefit** - If an Insured Person suffers a Covered Injury or Covered Illness which results in a Permanent Physical Impairment of a body part, we will pay a PPI Benefit. The impairment percentage assigned by the Physician is multiplied by the Principal Sum to determine the benefit payable.

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

- E. Felonious Assault Benefit -** If an Insured Person is participating in a Covered Activity and sustains a Covered Injury caused by a Felonious Assault directed at the Insured Person, an additional benefit is payable.
 - F. Impairment Modification Benefit -** This benefit may be payable if, due to Total or Partial Disability, an Insured Person's physical limitation or impairment poses a safety risk or inhibits the Insured Person's ability to maintain independence in their current transportation or living situation. The benefit may pay for alterations to make the Insured Person's residence wheelchair accessible and/or habitable, and modifications to his or her motor vehicle. Impairment modifications are subject to written agreement and other requirements outlined in the Policy.
 - G. Paralysis Benefit -** If an Insured Person suffers Paralysis resulting from a Covered Injury or Covered illness, the Company will pay a percentage of the Principal Sum based on the type of Paralysis, provided that the Paralysis occurs within 365 days.
- Section III: Income Protection Benefits**
- A. Weekly Total Disability Benefits**
 - A.i. Covered Injury Minimum Weekly Total Disability Benefit -** For Volunteers, payable up to lifetime while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 5 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
 - A.ii. Covered Illness Minimum Weekly Total Disability Benefit -** For Volunteers, payable up to later of age 67 or five years, whichever is greater while the Insured Person is Totally Disabled. For Career Personnel, payable for up to 5 years while the Insured Person is Totally Disabled. Paid in addition to any benefit from any source.
 - A.iii. Covered Injury Weekly Earned Income Replacement Benefit -** For Volunteers, payable up to lifetime and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 5 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
 - A.iv. Covered Illness Weekly Earned Income Replacement Benefit -** For Volunteers, payable up to later of age 67 or five years, whichever is greater and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. For Career Personnel, payable up to 5 years and up to the amount listed in the Policy while the Insured Person is Totally Disabled and the Minimum Weekly Total Disability Benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit and the Loss of Earnings Coverage as defined in the Policy.
 - B. Partial Disability Benefit -** If a Covered Injury or Covered Illness results in a Partial Disability and permits the Insured Person to return to any Reasonable Occupation but at a lower rate of Weekly Earned Income, a benefit is payable of up to the Maximum Weekly Total Disability Benefit which would have been paid had the Insured Person been Totally Disabled. For Volunteers, benefits are payable up to later of age 67 or five years. For Career Personnel, benefits are payable for up to 5 years.
 - C. Cost of Living Adjustments -** Adjustments are made at the greater of 5% or the CPI-U (up to 8%) on the Review Date of the Covered Injury or Covered Illness continuous disability. COLA adjustments are compounded after each Review Date not to exceed three times the Maximum Weekly Total Disability Benefit amount.
 - D. First Week Total Disability Benefit -** For the first week of Total Disability, a benefit is payable. The amount payable shall be computed by determining the Insured Person's Weekly Earned Income then subtracting the Minimum Weekly Total Disability Benefit, the Weekly Earned Income Replacement Benefit and the Loss of Earnings Coverage.
 - E. Transition Benefit -** If an Insured Member is released to return to his or her primary employment after having received disability benefits under this Policy due to Covered Injury or Covered Illness, and their position at their primary employer has been terminated due to said Covered Injury or Covered Illness, disability benefits previously payable will continue to be paid for a period of up to 26 weeks while the Insured Person actively seeks employment.
 - F. Retraining Benefit -** If as a result of a Covered Injury or Covered Illness an Insured Person cannot find and maintain a Regular Occupation, the Company will pay for the Insured Person to enroll in an institution of higher learning, professional or trade training program as set forth in a written agreement between the Insured Person and us which can be periodically reviewed. The Company shall pay the actual costs incurred by the Insured Person for tuition, books and supplies charged by the institution up to the Maximum Benefit Amount provided in the Policy. Benefits for disability will continue as provided by the Policy while

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

the Insured Person is actively participating in the program.

Section IV: Medical Expense Benefits

- A. Medical Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person incurs charges for Covered Medical Expenses as defined in the Policy, we will pay 100% of the Reasonable and Customary Charges up to the Maximum Medical Expense Benefit Amount provided. This Maximum is payable for all Covered Medical Expenses resulting from the same Covered Injury or Covered Illness.
- B. Plastic Surgery Expense Benefit** - If an Insured Person incurs expenses that exceed the Maximum Medical Expense Benefit Amount provided under the Medical Expense Benefit, an additional amount from Covered Medical Expenses incurred for Medically Necessary plastic surgery due to a Covered Injury will be paid. The additional amount is 25% of the Medical Expense Benefit Amount, but not less than \$25,000

Section V: Additional Benefits

- A. Daily Hospital Confinement and Outpatient Treatment Benefit** - If, due to a Covered Injury or Covered Illness, an Insured Person:
- is admitted to a Hospital on an Inpatient basis, a Daily Benefit Amount is payable for each full day of Inpatient Hospital confinement, not to exceed 730 days;
 - If after a period of being confined as an Inpatient in a Hospital, an Insured Person requires Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not exceed 730 days; or
 - If an Insured Person does not require confinement as an Inpatient in a Hospital, but does require Outpatient physical therapy, rehabilitation and/or follow-up Physician visits, we will pay the Daily Benefit Amount for each day of such Outpatient treatment, not to exceed 365 days.
- For Outpatient treatment, only one payment per day will be made, regardless of the number of appointments the Insured Person attends.
- B. Daily Critical Care Benefit** - If, due to a Covered Injury or Covered Illness, an Insured Person is Hospital confined to an intensive care, trauma, critical care, burn or similar specialty unit, a Daily Benefit Amount is payable for each full day of such confinement, not to exceed 730 days. This payment is in lieu of the Daily Hospital Confinement Benefit.
- C. Family Expense Benefit** - If, as a result of a Covered Injury or Covered Illness, an Insured Person requires medical treatment that causes an Immediate Family Member or a significant other to accompany the Insured Person for treatment or to help treat the Insured Person, a benefit is payable for reasonable expenses actually incurred and not reimbursed by another source up to the Family Expense Benefit limit. Expenses may include, but are not limited to; loss of wages, out of pocket expenses, hotel accommodations, parking, and childcare.
- D. Occupational Rehabilitation Benefit** - If an Insured Person is receiving Weekly Total Disability Benefits or Partial Disability Benefits, he or she may be eligible for a rehabilitation program. The Company will pay up to the Maximum Benefit Amount for the program as set forth in a written agreement. The goal of the rehabilitation program will be to return an Insured Person to the workforce in a Reasonable Occupation for which he or she is reasonably suited considering the Covered Injury or Covered Illness sustained.
- E. Mental Stress Management Benefit** - If, as a direct result of being actively engaged in a single emergency incident or repeated active engagement in emergency incidents involving the organization, an Insured Person suffers psychiatric or mental stress, a Mental Stress Management Benefit is payable. The Insured Person must be receiving care by a Physician properly licensed to provide care appropriate for the condition causing the psychiatric or mental stress.
- F. Traumatic Incident Benefit** - A benefit is payable for reasonable expenses for the services provided by a Traumatic Incident Stress Management Team, if such services are requested and authorized by the organization as a result of a Traumatic Incident. Expenses must be incurred within one year of the Traumatic Incident and are subject to the Traumatic Incident Benefit limit in the policy. The Traumatic Incident Aggregate Maximum Benefit Amount is the maximum that will be paid per Traumatic Incident regardless of the number of persons treated.
- G. Health Insurance Premium Benefit** - If, disability benefits are paid under the Policy, and as a result of a Covered Injury or Covered Illness, the medical or health insurance premiums previously paid the Insured Person's employer have been discontinued, the Company shall pay the amount the employer previously paid for those premiums. The benefit is payable if the Insured Person incurs out of pocket costs for said premiums.

