

**AN ORDINANCE** approving the awarding of RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM AND SHORT TERM DISABILITY INSURANCE PLANS by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION / SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS DEPARTMENT.

**NOW, THEREFORE, BE IT ORDAINED BY THE COMMON COUNCIL OF THE CITY OF FORT WAYNE, INDIANA;**

**SECTION 1.** That RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM AND SHORT TERM DISABILITY INSURANCE PLANS between the City of Fort Wayne, by and through its Department of Purchasing and AUTOMATED GROUP ADMINISTRATION/SYMETRA LIFE INSURANCE for the HUMAN RESOURCES AND BENEFITS DEPARTMENT, respectfully for:

**Self -Funded Health & Dental: Automated Group Administration**

Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$2,600,000

**Group Life/AD&D/LTD/STD: Symetra Life Insurance Company**

Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$1,375,000  
(Includes \$375,000 of Supplemental Life Insurance (EMPLOYEE PAID))

involving a total cost of not to exceed THREE MILLION, NINE HUNDRED SEVENTY-FIVE THOUSAND AND 00/100 DOLLARS (\$3,975,000.00)- (INCLUDES \$375,000 OF EMPLOYEE PAID LIFE INS) all as more particularly set forth in said RENEWAL OF SELF-FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION AND REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM AND SHORT TERM DISABILITY INSURANCE PLANS which are on file in the Office of the Department of Purchasing, and are by reference incorporated herein, made a part hereof, and is hereby in all things ratified, confirmed and approved.



# COUNCIL DIGEST SHEET

Enclosed with this introduction form is a tab sheet and related material from the vendor(s) who submitted bid(s). Purchasing Department is providing this information to Council as an overview of this award.

## RFPs , BIDS, OTHER PROJECTS

Bid/RFP#/Name of Project	Renewal of Self-Funded Health & Dental Plans (Administration and Reinsurance Fees) AND Group Life/Long and Short Term Disability Insurance Plans
Awarded To	Automated Group Administration/Symetra Life Insurance
Amount	Not to exceed \$3,975,000 (includes \$375,000 of employee paid life ins)
Conflict of interest on file?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Number of Registrants	
Number of Bidders	
Required Attachments	RFPs – attach Award Matrix; Bids – attach Tab Sheet

## EXTENSIONS

Date Last Bid Out	
# Extensions Granted To Date	

## SPECIAL PROCUREMENT

Contract #/ID (State, Federal, Piggyback--Authority)	
Sole Source/ Compatibility Justification	

## BID CRITERIA *(Take Buy Indiana requirements into consideration.)*

Most Responsible, Responsive Lowest	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <i>If no, explain below</i>
If not lowest, explain	

# COUNCIL DIGEST SHEET

## COST COMPARISON

<i>Increase/decrease amount from prior years For annual purchase (if available).</i>	
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## DESCRIPTION OF PROJECT / NEED

<i>Identify need for project &amp; describe project; attach supporting documents as necessary.</i>	Quotes were obtained through our insurance broker and reviewed/selected based on competitive rates/service <hr/> <hr/> <hr/>
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## REQUEST FOR PRIOR APPROVAL

<i>Provide justification if prior approval is being requested.</i>	
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## FUNDING SOURCE

<i>Account Information.</i>	403 INSRI 5146 <hr/> <hr/> <hr/>
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**CITY OF FORT WAYNE  
SELF FUNDED HEALTH PLAN  
AUTOMATED GROUP ADMINISTRATION  
2020 RENEWAL  
SPECIFIC DEDUCTIBLE OF \$350,000**

