

November 13, 2025

FINANCE COMMITTEE

November 17, 2025

Committee and Council Meetings can be viewed by accessing YouTube

Council Chambers

5:45pm

AGENDA

1. Consider **Resolution No. 25-75** A RESOLUTION APPROPRIATING MONIES FOR THE CURRENT EXPENSES OF THE MUNICIPAL CORPORATION.
2. Consider **Resolution No. 25-80 Exp** A RESOLUTION APPROPRIATING MONIES FOR THE CURRENT EXPENSES OF THE MUNICIPAL CORPORATION.
3. Other items at the discretion of the Chair

Resolution No.25-75

BY: _____

A RESOLUTION APPROPRIATING MONIES FOR CURRENT EXPENSES OF THE MUNICIPAL CORPORATION

WHEREAS, to properly, efficiently and expeditiously conduct business of the City of Newark in the best interest of its citizens, there is an immediate requirement for a certain financial transaction as indicated.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF NEWARK, COUNTY OF LICKING, STATE OF OHIO.

Section 1. There is hereby an appropriation of the unappropriated balance of the 100 Fund, in the amount of \$250.00 (Request appropriation for donation made by Tractor Supply Company to NFD to be put into the miscellaneous account for nonspecific purchase in the future.)

100.205.5319	Miscellaneous	250.00
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Section 2. There is hereby an appropriation of the unappropriated balance of the 100 General Fund, in the amount of \$16,000.00 (Logging monies received)

100.121.5238	Services General	16,000.00
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This resolution is a measure providing for an appropriation for current expenses of the municipal corporation; it shall go into effect pursuant to Section 4.07 of the Charter of the City of Newark, Ohio.

Adopted this _____ day of _____, 2025.

President of Council _____

Attest Clerk of Council _____

Date filed with Mayor _____

Date approved by Mayor _____

Mayor _____

Approved as to form Director of Law _____, _____

Finance Committee Request Form

Appropriate **From Unappropriated Balance of Specific Fund

100 _____ Fund Source

Fund	Dept	Object	Account Description	Amount
100	205	5319	Miscellaneous	250.00
Total				\$250.00

Reason for Appropriations

Request appropriation for donation made by Tractor Supply Company to NFD to be put into the miscellaneous account for non specific purchase in the future.

1. Verify with the Auditor's office to make sure there is a sufficient amount in the unappropriated balance of the fund.

2. Please enter Fund Source from which dollars will be appropriated - Number and Name.

Disappropriate

Fund	Dept	Object	Account Description	Amount
Total				\$0.00

Reason for Disappropriations

1. Disappropriations will need to be made if funds need removed from a salary account and moved into an operating account.

2. This can only be done if there are sufficient funds to cover remaining expenses in that account for the year.

Expedite - Waive Second Reading Yes No

Reason

Requester *[Signature]* Date 43 NOV 2025

Director *[Signature]* Date 11/6/25 Approve Disapprove

Mayor *[Signature]* Date 11.6.25 Approve Disapprove

Auditor *[Signature]* Date 11-7-25 Approve Disapprove

Finance Committee Action Date _____ Approve Disapprove

Finance Committee Request Form

Appropriate **From Unappropriated Balance of Specific Fund			100 General Fund	Fund Source
Fund	Dept	Object	Account Description	Amount
100	121	5238	Services General	16,000.00
Total				\$16,000.00
Reason for Appropriations				
Logging Monies received				

1. Verify with the Auditor's office to make sure there is a sufficient amount in the unappropriated balance of the fund.
2. Please enter Fund Source from which dollars will be appropriated - Number and Name.

Disappropriate				
Fund	Dept	Object	Account Description	Amount
Total				\$0.00
Reason for Disappropriations				

1. Disappropriations will need to be made if funds need removed from a salary account and moved into an operating account.
2. This can only be done if there are sufficient funds to cover remaining expenses in that account for the year.

Expedite - Waive Second Reading	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>
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Reason

Requester <i>[Signature]</i>	Date <i>11-6-25</i>		
Director <i>[Signature]</i>	Date <i>11-6-25</i>	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>
Mayor <i>[Signature]</i>	Date <i>11-12-25</i>	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>
Auditor <i>[Signature]</i>	Date <i>11-12-25</i>	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>

Finance Committee Action	Date	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
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Resolution No.25-80 Exp

BY: _____

A RESOLUTION APPROPRIATING MONIES FOR CURRENT EXPENSES OF THE MUNICIPAL CORPORATION

WHEREAS, to properly, efficiently, and expeditiously conduct business of the City of Newark in the best interest of its citizens, there is an immediate requirement for a certain financial transaction as indicated.

NOW, THEREFORE, BE IT RESOLVED BY THE COUNCIL OF THE CITY OF NEWARK, COUNTY OF LICKING, STATE OF OHIO.

Section 1. There is hereby an appropriation of the unappropriated balance of the 756 Health Insurance Fund, in the amount of \$1,000,000.00 (Possible need of appropriation authority for check runs, due to posting gross amount of check run with large refunds. No additional cash is needed from the City, this is just giving the auditor the appropriation authority to post the check runs.)

756.110.5124210	Health Insurance Claims	1,000,000.00
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This resolution is a measure providing for an appropriation for current expenses of the municipal corporation; it shall go into effect pursuant to Section 4.07 of the Charter of the City of Newark, Ohio.