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

DEFINITIONS

Accident or Accidental means a sudden, unexpected, specific and abrupt event that occurs by chance at an identifiable time and place while the Insured Person is covered under this Policy.

Appropriate Care means the determination of an accurate and medically supported diagnosis of the Insured Person's Total or Partial Disability by a Physician, or a plan established by a Physician of ongoing medical treatment and care of the Total or Partial Disability that conforms to generally accepted medical standards, including frequency of treatment and care.

Auxiliary Member means any person who is a member of the auxiliary to the Sponsoring Organization at the time of Covered Injury or Covered Illness.

Benefit Period means the period, shown on the *Policy Schedule of Benefits*, commencing with the date of the onset of the Total Disability or Partial Disability during which benefits are payable.

Career Personnel means employees or members of the organization that receive Weekly Earned Income for regularly working at least 30 cumulative hours per week as an emergency service provider for the Sponsoring Organization.

Community Volunteer means a non-member who helps the Sponsoring Organization and/or the auxiliary of the organization, in a non-emergency capacity such as fund raisers, banquets, etc.

Cosmetic Disfigurement from Burns means a cosmetic disfigurement that is due to a burn that is classified as a third degree or full-thickness burn caused by a source that is thermal, chemical, electrical, or nuclear. The surface area must be documented by a Physician according to the Rule of Nines or the Lund-Browder chart.

Covered Activity means any activity which is normal for an Insured Person while acting on behalf of the Sponsoring Organization and includes travel directly to and from such activity, as well as impromptu action (Good Samaritan) at the scene of an emergency regardless of the Sponsoring Organization's involvement. Covered Activity includes all athletic events sponsored by the Sponsoring Organization with the exception of Organized League Athletic Events, unless such coverage is purchased. The Covered Activity must be performed at the direction, or with knowledge, of an officer of the Sponsoring Organization, unless immediate action is required of the Insured Person at the scene of an emergency not on behalf of the Sponsoring Organization or any other organization.

Covered Illness means any disease, sickness or infection, other than those related to psychiatric illness or mental stress, contracted or suffered by an Insured Person during or resulting from a Covered Activity while this Policy is in force.

Covered Illness Death means any Covered Illness, other than those related to psychiatric illness or mental stress, contracted or suffered by an Insured Person during or resulting from a Covered Activity while this Policy is in force and results in the death of an Insured Person.

Covered Injury means Accidental bodily injury sustained by the Insured Person during and/or resulting directly from an Insured Person's participation in a Covered Activity while coverage under the Policy is in force (independent of sickness, disease, mental incapacity or any other cause) and which is not otherwise defined as a Covered Illness.

Covered Injury Death means a Covered Injury sustained by an Insured Person during and/or resulting directly from a Covered Activity while this Policy is in force, and which results in the death of an Insured Person.

Covered Medical Expenses means the Reasonable and Customary Charges for any of the following services: medical or surgical treatment, preventative inoculation, Hospital confinement, Home Healthcare, nursing services prescribed and monitored by a Physician, Post exposure Prophylaxis protocol (PEP) treatment, when such treatment is advised by the attending Physician, Infectious Disease screening test (s), or Post exposure preventive inoculations as a result of participation in a Covered Activity.

CPI-U means the Consumer Price Index for all Urban Consumers, published by the United States Department of Labor. The Company reserves the right to use some other similar measurement if the Department of Labor changes or stops publishing the CPI-U.

Dependent Child means the Insured Person's unmarried child who meets the following requirements:

1. a child from birth to 26 years old;
2. a child who is no more than 25 years of age, is a resident of this state, or is not provided coverage as a named subscriber, insured, enrollee, or covered person under any group or individual health benefit plan, or entitled to benefits under Title XVIII of the Social Security Act; or
3. a child who is 26 or more years old, primarily supported by the Insured Person, and incapable of self-sustaining employment by reason of mental or physical handicap. Proof of the child's condition and dependence must be submitted to the Company within 31 days after the date the child ceases to qualify as a

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

Dependent Child for the reasons listed above. During the next two years, the Company may, from time to time, require proof of the continuation of such condition and dependence. After that, the Company may require proof no more than once a year.

A Dependent Child, for purposes of this definition, includes the Insured Person's:

1. natural child;
 2. adopted child, beginning with any waiting period pending finalization of the child's adoption;
 3. stepchild who resides with the Insured Person; and
- child for whom the Insured Person is legal guardian, as long as the child resides with the Insured Person and depends on him or her for financial support. Financial support means that the Insured Person is eligible to claim the dependent for purposes of Federal and State income tax returns

If the Insured Person who is the legal guardian of a child is not a step-parent, grandparent, aunt or uncle, then the child must have resided with him or her for at least six consecutive months and intends to reside with Him for an indefinite period of time.

Emergency Volunteer means a person physically present at the time of the emergency, and who is not responding/acting as a member of any emergency service organization, who has been specifically requested to assist by the Chief, Line Officer or other officer in charge of the emergency.

