

## **Greater Tompkins County Municipal Health Insurance Consortium**

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"Individually and collectively, we invest in realizing high quality, affordable, dependable health insurance."

## RESOLUTION NO. 021- 2024 - APPROVAL OF AMENDMENT TO ADOPT THE PREMIUM PAYMENT POLICY

MOVED by Ms. Drake, seconded by Mr. Shattuck, the resolution was adopted by voice vote of members present, and visibly seen members via remote locations due to extraordinary circumstances.

WHEREAS, per Resolution No. 33 of 2020, the Greater Tompkins County Municipal Health Insurance Consortium, (GTCMHIC), approved a policy to adopt a late payment fee policy that can be administered to all participants in circumstances where premium payment is not received in a timely manner, and

WHEREAS, the current policy refers to accounting staff, "Principal Accountant" to make adjustments to future invoices. The Consortium's current financial staff member capable of adjustments has since been named as, "Finance Manager", which shall be updated to the amended Premium Payment Policy, and

WHEREAS, the current Premium Payment Policy indicates "each participant's monthly premium equivalent, by enrollee classification, shall be paid by the first day (1st) of each calendar month during the Plan Year". Due to the current financial system software set to automatically generate payment reminders, the GTCMHIC has since revised the date to the seventh day (7th) of each calendar month during the Plan Year, and

WHEREAS, in addition to payment modifications, the GTCMHIC's financial system software now sends monthly premium invoice reminders automatically 14 days before the premium invoice due date and again on the due date if no payment has been received. Another reminder will be sent 7 days after the due date with the one percent (1%) late fee included on the invoice. If a payment has not been made 90 days after the due date, the Executive Director will be notified, now therefore be it

RESOLVED, on recommendation of the Operations Committee, That the Executive Committee, on behalf of the Board of Directors, hereby adopt the GTCMHIC's "Approval of Amendment to Adopt the Premium Payment Policy", effective immediately.

\* \* \* \* \*

STATE OF NEW YORK )
GTCMHIC ) ss:
COUNTY OF TOMPKINS )

I hereby certify that the foregoing is a true and correct transcript of a resolution adopted by the Greater Tompkins County Municipal Health Insurance Consortium Executive Committee on behalf of the Board of Directors on July 17, 2024.

Lynne Sheldon, Clerk of the GTCMHIC Board