Renewal Effective Date: January 1, 2020

**(2 PLAN OPTIONS \$1200/\$3400 Ded.)  
Signature Care EPO**

<b>Service</b>	<b>2015</b>	<b>2016</b>	<b>2017</b>	<b>2018</b>	<b>2019</b>	<b>2020</b>
Contract Type (Specific & Aggregate)	18/12 Unlimited Annual	18/12 Unlimited Annual	18/12 Unlimited Annual	18/12 Unlimited Annual	18/12 Unlimited Annual	18/12 Unlimited Annual
Specific Deductible	\$ 325,000	\$ 325,000	\$ 325,000	\$ 325,000	\$ 350,000	\$ 350,000
Aggregating Specific	\$ 150,000	\$ 150,000	\$ 150,000	\$ 150,000	\$ 175,000	\$ 175,000
Medical Administration	\$ 15.50	\$ 15.95	\$ 16.50	\$ 16.50	\$ 16.95	\$ 17.50
Dental Administration	\$ 2.65	\$ 2.75	\$ 2.85	\$ 2.85	\$ 2.95	\$ 3.00
Utilization Review & Mgmt	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25	\$ 3.25
OP Therapy Review	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70	\$ 0.70
OP Surgery Review	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80	\$ 0.80
MCC Disease Mgmt Pkg	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25	\$ 4.25
Network Access Fee PPO	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.50	\$ 6.25	\$ 6.50
Healthiest You	N/A	N/A	N/A	\$ 5.50	\$ 5.50	\$ 5.50
Dental Network Access Fee	N/A	N/A	N/A	N/A	\$ 1.75	\$ 1.75
Specific Premium	\$ 43.85	\$ 46.98	\$ 51.58	\$ 55.98	\$ 51.98	\$ 57.95
Aggregate Premium	\$ 2.54	\$ 2.59	\$ 2.65	\$ 2.65	\$ 2.75	\$ 2.84
Medical Aggregate Factor	\$ 1,455.35	\$ 1,455.35	\$1,570.65	\$1,593.49	\$1,576.15	\$1,576.15
Dental Aggregate Factor	\$ 62.31	\$ 62.31	\$ 62.31	\$ 62.31	\$ 64.79	\$ 69.75
Broker Fee (Monthly)	NET	NET	NET	NET	NET	NET
Total Maximum EE/MO	\$ 1,597.70	\$ 1,601.43	\$1,722.04	\$1,754.78	\$1,738.07	\$1,749.94
% of increase on Max. \$	2.13%	0.23%	7.53%	1.90%	-0.95%	0.68%

City of Fort Wayne

January 1, 2020 Life/ADandD Rate Comparison



	CURRENT - Symetra Life/AD&D	RENEWAL - Symetra Life/AD&D	OneAmerica Life/AD&D	Lincoln Life/AD&D	MetLife Life/AD&D
<b>Benefit Amount</b>					
Life Amount	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits
AD&D Amount	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits	Classed Benefits
Guarantee Issue Amount	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit
Waiver of Premium (Active Employer's)	Included	Included	Included	Included	Included
Accelerated Death Benefit (Active Employer's)	Included	Included	Included	Included	Included
Reduction Schedule	None	None	None	None	None
Conversion/Portability (Life)	Included	Included	Included	Included	Included
Miscellaneous					
Participation Requirement	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rate Guarantee	until January 1, 2020	until January 1, 2022	3 Years	3 Years	3 Years
<b>Rates</b>					
Life Volume (monthly)	\$115,920,000	\$115,920,000	\$115,920,000	\$115,920,000	\$115,920,000
AD&D Volume (monthly)	\$163,875,000	\$163,875,000	\$163,875,000	\$163,875,000	\$163,875,000
Life Rate (per \$1,000)	\$0.25	\$0.25	\$0.31	\$0.25	\$0.247
AD&D Rate (per \$1,000)	\$0.02	\$0.02	\$0.02	\$0.03	\$0.024
<b>MONTHLY PREMIUM</b>	<b>\$32,257.50</b>	<b>\$32,257.50</b>	<b>\$39,212.70</b>	<b>\$33,896.25</b>	<b>\$32,565.24</b>
<b>ANNUAL PREMIUM</b>	<b>\$387,090.00</b>	<b>\$387,090.00</b>	<b>\$470,552.40</b>	<b>\$406,755.00</b>	<b>\$390,752.88</b>