Felonious Assault means any willful or unlawful use of force upon an Insured Person:

1. with the intent to cause bodily injury to an Insured Person;
2. that results in bodily harm to an Insured Person; and
3. that is a felony or misdemeanor in the jurisdiction in which it occurs.

Felonious Assault does not include any willful or unlawful use of force upon an Insured Person by another Insured Person.

HIV means Human Immunodeficiency Virus, a virus that infects lymphocytes and other cells bearing the CD4 marker, the initial infection of which is known as acute retro viral syndrome.

Home Healthcare means Medically Necessary services provided and billed by the Home Health Agency. Such services must be prescribed and supervised by a Physician in accordance with a medical treatment.

Home Health Agency means an entity engaged in arranging and providing nursing services, home health services or other therapeutic and related services. The entity and must be certified by a competent governmental authority in the jurisdiction where the services are rendered, as meeting requirement of Title XVIII of the Social Security Act, as amended, for home health agencies.

Hospital means an institution that meets all of the following:

1. it is licensed as a Hospital pursuant to applicable law;
2. it is primarily and continuously engaged in providing medical care and treatment to sick and injured persons;
3. it is managed under the supervision of a staff of medical doctors;
4. it provides 24-hour nursing services by or under the supervision of a graduate registered nurse (R.N.);
5. it has medical, diagnostic and treatment facilities, with major surgical facilities on its premises, or available on a prearranged basis; and
6. it charges for its services.

Hospital shall include a Veteran's Administration Hospital or Federal Government Hospital and the requirement that a patient must incur an expense as an Inpatient shall be waived.

Infectious Disease means a disease included within the list of potentially life-threatening infectious diseases, developed by the Secretary of Health and Human Services, pursuant to Title XXVI of the Public Health Service Act.

Immediate Family Member means a person who is related to the Insured Person in any of the following ways: Spouse, parent (includes stepparent), brother or sister (includes stepbrother or stepsister), child (includes legally adopted or stepchild), grandparent, grandchild, brother-in-law, sister-in-law, daughter-in-law, son-in-law, mother-in-law, or father-in-law.

Inpatient means confined overnight as a registered bed-patient in a Hospital or other medical facility where at least one day's room and board is charged. The

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

confinement must be on the advice of a Physician.

Insured Person means any person who is listed as an Eligible Person on the *Policy Schedule of Benefits*.

Loss of Earnings Coverage means any disability benefits or salary continuance received from:

1. the benefits payable in accordance with any Workers' Compensation Act or Occupational Disease Act or Law, or any other law which provides compensation for an occupational injury;
2. the income benefit provided by or through any automobile insurance plan or any government plan of automobile insurance or similar insurance regulation or law;
3. the salary continuation or severance allowance provided by or through the employer;
4. the disability, retirement or other income benefits provided by or through the employer, the Sponsoring Organization, or the Insured Person; and
5. the amounts paid or payable under any group plan or insurance policy.

Loss of Earnings Coverage does not include disability benefits received from individual disability insurance paid by Insured Person, or any disability benefits payable under the United States Federal Social Security Act. If an Insured Person settles a Workers' Compensation claim, including Loss of Earnings or similar provisions of Workers' Compensation, the presumed amount of those Workers' Compensation benefits shall be considered Loss Earnings Coverage for the entire duration of the Insured Person's Total Disability or Partial Disability.

Medically Necessary means medical services that: (1) are essential for diagnosis, treatment or care of the Covered Injury or Covered Illness for which it is prescribed or performed; (2) meet generally accepted standards of medical practice; and (3) are ordered by a Physician and performed under his or her care, supervision or order. Nurse means a licensed graduate registered Nurse (R.N.) or a licensed practical Nurse (L.P.N.) who is not:

1. the Insured Person;
2. an Immediate Family Member of either the Insured Person or the Insured Person's Spouse;
3. a person living in the Insured Person's household; or
4. a person employed or retained by the Sponsoring Organization.

Named Insured means any organization listed as a Participating Organization on the *Policy Schedule of Benefits*.

Organized League Athletic Event means any type of sporting event or activity that occurs during a pre-planned schedule of practices, games, matches and/or tournaments over a specific season and may include the usage of a team roster, designated uniforms, umpires/referees, or fees paid to participate.

Organized League Athletic Covered Activity means preparation for, participation in, and travel to and from, an Organized League Athletic Event sponsored or approved by the Sponsoring Organization.

Other Valid and Collectible Insurance means: (1) any group plan, program or insurance policy; (2) any other group hospital, surgical or medical benefit plan; or (3) any union welfare plan or group employer or employee benefit program. Other valid and collectible insurance will not include benefits provided by the United States Social Security Act or any individual disability insurance plan.

Outpatient means an Insured Person who is a patient and is not hospitalized overnight but who visits a Hospital, clinic, or associated facility for diagnosis or treatment. **Partial Disability or Partially Disabled** means, for an Insured Person with an occupation producing wages as described in the definition of Weekly Earned Income, the inability to perform one or more, but not all, of the material and substantial duties of his or her own occupation as a result of a Covered Injury or Covered Illness. If an Insured Person does not have an occupation producing wages as described in the definition of Weekly Earned Income, Partial Disability or Partially Disabled means:

1. the inability to perform one or more, but not all of the material and substantial duties of an occupation for which an Insured Person is qualified by reason of education, training or experience; or
2. the inability to perform one or more, but not all of the regular activities of an Insured Person.

An Insured Person must be under the regular care of a Physician during Partial Disability.

Permanent Physical Impairment means a physical impairment or functional abnormality of a body part or parts or loss of at least 10% whole person which remains after maximum medical rehabilitation has been achieved and which is considered stable or non-progressive by the examining Physician at the time of evaluation.

Physician means a licensed health care provider practicing within the scope of his or her license and rendering care and treatment to the Insured Person that is appropriate for the condition and locality, and who is not:

1. the Insured Person;

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

2. an Immediate Family Member of either the Insured Person or the Insured Person's spouse;
3. a person living in the Insured Person's household;
4. a person employed or retained by the Sponsoring Organization; or
5. a person providing homeopathic, aroma-therapeutic, or herbal therapeutic services.

Police Reserve Officers means all officers and reserve law enforcement members appointed by the Sponsoring Organization. Such persons have completed or are actively enrolled and participating in, the training and probationary period specified by the written regulations of the Sponsoring Organization.

Policy Term means the time period defined for the Sponsoring Organization shown on the *Policy Schedule of Benefits*.

