



**RESOLUTION NO. 110-2010**

**OF THE BOARD OF SUPERVISORS OF THE COUNTY OF EL DORADO**

**RESOLUTION TO PROVIDE ONE TIME OPPORTUNITY TO CHANGE HEALTH INSURANCE PROGRAM TO THOSE EMPLOYEES WHO ARE APPROVED TO PARTICIPATE IN THE EARLY RETIREMENT INCENTIVE PROGRAM (ERI) AND PLAN FOR FISCAL YEAR 2010- 2011**

**WHEREAS**, open enrollment allowing County employees to select available health insurance programs began on May 10, 2010 and ended on May 28, 2010; and

**WHEREAS**, the Director of Human Resources advises the Board of Supervisors that the policies and procedures of the Human Resources Department preclude employees from selecting an alternative health insurance program during any period that is not the open enrollment period; and

**WHEREAS**, the only exception to said policies and procedures is a qualifying event and that retirement is not considered such a qualifying event; and

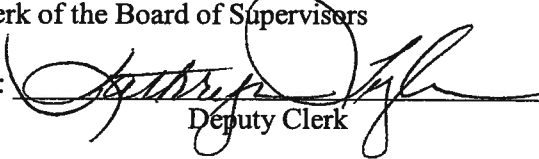

**WHEREAS**, selection of an appropriate health insurance program prior to retirement is an important component of responsible retirement planning; and

**NOW, THEREFORE, BE IT RESOLVED,**

That for the purposes of selecting an appropriate insurance program prior to retirement, those employees who are approved to participate in the Early Retirement Incentive (ERI) during the period FY 2010 – 2011 be permitted to make one (1) health care program selection change at any time, but in no event to be effective later than the day immediately preceding that employee’s last day of work prior to retirement. It is the intention of the Board of Supervisors that this Resolution not establish a precedent of any kind under like circumstances.

PASSED AND ADOPTED by the Board of Supervisors of the County of El Dorado at a regular meeting of said Board, held the 27 day of July, 2010 by the following vote of said Board:

Attest: Ayes: Sweeney, Knight, Nutting, Briggs, Santiago  
Suzanne Allen de Sanchez Noes: none  
Clerk of the Board of Supervisors Absent: none

By:  Deputy Clerk  Chairman, Board of Supervisors

I CERTIFY THAT:  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL ON FILE IN THIS OFFICE.

Attest: Suzanne Allen de Sanchez, Clerk of the Board of Supervisors of the County of El Dorado, State of California.

By: \_\_\_\_\_ Date: \_\_\_\_\_  
Deputy Clerk