Adopted this _____ day of _____, 2025.

President of Council _____

Attest Clerk of Council _____

Date filed with Mayor _____

Date approved by Mayor _____

Mayor _____

Approved as to form Director of Law _____

Finance Committee Request Form

Appropriate ** From Unappropriated Balance of Specific Fund				756 - Health Insurance	Fund Source
Fund	Dept	Object	Account Description	Amount	
756	110	5124210	Health Insurance Claims	1,000,000.00	
Total				\$ 1,000,000.00	

Reason for Appropriations
 Possible need of appropriation authority for check runs, due to posting gross amount of check run with large refunds
 No additional Cash is needed from the City, this is just giving the Auditor the appropriation authority to post the check runs.

1. Verify with the Auditor's office to make sure there is a sufficient amount in the unappropriated balance of the fund.

2. Please enter Fund Source from which dollars will be appropriated -Number and Name.

Disappropriate				
Fund	Dept	Object	Account Description	Amount
Total				\$ -

Reasons for Disappropriations

1. Disappropriations will need to be made if funds need moved from a Personnel account into an operating account.

2. This can only be done if there are sufficient funds to cover remaining expenses in those accounts for the remainder of the year.

Expedite - Waive Second Reading	Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>
Reason		

Requester	Date			
Director <i>[Signature]</i>	Date 11/13/25	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>	
Mayor <i>[Signature]</i>	Date 11-13-25	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>	
Auditor <i>[Signature]</i>	Date 11-13-25	Approve <input checked="" type="checkbox"/>	Disapprove <input type="checkbox"/>	

Finance Committee Action	Date	Approve <input type="checkbox"/>	Disapprove <input type="checkbox"/>
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There is a request for a \$1,000,000.00 appropriation for health insurance claims account on the finance committee agenda.

Currently there is an appropriation of \$1,139,172.41 left in the claims account to pay claims. There is \$1,317,663 in cash in the fund and an estimated additional amount \$1,840,612 to be collected in the fund.

There are three MedBen check runs left for 2025, one due on November 25th, and two in December, the 9th and the 23rd.

For supportive purposes there is an attachment of a MedBen check run from November 11th. Hopefully with the attachment and the explanation below it will be shown as to why the city needs this appropriation.

The city has to post the "Gross" amounts of the check runs. With this being said, if you look at line #3 of the attachment you will see the "Total Amount of Check Run" is \$1,202,676.51. This is the amount that the city has to post in the account. THIS IS NOT THE AMOUNT THE CITY WILL SEND OUT!

Lines #4-#9 is offsetting amounts that will reduce the actual check run (the amount of cash that will be sent out). In this instance, per the attachment, we will reduce the amount sent out by \$949,537.07. Made up by the amounts in #4 \$458,267.58, #5 \$1,308.21 and #7 \$489,961.28. This will bring the "Net" amount of the check run to \$253,139.44. This is the actual amount of cash that will be sent to MedBen for the check run.

The city tries, during budget time, to do a "best guess" of what they think the actual check runs will be based on past transactions. Unfortunately, they never know what kind of claims or refunds could happen during the year, thus why the city is requesting this additional appropriation at this time. The city may not need the appropriation. However, if the city does have a large check run, the Auditor's office needs the appropriation authority to post the check runs.



NOTIFICATION OF CHECKS TO BE ISSUED

Check Run Date: 11/11/2025

1 Name of Group (Plan sponsor):	City of Newark
2 Group/Account Number:	10290
3 Total Amount of Check Run:	\$1,202,676.51
4 Spec Checks Held	(\$458,267.58)
5 Reimbursement(s) processed	(\$1,308.21)
6 Cancellation(s) processed	(\$489,961.28)
7 Spec Reimbursements	\$0.00
8 Rx Refund	\$0.00
9 Adjustment/Last Check Run	\$0.00
Total Amount of Check Run to Fund	\$253,139.44

PLEASE READ CAREFULLY BEFORE AUTHORIZING

Please review the dollar amounts above carefully. MedBen is seeking your approval and authorization to release claims checks from the captioned Plan under your authority as Plan Administrator and/or Plan Sponsor. If you disagree with the amounts or have questions, please contact us immediately. MedBen will not release the claims checks until we have your approval to do so.

In order to ensure that your plan is eligible to receive the maximum reimbursements possible under your stop-loss policy covering the above named self-funded plan, you, as Plan Administrator and/or Plan Sponsor, must "fully fund" the entire claims amount listed above through your plan account. It is the Plan Administrator's and/or Plan Sponsor's sole responsibility to make certain the plan is able to pay all eligible claims. In addition, if claims are not funded promptly, the plan may lose monetary discounts available

The term "fully fund" means that the account for the above named plan has sufficient funds to cover all paid claims. If the Plan Administrator and/or Plan Sponsor has more than one plan and/or account, each must be fully funded. Each separate plan will receive a separate Notification of Checks to be Issued form. "Paid claims" are those that have been processed, issued and mailed. In some cases, the checks must have cleared the bank.

MedBen will mail claim checks on the next working day following the day the Plan Administrator and/or Plan

Questions may be directed to any of the following individuals:
Billie Slaughter (800) 423-3151 Ext 412 or brotert@medben.com
Anita Fouch (800) 423-3151 Ext 305 or afouch@medben.com