Reasonable and Customary Charge(s) means a charge that:

1. is made for a Covered Medical Expense;
2. does not exceed the usual level of charges for similar treatment, services or supplies in the locality where the expense is incurred (for a Hospital room and board charge, other than for a Medically Necessary stay in an intensive care unit or a cardiac care unit, does not exceed the Hospital's most common charge for semi-private room and board); and
3. does not include charges that would not have been made if no insurance existed.

Reasonable Occupation means any occupation for which an Insured Person is reasonably fitted based on education, training or experience and an Insured Person could expect to generate the lesser of \$75,000 annually or at least 70% of his or her Weekly Earned Income.

Regular Occupation means the Insured Person's primary occupation at the time of disability for which he or she was receiving remuneration.

Review Date means the date after 52 weeks of continuous disability.

Sponsoring Organization means the organization named on the Policy Schedule of Benefits. This includes additional organizations identified by endorsement attached to the Policy.

Spouse means the Insured Person's lawful spouse.

Total Disability or Totally Disabled means that for the first 5 years from the date of a Covered Injury or onset of a Covered Illness, an Insured Person:

1. is not able to perform the substantial and material duties of his or her occupation; and
 2. is receiving Appropriate Care .
- After 5 years from the date of a Covered Injury or onset of a Covered Illness, Total Disability or Totally Disabled means that due to a Covered Injury or a Covered Illness an Insured Person:

1. is not able to engage in any Reasonable Occupation;
2. is not working at any other occupation; and
3. is receiving Appropriate Care.

Traumatic Incident means an abnormal experience involving the Sponsoring Organization, outside the range of usual human experiences and that includes: 1) line of duty death or serious injury to other Insured Persons; 2) a single incident having multiple casualties; 3) death or serious injury of a child; 4) dealing with victims known to the Insured Person, and 5) similar incidents that would reasonably require mental health care for the entire Sponsoring Organization or a significant number of members of the Sponsoring Organization.

Traumatic Incident Stress Management Team means an organized group of mental health professionals and peer support individuals trained to provide support services to emergency service organization personnel. Such support services include traumatic incident stress defusing, debriefing, demobilization, stress reduction education, spousal support, one-on-one interviews, or on-the-scene support.

Plans of Insurance for the City of Fayette Fire Department
Benefits apply while performing a Covered Activity.

Weekly Earned Income means the greater of an Insured Person's:

1. average income earned on a weekly basis at the time the disability starts; or
 2. average income earned on a weekly basis for the period of one year prior to the start of disability for which a claim is made.
- If an employer, other than himself, employs an Insured Person, Weekly Earned Income will be computed from an Insured Person's regular, over-time and shift differential wages. Weekly Earned Income shall be substantiated by pay stubs, W-2 Forms, other employment records, tax records, and/or other records which may reasonably request. Commission earnings will be computed using an average of 24 months of previous commission earnings.

If an Insured Person is self-employed, Weekly Earned Income will be computed from the amount reported by an Insured Person on page 1 of the IRS Form 1040 series, which includes amounts from Schedules C and F, and from qualifying income from Schedule E which is included in the amount reported by an Insured Person on page 1 of IRS Form 1040 series.

If the Insured Person is a commissioned sales person, Weekly Earned Income will be any salary or wages and commissions received from the Employer. This will be based on the Statement of Wages Earned and Taxes Withheld (Form W-2) for the fiscal year ending immediately prior to the date of the Insured Person's disability.

Weekly Earned Income does not include rent, royalties, investment income, passive income, estate and trust income and REIT/REMIC income regardless of an Insured Person's active involvement in generating said forms of income, an Employer's contributions to any deferred compensation plan or pension plan on the Insured Person's behalf, stock options, or any other income not derived directly from an Insured Person's occupational activities.

RESOLUTION APPROVING PAYMENT OF INVOICES 2024-19

Be it Ordained by the Board of Aldermen of the City of Fayette, as follows:

Section 1: For the purpose of paying invoices and various accounts against the City of Fayette, which have been allowed by the Board of Aldermen, at the meeting thereof on September 24, 2024 the sum of **\$287,742.46**

General Fund	\$	34,776.98
Electric Fund	\$	220,932.91
Water Fund	\$	12,476.98
Sewer Fund	\$	19,555.59

Section 2: The City Clerk is hereby authorized and instructed to draw checks on the respective City bank accounts, in favor of the accounts have been allowed as above amounting to **\$287,742.46** being the total amount of money above appropriated.

Section 3: This resolution shall take effect and be in force from and after its passage.

Approved September 24, 2024:

Greg Stidham, Mayor

Endorsed September 24, 2024: I hereby certify that a sufficient sum of money stands to the credit of the City, unappropriated, in the City Clerk's Payment Fund to meet the requirements of this ordinance.