City of Fort Wayne

January 1, 2020 Voluntary Life/ADandD Rate Comparison



	CURRENT - Symetra		RENEWAL - Symetra		OneAmerica		Lincoln		MetLife	
	Voluntary Life/AD&D		Voluntary Life/AD&D		Voluntary Life/AD&D		Voluntary Life/AD&D		Voluntary Life/AD&D	
<b>Employee Benefit</b>										
Minimum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
In Increments of	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
Maximum Amount	\$500,000	\$500,000	\$500,000	\$500,000	\$500,000, not to exceed 5x salary	\$500,000, not to exceed 5x salary	\$500,000, not to exceed 5x salary	\$500,000, not to exceed 5x salary	\$500,000, not to exceed 5x salary	\$500,000, not to exceed 5x salary
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit
<b>Spouse Benefit</b>										
Minimum Amount	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
In Increments of	\$5,000	\$5,000	\$5,000	\$5,000	\$500	\$500	\$5,000	\$5,000	\$5,000	\$5,000
Maximum Amount	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am	\$250,000, not to exceed 50% Ee am
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit
<b>Child(ren) Benefit</b>										
Minimum Amount	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,000	\$2,000
In Increments of	\$2,000	\$2,000	\$2,000	\$2,000	\$2,500	\$2,500	\$2,000	\$2,000	\$2,000	\$2,000
Maximum Amount	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
AD&D	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit	Matches In-Force Life Benefit
<b>Guarantee Issue Amount</b>										
Employee	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000	\$200,000
Spouse	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000	\$30,000
Child(ren)	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000	\$10,000
<b>Miscellaneous</b>										
Participation Requirement	25% eligible employees	25% eligible employees	25% eligible employees	25% eligible employees	25% eligible employees	25% eligible employees	25% employees / 10% spouses	25% employees / 10% spouses	35% employees / 25% dependents	35% employees / 25% dependents
Rate Guarantee	until January 1, 2020	until January 1, 2020	until January 1, 2022	until January 1, 2022	3 Years	3 Years	3 Years	3 Years	3 Years	3 Years
<b>Life Rates (per \$1,000)</b>										
Age Bracket	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse	Employee	Spouse
<25	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.060	\$0.060
25-29	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.060	\$0.060
30-34	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.070	\$0.080	\$0.080
35-39	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.110	\$0.090	\$0.090
40-44	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.170	\$0.101	\$0.101
45-49	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.280	\$0.196	\$0.196
50-54	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.500	\$0.375	\$0.375
55-59	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.820	\$0.615	\$0.615
60-64	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$1.090	\$0.818	\$0.818
65-69	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.700	\$1.275	\$1.275
70-74	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$3.000	\$2.250	\$2.250
75+	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$4.940	\$2.250	\$2.250
Child(ren) Rates (per \$1,000)	\$0.070	\$0.070	\$0.070	\$0.070	\$0.200	\$0.200	\$0.070	\$0.070	\$0.054	\$0.054
<b>AD&amp;D Rates (per \$1,000)</b>										
Employee	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.026	\$0.026
Spouse	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.030	\$0.019	\$0.019
Child(ren)	\$0.030	\$0.030	\$0.030	\$0.030	\$0.040	\$0.040	\$0.030	\$0.030	\$0.019	\$0.019

