

5 x 1

REQUISITION SHEET MUST BE ATTACHED
(Applies when agenda item requires a specific payment)

OKLAHOMA COUNTY
SPECIAL BUDGET BOARD OF OKLAHOMA COUNTY

AGENDA ITEM REQUEST SHEET

For the: **November 12, 2009** Agenda
(Day of Meeting) (Date and Year of Meeting)

DEPT.: County Clerk's HR/Benefits Dept. BY: Carolynn Caudill, County Clerk EXT. 1865
(Department Requesting this item) (Contact person for this Item) (Contact's extension)

NAME OF FUND: Employee Benefits Fund 4010

AGENDA ITEM DESCRIPTION: Discussion and possible action for approval of fees for the actuarial certification attesting Oklahoma County's Prescription Drug Coverage is equivalent to the Medicare Part D Prescription Drug Coverage. The fee for the attestation is \$500.00 performed by Carlton Harker, FSA, MAAA. Requisition No. 1100314 has been issued from Employee Benefits Fund 4010 contingent upon encumbrance of funds. Requested by Carolynn Caudill, County Clerk and Secretary to the Board.

mis item

(ALL NECESSARY DOCUMENTATION MUST BE ATTACHED FOR APPROVAL)

APPROVED BY D.A
(If Applicable)

APPROVED BY PURCHASING
(If Applicable)

Assistant District Attorney

Purchasing Agent

APPROVED BY MIS
(If Applicable)

APPROVED BY ENGINEER
(If Applicable)

MIS Director

County Engineer

Number of ORIGINAL DOCUMENTS you have attached: 1. **NOTE:** The County Clerk will keep one original and will return the remaining originals to you. If you provide only one original, the Board Secretaries will return one photocopy to you. However, if you have special circumstances that require the County Clerk to (check one): _____ keep more than one original; or _____ return all originals to you, please describe them for the County Clerk's consideration: _____

Special Instructions: _____

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Self-Funding Actuarial Services, Inc.

8025 North Point Blvd. Suite 207W
Winston Salem, NC 27106
Tel. (336) 759-2035
Fax (336) 896-0392
E-Mail: harker2@earthlink.net

Carlton Harker, FSA, MAA
Principal
www.self-fundhealth.com
www.actuarailworkproducts.com

INVOICE FOR ACTUARIAL SERVICES

Date: 9-15-2009

Re: Actuarial Services

Work-Product – Medicare Part D Attestation

Plan Sponsor – Oklahoma County

Plan Designation

CHARGE

Attestation

\$500

TOTAL

\$500

Requisition: 11003134
Requisition Type: Purchase Requisition
Creation Date: 09-NOV-09
Description: Miscellaneous services
Note To Approver:
Notes:

Preparer: Holt, Bradford C
Approver: Ellis, Becky A
Currency: USD

Line	Type	Item	Rev Category	Description	Unit	Quantity/Amount	Unit Price	Line Amount
1	Service	947-00-000	SERVICE.MISCE	Services for	Each	1.00	500	500.00
		Holt, Bradford C	09-NOV-09	Supplier attestation of prescription drug plan by Carlton Harker.				
11003134 - MUTUAL ASSURANCE ADMINISTRATOR - *REMIT ALL PO'S -								
Distributions: 1 Allocated To Account: 4010.0001.54529.2010.00000.0000.0000								

Justification:
Note To Approver:
Notes:

Total: 500.00

Previous Approvals:

Sequence Date	Approver	Action	Note
0 09-NOV-09	Holt, Bradford C	Reserve	
1 09-NOV-09	Holt, Bradford C	Submit	
2 09-NOV-09	Holt, Bradford C	Forward	
3 09-NOV-09	Ellis, Becky A	Approve	

Approval Action (Circle One):
Approve Forward Reject

Forward To:

Note:

Signature:

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