Maria Salazar, Administrative Assistant

CLAIMS REPORT
Vendor Checks: 9/11/2024- 9/24/2024

VENDOR NAME	REFERENCE	AMOUNT	VENDOR TOTAL	CHECK#	CHECK DATE
AIR LINK RURAL BROADBAND 1234	WIFI FOR CITY POOL - LABOR		1,125.00	43428	9/23/24
ANSWER MIDWEST INC	ANSWERING SERVICE		140.60	43429	9/23/24
BARCO MUNICIPAL PRODUCTS, INC.	30" STOP SIGN		244.10	43430	9/23/24
BOONSLICK INDUSTRIES INC	SHRED SERVICE SEPTEMBER		36.11	43431	9/23/24
C & R SUPER MARKET	PRIMER + CONCRETE PATCH		288.11	43432	9/23/24
CARD SERVICES	3 COMPUTER MOUNTS + ACCESORIES		1,213.90	43433	9/23/24
CHRISTENSEN ASPHALT	ASPHALT		1,458.00	43434	9/23/24
COE EQUIPMENT, INC.	CAMERA SEWER		13,862.40	43435	9/23/24
CORE & MAIN LP	2" METER FOR MOPAR		942.16	43436	9/23/24
CROWN POWER & EQUIPMENT	STEERING CYLINDER FOR LOADER		367.70	43437	9/23/24
CULLIGAN	WATER & COOLER		112.82	43438	9/23/24
FAMILY SUPPORT PAYMENT CENTER	GARNISHMENTS		69.23	43425	9/11/24
GRAYBAR ELECTRIC COMPANY, INC.	LINE MATERIALS		339.50	43439	9/23/24
HSA-C HAMMONS	HEALTH SAVINGS		100.00	28257101	9/11/24
HSA-D FORD	HEALTH SAVINGS		25.00	28257100	9/11/24
HSA-J THOMPSON	HEALTH SAVINGS		150.00	28257099	9/11/24
HSA-M SALAZAR	HEALTH SAVINGS		100.00	28257102	9/11/24
INOVATIA LABORATORIES LLC	LAGOON TESTS		327.50	43440	9/23/24
IRS	FED/FICA TAX		11,685.98	28257098	9/11/24
J.P COOKE CO.	DOG TAG RINGS		10.00	43441	9/23/24
LACROSS LUMBER CO.	FAN BATH EXHAUST		25.99	43442	9/23/24
LAUBER MUNICIPAL LAW, LLC	LEGAL SERVICES		1,550.00	43443	9/23/24
MFA AGRI SERVICES	GRASS SEED		243.00	43444	9/23/24
MISSOURI DEPT. OF REVENUE	august sales tax		9,953.75	28257104	9/20/24
MPUA	MONTHLY ELECTRIC BILL		200,744.86	43426	9/16/24
O'REILLY AUTOMOTIVE	OIL FILTER FOR #21		55.26	43445	9/23/24
SPIRE	GAS BILL		6.80	43446	9/23/24
SPIRE	GAS BILL		163.08	43447	9/23/24
TAMMY PURVIS	3 DAYS WORK CITY CLERK		600.00	43448	9/23/24
THE METER SHOP	CHECK 3PHASE SERV,TEST METERS		2,090.00	43449	9/23/24
TOMO DRUG TESTING	EMPLOYEE DRUG TEST		187.00	43450	9/23/24
TRAVIS WIES	MOWING CEMETERY		150.00	43451	9/23/24
VERIZON WIRELESS	M2Z SHARED WATER COMMUNICATOR		75.06	43452	9/23/24
Accounts Payable Total			248,442.91		

Payroll Checks

01	GENERAL	21,806.54
02	ELECTRIC	8,253.55
03	WATER	5,386.01
04	SEWER	3,853.45
Total Paid On: 9/11/24		39,299.55
Total Payroll Paid		39,299.55
Report Total		287,742.46

CLAIMS REPORT
CLAIMS FUND SUMMARY

FUND	NAME	AMOUNT
01	GENERAL	34,776.98
02	ELECTRIC	220,932.91
03	WATER	12,476.98
04	SEWER	19,555.59

	TOTAL FUNDS	287,742.46

ACCOUNTS PAYABLE CHECK REGISTER

BANK#	BANK NAME	CHECK#	DATE	ACCOUNT#	NAME	CHECK AMOUNT	CLEARED	MANUAL	VOID	REASON FOR VOID
1 #128740 CITY CLERK PAYMENT FND										
		43425	9/11/2024	1853	FAMILY SUPPORT PAYMENT CENTER	69.23				
		43426	9/16/2024	1513	MPIA	200,744.86				
*		43427			(NOT IN SELECTED DATE RANGE)					
		43428	9/23/2024	2633	AIR LINK RURAL BROADBAND 1234	1,125.00				
		43429	9/23/2024	2981	ANSWER MIDWEST INC	140.60				
		43430	9/23/2024	1020	BARCO MUNICIPAL PRODUCTS, INC.	244.10				
		43431	9/23/2024	2949	BOONSLICK INDUSTRIES INC	36.11				
		43432	9/23/2024	1189	C & R SUPER MARKET	288.11				
		43433	9/23/2024	2571	CARD SERVICES	1,213.90				
		43434	9/23/2024	2369	CHRISTENSEN ASPHALT	1,458.00				
		43435	9/23/2024	1681	COE EQUIPMENT, INC.	13,862.40				
		43436	9/23/2024	1298	CORE & MAIN LP	942.16				
		43437	9/23/2024	1055	CROWN POWER & EQUIPMENT	367.70				
		43438	9/23/2024	1324	CULLIGAN	112.82				
		43439	9/23/2024	2926	GRAYBAR ELECTRIC COMPANY, INC.	339.50				
		43440	9/23/2024	1835	INOVATIA LABORATORIES LLC	327.50				
		43441	9/23/2024	1154	J.P COOKE CO.	10.00				
		43442	9/23/2024	2849	LACROSS LUMBER CO.	25.99				
		43443	9/23/2024	2704	LAUBER MUNICIPAL LAW, LLC	1,550.00				
		43444	9/23/2024	1112	MFA AGRI SERVICES	243.00				
		43445	9/23/2024	1239	O'REILLY AUTOMOTIVE	55.26				
		43446	9/23/2024	3028	SPIRE	6.80				
		43447	9/23/2024	3029	SPIRE	163.08				
		43448	9/23/2024	9999999999	TAMMY PURVIS	600.00				
		43449	9/23/2024	3027	THE METER SHOP	2,090.00				
		43450	9/23/2024	1883	TOMO DRUG TESTING	187.00				
		43451	9/23/2024	1313	TRAVIS WIES	150.00				
		43452	9/23/2024	2147	VERIZON WIRELESS	75.06				
*		43453	Thru 28257097							
		28257098	9/11/2024	2957	IRS	11,685.98				E-PAY
		28257099	9/11/2024	2968	HSA-J THOMPSON	150.00				E-PAY
		28257100	9/11/2024	2969	HSA-D FORD	25.00				E-PAY
		28257101	9/11/2024	2971	HSA-C HAMMONS	100.00				E-PAY
		28257102	9/11/2024	2997	HSA-M SALAZAR	100.00				E-PAY
*		28257103			(NOT IN SELECTED DATE RANGE)					
		28257104	9/20/2024	1213	MISSOURI DEPT. OF REVENUE	9,953.75				E-PAY

* See Check Summary below for detail on gaps and checks from other modules.