City of Fort Wayne

January 1, 2020 Short Term Disability Rate Comparison



	CURRENT - Symetra STD	RENEWAL - Symetra STD	OneAmerica STD	Lincoln STD	MetLife STD
<b>Benefit Amount</b>					
Benefit Amount	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income	60% of weekly income
Maximum Weekly Benefit	\$1,300	\$1,300	\$1,300	\$1,300	\$1,300
Maximum Benefit Duration	12 weeks	12 weeks	12 weeks	13 weeks	12 weeks
<b>Benefits Begin On</b>					
Accident	8th day	8th day	8th day	8th day	8th day
Illness	8th day	8th day	8th day	8th day	8th day
<b>Miscellaneous</b>					
Participation Requirement	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rate Guarantee	until January 1, 2020	until January 1, 2022	3 Years	2 Years	2 Years
<b>Rates</b>					
Volume (monthly)	\$669,796	\$669,796	\$669,796	\$669,796	\$669,796
Rate (per \$10)	\$0.385	\$0.42	\$0.56	\$0.34	\$0.517
<b>MONTHLY PREMIUM</b>	\$25,787.15	\$28,131.43	\$37,508.58	\$22,773.06	\$94,628.45
<b>ANNUAL PREMIUM</b>	\$309,445.75	\$337,577.18	\$450,102.91	\$273,276.77	\$415,541.44

City of Fort Wayne

January 1, 2020 Long Term Disability Rate Comparison



	CURRENT - Symetra LTD	RENEWAL - Symetra LTD	OneAmerica LTD	Lincoln LTD	MetLife LTD
<b>Benefit Amount</b>					
Benefit Percentage	60%	60%	60%	60%	60%
Maximum Monthly Benefit	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
Elimination Period	90 days	90 days	90 days	90 days	90 days
Guarantee Issue Amount	Full Benefit	Full Benefit	Full Benefit	Full Benefit	Full Benefit
Benefit Duration	65/SSNRA/ADEA	65/SSNRA/ADEA	65/SSFRA	65/SSNRA	65/SSNRA/RBD
Disability Definition	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ	24 Month Own Occ
Social Security Definition	Family	Family	Family	Family	Family
Mental/Nervous & Substance Abuse	24 Months	24 Months	24 Months	24 Months	24 Months
Pre-existing Limitation	3/3/12	3/3/12	3/3/12	3/12	3/3/12
<b>Miscellaneous</b>					
Participation Requirement	100%	100%	100%	100%	100%
Employer Contribution	Non-contributory	Non-contributory	Non-contributory	Non-contributory	Non-contributory
Rate Guarantee	until January 1, 2020	until January 1, 2022	3 Years	3 Years	3 Years
<b>Rates</b>					
Covered Payroll (monthly)	\$4,826,170	\$4,826,170	\$4,826,170	\$4,826,170	\$4,826,170
Rate (per \$100)	\$0.37	\$0.404	\$0.51	\$0.42	\$0.564
<b>MONTHLY PREMIUM</b>	\$17,856.83	\$19,497.73	\$24,613.47	\$20,269.91	\$27,219.60
<b>ANNUAL PREMIUM</b>	\$214,281.95	\$233,972.72	\$295,361.60	\$243,238.97	\$326,655.19

City of Fort Wayne  
Market Study - January 1, 2020

Medical	Results	Comments
Symetra (incumbent)	Renewal received	Basic Life/AD&D and Voluntary Life/AD&D - rate hold with 2 year rate guarantee. STD & LTD receiving rate increase with a 2 year rate guarantee. Refer to the analysis.
OneAmerica	Quote received	Refer to analysis
Lincoln	Quote received	Refer to analysis
MetLife	Quote received	Refer to analysis
The Standard	Declined to quote	Uncompetitive
UNUM	Declined to quote	Due to amount of retirees covered and percentage of Police and Firefighters
Guardian	Declined to quote	Uncompetitive
Reliance Standard Life Insurance Co.	Declined to quote	Uncompetitive
Principal	Declined to quote	Uncompetitive



# CITY OF FORT WAYNE

THOMAS C. HENRY, MAYOR

**TO:** CITY COUNCIL MEMBERS

**FROM:** LAURA HELMKAMP – HR & BENEFITS MANAGER

**RE:** RENEWAL OF SELF FUNDED HEALTH & DENTAL PLANS (ADMINISTRATION & REINSURANCE COVERAGE) AND GROUP LIFE/AD&D INSURANCE AND LONG TERM & SHORT TERM DISABILITY INSURANCE

