

**Resolution 19-11
of the
San Mateo County Harbor District
to**

**Supersede Resolution 25-06 and to Amend District Policy
6.4.5 – Group Health and Medical Insurance Payout Program**

Whereas, the Board of Harbor Commissioners approved Policy 6.4.5 Group Health and Medical Insurance dated December 3, 1997 by Resolution 39-97; and

Whereas, said Board subsequently amended Policy 6.4.5 by Resolutions 04-02 and 25-06; and

Whereas, said Board has determined that Policy 6.4.5 needs to be amended to modify the payout program for Harbor Commissioners.

Now, Therefore, Be It Resolved that the Board of Harbor Commissioners does hereby approve an amendment to Policy 6.4.5 as set forth in the attachment to this Resolution designated as Exhibit A and incorporated by reference herein; and

Further, Be It Resolved that the Board of Harbor Commissioners does hereby adopt this Resolution 19-11 which shall supersede Resolution 25-06.

Approved this 21st day of September 2011 at the regular meeting of the Board of Harbor Commissioners by a recorded vote as follows:

For: Bernardo, Padreddi, Parravano, Tucker

Against: None

Absent: Campbell

Attested

BOARD OF HARBOR COMMISSIONERS


Debbie Nixon
Deputy Secretary



Pietro Parravano
President

EXHIBIT A

Amend District Policy 6.4.5 Section 3 Payout as follows:

Insert "A" before the start of paragraph 1.

Insert the following as new paragraph 2:

B. Commissioners: Any Harbor Commissioner who provides evidence of alternative health and medical insurance may opt to withdraw from the District's health and medical insurance program. Upon receipt of evidence of the Commissioner's payment of his or her own health and medical insurance premiums, deductibles and/or co-payments, the District shall reimburse the Commissioner the amount the Commissioner paid for said insurance premiums, deductibles and/or co-payments for him/herself and his/her dependents up to the amount the District currently pays for the same level of coverage (e. g. single or family) under the District's health and medical insurance program; or as an alternative if the Commissioner prefers and is eligible for family plan coverage, the Commissioner shall receive fifty percent (50%) or \$400.00, whichever is less. Under no circumstances shall the total reimbursement or payment exceed the District payment for the same level of coverage under the District health and medical insurance program.