BANK TOTALS:	
OUTSTANDING	248,442.91
CLEARED	.00
<hr/>	
BANK 1 TOTAL	248,442.91
VOIDED	.00

FUND	TOTAL	OUTSTANDING	CLEARED	VOIDED
01 GENERAL	12,970.44	12,970.44	.00	.00
02 ELECTRIC	212,679.36	212,679.36	.00	.00
03 WATER	7,090.97	7,090.97	.00	.00

ACCOUNTS PAYABLE CHECK REGISTER

BANK#	BANK NAME	ACCOUNT#	NAME	CHECK AMOUNT	CLEARED	MANUAL	VOID	REASON FOR VOID
CHECK#	DATE							
		04	SEWER	15,702.14	15,702.14		.00	.00

ACCOUNTS PAYABLE CHECK REGISTER
***** CHECK SUMMARY *****

BANK#	BANK NAME	DESCRIPTION
CHECK#		
1	#128740	CITY CLERK PAYMENT FND
43425	Thru 43452	Accounts Payable Checks
43453	Thru 1000319	Gap in Checks
1000320	Thru 1000367	Payroll Checks
28257098	Thru 28257104	Accounts Payable E-Pay

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
250157	1	1020 BARCO	9/24/24	MUNICIPAL PRODUCTS, INC. 30" STOP SIGN	244.10	43430		
				** VENDOR TOTAL **	244.10	244.10	.00	244.10
18519C	1	1055 CROWN	9/24/24	POWER & EQUIPMENT STEERING CYLINDER FOR LO	367.70	43437		
				** VENDOR TOTAL **	367.70	367.70	.00	367.70
9038642	1	1112 MFA	9/24/24	AGRI SERVICES BOOTS	115.00	43444		
9124701	1	01	9/24/24	GRASS SEED	128.00	43444		
				** VENDOR TOTAL **	243.00	243.00	.00	243.00
849795	1	1154 J.P	9/24/24	COOKE CO. DOG TAG RINGS	10.00	43441		
				** VENDOR TOTAL **	10.00	10.00	.00	10.00
0003-091924	1	1189 C & R	9/24/24	SUPER MARKET CONCRETE MIX	19.98	43432		
0022-091224	1	03	9/24/24	TAP CONS, DRILL BIT	37.57	43432		
0026-082924	1	02	9/24/24	INSECT KILLER	18.99	43432		
0033-090324	1	04	9/24/24	PRIMER + CONCRETE PATCH	57.76	43432		
0046-083024	1	02	9/24/24	COUPLINGS LOCKNUTS	10.15	43432		
0053-091024	1	04	9/24/24	PAINT SUPPLIES	28.17	43432		
0053-091724	1	03	9/24/24	BATTERIES, SOAP	31.77	43432		
0054-091024	1	04	9/24/24	PAPER TOWELS	43.96	43432		
0063-082924	1	02	9/24/24	PACKING TAPE	31.17	43432		
0072-091824	1	01	9/24/24	FLEX CAP	8.59	43432		
				** VENDOR TOTAL **	288.11	288.11	.00	288.11
082024	1	1213 MISSOURI	9/20/24	DEPT. OF REVENUE august sales tax	4011.70	28257104E		
082024	2	02	9/20/24	august sales tax	5942.05	28257104E		
				** TOTAL **	9953.75	9953.75	.00	9953.75
				** VENDOR TOTAL **	9953.75	9953.75	.00	9953.75
		1239 O'REILLY		AUTOMOTIVE				

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		

1239 O'REILLY AUTOMOTIVE								
4090-276423	1	03	9/24/24	OIL FILTER FOR #21	27.63	43445		
4090-276423	2	04	9/24/24	OIL FILTER FOR #21	27.63	43445		
				** TOTAL **	55.26	55.26	.00	55.26
				** VENDOR TOTAL **	55.26	55.26	.00	55.26
1298 CORE & MAIN LP								
624737	1	03	9/24/24	2" METER FOR MOPAR	942.16	43436		
				** VENDOR TOTAL **	942.16	942.16	.00	942.16
1313 TRAVIS WIES								
092024	1	01	9/24/24	MOWING CEMETERY	150.00	43451		
				** VENDOR TOTAL **	150.00	150.00	.00	150.00
1324 CULLIGAN								
55081640-08312024	1	01	9/24/24	WATER & COOLER	23.80	43438		
55081640-08312024	2	03	9/24/24	WATER & COOLER	23.80	43438		
55081640-08312024	3	04	9/24/24	WATER & COOLER	23.80	43438		
55081640-08312024	4	02	9/24/24	WATER & COOLER	23.81	43438		
				** TOTAL **	95.21	95.21	.00	95.21
55082069-08312024	1	01	9/24/24	WATER & COOLER	17.61	43438		
				** VENDOR TOTAL **	112.82	112.82	.00	112.82
1681 COE EQUIPMENT, INC.								
85453	1	04	9/24/24	CAMERA SEWER	13862.40	43435		
				** VENDOR TOTAL **	13862.40	13862.40	.00	13862.40
1835 INOVATIA LABORATORIES LLC								
31225	1	04	9/24/24	LAGOON TESTS	232.50	43440		
31244	1	04	9/24/24	LAGOON TESTS	47.50	43440		
31270	1	04	9/24/24	LAGOON TEST	47.50	43440		
				** VENDOR TOTAL **	327.50	327.50	.00	327.50
1883 TOMO DRUG TESTING								
131142	1	01	9/24/24	EMPLOYEE DRUG TEST	62.34	43450		
131142	2	01	9/24/24	EMPLOYEE DRUG TEST	62.34	43450		
131142	3	04	9/24/24	EMPLOYEE DRUG TEST	62.32	43450		
				** TOTAL **	187.00	187.00	.00	187.00
				** VENDOR TOTAL **	187.00	187.00	.00	187.00
2147 VERIZON WIRELESS								
9973618304	1	03	9/24/24	M2Z SHARED WATER COMMUNI	75.06	43452		