**DATE:** NOVEMBER 15, 2019

The Benefits Department requests approval for the following contracts effective January 1, 2020:

**Self-Funded Health & Dental: Automated Group Administration**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$2,600,000

**Group Life/AD&D/LTD/STD: Symetra Life Insurance Company**  
Total annual fees are based on per person/per month enrollment.  
Total annual not to exceed \$1,375,000  
(Includes \$375,000 of Supplemental Life Insurance **(EMPLOYEE PAID)**)

See attached summaries for more detailed information. Funding Source 403 INSR1 5146

Please contact me at 427-2634 if you have any questions.

ENGAGE • INNOVATE • PERFORM

CITIZENS SQUARE

200 E. Berry St. • Fort Wayne, Indiana • 46802 • [www.cityoffortwayne.org](http://www.cityoffortwayne.org)  
An Equal Opportunity Employer

**BILL NO. S-19-11-24**

**REPORT OF COMMITTEE ON FINANCE**

**December 3, 2019**

*Russ Jehl Chair*

*Jason Arp Co-Chair*

*All Council Members*

An Ordinance approving the awarding of Renewal of Self-Funded Health and Dental Plans (Administration and Reinsurance Coverage) and Group Life/AD&D Insurance and Log Term and Short Term Disability Insurance Plans by the City of Fort Wayne, Indiana, by and through its Department of Purchasing and Automated Group Administration/Symetra Life Insurance for the Human Resources and Benefits Department


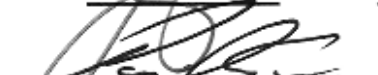


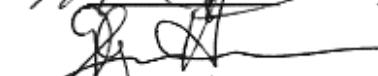
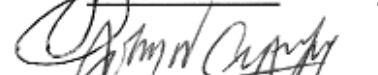
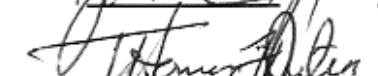

**COMMITTEE ON FINANCE HAVE HAD SAID Ordinance under consideration and beg leave to report back to the Common Council that said Ordinance**

DO PASS

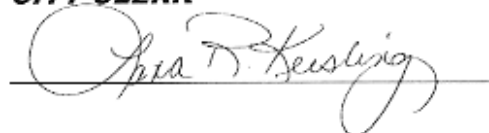
DO NOT PASS

ABSTAIN

NO REC

	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
_____	_____	_____	_____

**LANA R. KEESLING  
CITY CLERK**



Public Hearing Date: N/A


Read the first time in full and on motion by Councilman Jehl.

Read the second time by title and referred to the Finance Committee.

Read the third time in full and on motion by Councilman Jehl, placed on passage by the following vote:

<u>TOTAL VOTES</u>	<u>AYES</u>	<u>NAYS</u>	<u>ABSTAINED</u>	<u>ABSENT</u>
ARP	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
BARRANDA	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CRAWFORD	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
DIDIER	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
ENSLEY	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
FREISTROFFER	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HINES	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
JEHL	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
PADDOCK	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

DATED: December 10, 2019

  
LANA R. KEESLING, CITY CLERK

Passed and adopted by the Common Council of the City of Fort Wayne, Indiana, as

Special Ordinance No. S-19-11-24 on the 10th day of December, 2019

  
LANA R. KEESLING  
CITY CLERK

  
PRESIDING OFFICER

Presented by me to the Mayor of the City of Fort Wayne, Indiana, on the 11th of December 2019, at the hour of 8:40 o'clock A.M. E.S.T.

  
LANA R. KEESLING, CITY CLERK

Approved and signed by me this 11<sup>TH</sup> day of December

2019, at the hour of 2:00 o'clock PM E.S.T.

FORT WAYNE, INDIANA  
RECEIVED

DEC 12 2019

LANA R. KEESLING  
CITY CLERK

  
THOMAS C. HENRY, MAYOR