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
				2147 VERIZON WIRELESS				
				** VENDOR TOTAL **	75.06	75.06	.00	75.06
				2369 CHRISTENSEN ASPHALT				
20782	1	01	9/24/24	ASPHALT	1458.00	43434		
				** VENDOR TOTAL **	1458.00	1458.00	.00	1458.00
				2571 CARD SERVICES				
090124	1	02	9/24/24	ENTRY FEE MPUA RODEO	110.40	43433		
090124	2	01	9/24/24	ZOOM SERVICE	15.99	43433		
090124	3	01	9/24/24	ZOOM SERVICE	15.99	43433		
090124	4	01	9/24/24	I CLOUD	9.99	43433		
090124	5	01	9/24/24	MEMORIAL PLANT MARK THOM	92.63	43433		
090124	6	01	9/24/24	JUDY'S RETIREMENT PARTY	59.36	43433		
090124	7	01	9/24/24	AMAZON PRIME SUBSCRIPTIO	16.02	43433		
090124	8	01	9/24/24	JUDY'S RETIREMENT PARTY	8.72	43433		
090124	9	01	9/24/24	JUDY'S RETIREMENT PARTY	8.72	43433		
090124	10	01	9/24/24	3 COMPUTER MOUNTS + ACCE	839.21	43433		
090124	11	02	9/24/24	SCREWDRIVER + NUT DRIVER	36.87	43433		
				** TOTAL **	1213.90	1213.90	.00	1213.90
				** VENDOR TOTAL **	1213.90	1213.90	.00	1213.90
				2633 AIR LINK RURAL BROADBAND 1234				
176388	1	01	9/24/24	WIFI FOR CITY POOL - LAB	1125.00	43428		
				** VENDOR TOTAL **	1125.00	1125.00	.00	1125.00
				2704 LAUBER MUNICIPAL LAW, LLC				
27714	1	01	9/24/24	LEGAL SERVICES	1050.00	43443		
27715	1	01	9/24/24	LEGAL SERVICES	500.00	43443		
				** VENDOR TOTAL **	1550.00	1550.00	.00	1550.00
				2849 LACROSS LUMBER CO.				
2409-921408	1	04	9/24/24	FAN BATH EXHAUST	25.99	43442		
				** VENDOR TOTAL **	25.99	25.99	.00	25.99
				2926 GRAYBAR ELECTRIC COMPANY, INC.				
9338715726	1	02	9/24/24	LINE MATERIALS	339.50	43439		
				** VENDOR TOTAL **	339.50	339.50	.00	339.50
				2949 BOONSLICK INDUSTRIES INC				
018558	1	01	9/24/24	SHRED SERVICE SEPTEMBER	36.11	43431		
				** VENDOR TOTAL **	36.11	36.11	.00	36.11
				2981 ANSWER MIDWEST INC				

INVOICE	LN	DIST ID	DUE DATE	REFERENCE	PAID AMT	CHECK NO		
		2981		ANSWER MIDWEST INC				
502709202024	1	01	9/24/24	ANSWERING SERVICE FAYETTE ACCOUNT # 5027	35.15	43429		
502709202024	2	02	9/24/24	ANSWERING SERVICE FAYETTE ACCOUNT # 5027	35.15	43429		
502709202024	3	03	9/24/24	ANSWERING SERVICE FAYETTE ACCOUNT # 5027	35.15	43429		
502709202024	4	04	9/24/24	ANSWERING SERVICE FAYETTE ACCOUNT # 5027	35.15	43429		
				** TOTAL **	140.60	140.60	.00	140.60
				** VENDOR TOTAL **	140.60	140.60	.00	140.60
		3027		THE METER SHOP				
001	1	02	9/24/24	CHECK 3PHASE SERV,TEST M	2090.00	43449		
				** VENDOR TOTAL **	2090.00	2090.00	.00	2090.00
		3028		SPIRE				
092324	1	01	9/24/24	GAS BILL	6.80	43446		
				** VENDOR TOTAL **	6.80	6.80	.00	6.80
		3029		SPIRE				
092324	1	02	9/24/24	GAS BILL	163.08	43447		
				** VENDOR TOTAL **	163.08	163.08	.00	163.08
		9999990209		TAMMY PURVIS				
092324	1	01	9/24/24	3 DAYS WORK CITY CLERK	600.00	43448		
				** VENDOR TOTAL **	600.00	600.00	.00	600.00
				** E-PAYMENT TOTAL **				9953.75
				** PRINTD CHK TOTAL **				25614.09
				** GRAND TOTAL **	35567.84	35567.84	.00	35567.84

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT		244.10	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	244.10		
02-00-1000	CASH ACCOUNT		367.70	
02-00-2000	ACCOUNTS PAYABLE	367.70		
03-00-1000	CASH ACCOUNT		115.00	
03-00-2000	ACCOUNTS PAYABLE	115.00		
01-00-1000	CASH ACCOUNT		128.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	128.00		
01-00-1000	CASH ACCOUNT		10.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	10.00		
01-00-1000	CASH ACCOUNT		19.98	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	19.98		
03-00-1000	CASH ACCOUNT		37.57	
03-00-2000	ACCOUNTS PAYABLE	37.57		
02-00-1000	CASH ACCOUNT		18.99	
02-00-2000	ACCOUNTS PAYABLE	18.99		
04-00-1000	CASH ACCOUNT		57.76	
04-00-2000	ACCOUNTS PAYABLE	57.76		
02-00-1000	CASH ACCOUNT		10.15	
02-00-2000	ACCOUNTS PAYABLE	10.15		
04-00-1000	CASH ACCOUNT		28.17	
04-00-2000	ACCOUNTS PAYABLE	28.17		
03-00-1000	CASH ACCOUNT		31.77	
03-00-2000	ACCOUNTS PAYABLE	31.77		
04-00-1000	CASH ACCOUNT		43.96	
04-00-2000	ACCOUNTS PAYABLE	43.96		
02-00-1000	CASH ACCOUNT		31.17	
02-00-2000	ACCOUNTS PAYABLE	31.17		
01-00-1000	CASH ACCOUNT		8.59	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	8.59		
03-00-1000	CASH ACCOUNT		27.63	
03-00-2000	ACCOUNTS PAYABLE	27.63		
04-00-1000	CASH ACCOUNT		27.63	
04-00-2000	ACCOUNTS PAYABLE	27.63		
03-00-1000	CASH ACCOUNT		942.16	
03-00-2000	ACCOUNTS PAYABLE	942.16		
01-00-1000	CASH ACCOUNT		150.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	150.00		
01-00-1000	CASH ACCOUNT		23.80	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	23.80		
03-00-1000	CASH ACCOUNT		23.80	
03-00-2000	ACCOUNTS PAYABLE	23.80		
04-00-1000	CASH ACCOUNT		23.80	
04-00-2000	ACCOUNTS PAYABLE	23.80		
02-00-1000	CASH ACCOUNT		23.81	
02-00-2000	ACCOUNTS PAYABLE	23.81		
01-00-1000	CASH ACCOUNT		17.61	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	17.61		
04-00-1000	CASH ACCOUNT		13862.40	
04-00-2000	ACCOUNTS PAYABLE	13862.40		
04-00-1000	CASH ACCOUNT		232.50	
04-00-2000	ACCOUNTS PAYABLE	232.50		
04-00-1000	CASH ACCOUNT		47.50	
04-00-2000	ACCOUNTS PAYABLE	47.50		

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
04-00-1000	CASH ACCOUNT		47.50	
04-00-2000	ACCOUNTS PAYABLE	47.50		
01-00-1000	CASH ACCOUNT		62.34	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	62.34		
01-00-1000	CASH ACCOUNT		62.34	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	62.34		
04-00-1000	CASH ACCOUNT		62.32	
04-00-2000	ACCOUNTS PAYABLE	62.32		
03-00-1000	CASH ACCOUNT		75.06	
03-00-2000	ACCOUNTS PAYABLE	75.06		
01-00-1000	CASH ACCOUNT		1458.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	1458.00		
02-00-1000	CASH ACCOUNT		110.40	
02-00-2000	ACCOUNTS PAYABLE	110.40		
01-00-1000	CASH ACCOUNT		15.99	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	15.99		
01-00-1000	CASH ACCOUNT		15.99	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	15.99		
01-00-1000	CASH ACCOUNT		9.99	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	9.99		
01-00-1000	CASH ACCOUNT		92.63	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	92.63		
01-00-1000	CASH ACCOUNT		59.36	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	59.36		
01-00-1000	CASH ACCOUNT		16.02	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	16.02		
01-00-1000	CASH ACCOUNT		8.72	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	8.72		
01-00-1000	CASH ACCOUNT		8.72	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	8.72		
01-00-1000	CASH ACCOUNT		839.21	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	839.21		
02-00-1000	CASH ACCOUNT		36.87	
02-00-2000	ACCOUNTS PAYABLE	36.87		
01-00-1000	CASH ACCOUNT		1125.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	1125.00		
01-00-1000	CASH ACCOUNT		1050.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	1050.00		
01-00-1000	CASH ACCOUNT		500.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	500.00		
04-00-1000	CASH ACCOUNT		25.99	
04-00-2000	ACCOUNTS PAYABLE	25.99		
02-00-1000	CASH ACCOUNT		339.50	
02-00-2000	ACCOUNTS PAYABLE	339.50		
01-00-1000	CASH ACCOUNT		36.11	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	36.11		
01-00-1000	CASH ACCOUNT		35.15	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	35.15		
02-00-1000	CASH ACCOUNT		35.15	
02-00-2000	ACCOUNTS PAYABLE	35.15		
03-00-1000	CASH ACCOUNT		35.15	
03-00-2000	ACCOUNTS PAYABLE	35.15		
04-00-1000	CASH ACCOUNT		35.15	
04-00-2000	ACCOUNTS PAYABLE	35.15		

GL ACCOUNT NUMBER	GL ACCOUNT NAME	DEBITS	CREDITS	NET
02-00-1000	CASH ACCOUNT		2090.00	
02-00-2000	ACCOUNTS PAYABLE	2090.00		
01-00-1000	CASH ACCOUNT		6.80	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	6.80		
02-00-1000	CASH ACCOUNT		163.08	
02-00-2000	ACCOUNTS PAYABLE	163.08		
01-00-1000	CASH ACCOUNT		600.00	
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	600.00		
	GENERAL LEDGER TOTALS	25614.09	25614.09	

ACCOUNT NUMBER	ACCOUNT TITLE	DEBITS	CREDITS	NET
01-00-1000	CASH ACCOUNT	.00	6,604.45	6,604.45-
01-00-2000	ACCOUNTS PAYABLE-GENERAL FUND	6,604.45	.00	6,604.45
02-00-1000	CASH ACCOUNT	.00	3,226.82	3,226.82-
02-00-2000	ACCOUNTS PAYABLE	3,226.82	.00	3,226.82
03-00-1000	CASH ACCOUNT	.00	1,288.14	1,288.14-
03-00-2000	ACCOUNTS PAYABLE	1,288.14	.00	1,288.14
04-00-1000	CASH ACCOUNT	.00	14,494.68	14,494.68-
04-00-2000	ACCOUNTS PAYABLE	14,494.68	.00	14,494.68
TRANSACTION TOTALS		25,614.09	25,614.09	.00
FUND	NAME	DEBITS	CREDITS	
01	GENERAL	6,604.45	6,604.45	
02	ELECTRIC	3,226.82	3,226.82	
03	WATER	1,288.14	1,288.14	
04	SEWER	14,494.68	14,494.68	
TOTALS		25,614.09	25,614.09	



Date	9-17-24
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Business License Application

BUSINESS INFORMATION		
Name of Business (Corporate name)		DBA
VdPals Wellness Spa + Salon LLC		VdPals Wellness Spa + Salon LLC
Location (Street Address)		City / State / Zip
703 N Church St		Fayette Mo. 65248
Mailing Address (if different than location)		Tax ID #
		99-4942462
Main Business Phone	Cell Phone	Cell Phone (Other)
573-410-2152	573-410-2910	
Email address		Owners name
VdPal@aol.com		SAM BROWN VanderPal

Provide details of business and lines of merchandise handled if applicable: **(Required)**
 Home based Wellness spa + Salon, by Appointment only
 Reiki Therapy and Hair Services

SIGNATURE REQUIRED	
The above information is true and correct concerning said business under consideration	
	SAM B. VanderPal
Signature	Printed Name
Application must be signed by a Business Owner or Manager Officer of the Company	

DOCUMENTS REQUIRED			
Provided a copy of Missouri Department of Revenue Certificate of State No Tax Due	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Provided a copy of Certificate of Work Comp Insurance (if applicable)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
Provided a copy of Certificate of State Liquor License (if applicable)	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>

COMPLETED BY THE CITY OF FAYETTE	
License Fee amount \$ <input type="text"/>	Filled with the City Clerk on <input type="text"/>
Cash <input type="checkbox"/> CC <input type="checkbox"/> Check <input type="checkbox"/> # <input type="text"/>	<input type="text"/>
	City Clerk Signature



DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 09-16-2024

Employer Identification Number:
99-4942462

Form: SS-4

Number of this notice: CP 575 G

VDPALS WELLNESS SPA & SALON LLC
SAM BROWN VANDERPAL SOLE MBR
703 N CHURCH ST
FAYETTE, MO 65248

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 99-4942462. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

Taxpayers request an EIN for their business. Some taxpayers receive CP575 notices when another person has stolen their identity and are opening a business using their information. If you did **not** apply for this EIN, please contact us at the phone number or address listed on the top of this notice.

When filing tax documents, making payments, or replying to any related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear-off stub and return it to us.

A limited liability company (LLC) may file Form 8832, *Entity Classification Election*, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, *Election by a Small Business Corporation*. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

LINE ITEM REQUEST FORM

Date 9/16/24

Department Requesting Street Dept

Budget Line 01-05-5520

BUDGET AMOUNT

9,878.76

COST

1,418.47

BUDGET REMAINING

8,466.29

Items Requested:

1	<u>Motor For Boom Mower Head</u>

Approved _____
Date _____

P.O.# _____	Vendor _____
Date _____	Invoice # _____