

City of Kennett, Missouri

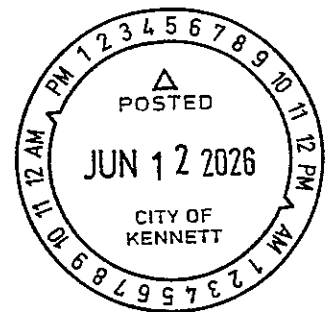
City Hall - 200 Cedar Street, Kennett, MO 63857

Phone: 573-888-9001

AGENDA

Tuesday, June 16, 2026, at 6:30 p.m.

1. Call to Order
2. Invocation – Rev. Mark Kailbourn
3. Pledge of Allegiance – Council Member French
4. Approval of Minutes:
 - a. Approval of Council Proceedings for the City of Kennett of June 2, 2026
5. Old Business:
 - a. Planning & Zoning Ordinance Suggestions – Council Member Dennis Pelts
6. New Business:
 - a. Ordinance No. 3115 – An Ordinance Accepting and Approving Replat No. 1 of Williams Addition to the City of Kennett, Missouri (Approval of Replat for Bootheel Plaza Shopping Center)
 - b. Approval of City Employee Health Insurance 18-Month Contract
 - c. Board Appointment Dates – Council Member Dennis Pelts
7. Administrator Report
8. Comments from Council
9. Public Comments
10. Adjourn



The City of Kennett will make every effort to honor requests for reasonable accommodations per the Americans with Disabilities Act. Requests can be made by contacting City Hall at 573-888-9001.

Council Proceedings for the City of Kennett, Missouri

June 2, 2026

6:30 p.m.

The City Council of the City of Kennett, Missouri met in regular session at 6:40 p.m. at City Hall on Tuesday, June 2, 2026.

Those in attendance were Mayor Jake Crafton, Council Members Lisa Dry, Randy Carter, Mark Bryant, Harry Gaddis, Lora Tate, Dennis Pelts, Jimmy French and Bob Young, City Attorney Terry McVey, City Administrator Melissa Combs, City Clerk Mandy Lewis, Finance Director Jan McElwrath, Street Superintendent Gerald Moss, Assistant Fire Chief Tyler Roberts, Code Enforcement Officer Victor Mode, and Chief of Police Kenny Wilson. Absent were Council Members James Waynick and Steve Panousis.

The meeting was called to order by Mayor Crafton.

Rev. Mark Kailbourn gave the invocation.

Council Member Pelts led the Pledge of Allegiance.

Discussion regarding a correction to the minutes from May 19, 2025. Council Member Bob Young voted "no" on the Jones Park – ADA accessible walkway and Council Member Steve Panousis voted "yes".

A motion to approve the council proceedings of the regular session of May 19, 2026, with a change to the poll vote for the ADA Sidewalk at Jones Park was made by Council Member Dry, seconded by Council Member Carter; motion passed.

A motion to approve the closed session council proceedings of May 19, 2026, was made by Council Member Tate, seconded by Council Member Young; motion passed.

Old Business:

- a. None.

New Business:

- a. Street Department Vehicles/Equipment Bids

City Administrator Combs informed the Council that multiple vehicles and equipment were put out for bids. The highest bidders were as follows: 1989 Chevy Truck – Bryson Neighbors \$800.00, 1996 Ford F150 - Bryson Neighbors \$420.00, 1994 Ford Ambulance - Chris Skelton \$525.00, 2005 Ford F350 – Bryson Neighbors \$3,900, two 2002 Yamaha four-wheelers – Kody Lyles \$500 and Woodchuck woodchipper – George Smith \$300.

A motion to accept the highest bidders for each vehicle or equipment was made by Council Member Carter, seconded by Council Member Pelts; motion passed.

- b. Renew Chamber of Commerce Contract

City Administrator Combs stated that the Chamber of Commerce Contract that was presented is the standard contract that has been approved in the past. However, her recommendation is to remove Section 2d as the Regional Tourism Committee is no longer active. She stated the Chamber Director should be one of the Kennett representatives to the Bootheel Regional Planning Commission.

A motion to approve the Chamber of Commerce Contract for \$25,000 removing Section 2d was made by Council Member Young, seconded by Council Member Dry; motion passed.

- c. Tax Allocation Distribution

City Administrator Combs presented her recommendation for the Senior Citizen Tax Allocation Distribution for the Fiscal Year 2027. It was her recommendation to distribute the funds as follows: Oaks Senior Nutrition Center - \$40,000; Visiting Nurses Association - \$10,000; and Ministerial Alliance/Helping Hand - \$15,000.

A motion to approve the Senior Citizen Tax Allocation as recommended by City Administrator Combs was made by Council Member Carter, seconded by Council Member Bryant; motion passed.

d. Planning & Zoning Commission

Council Member Pelts stated that members of the Planning & Zoning Commission had expressed concern regarding the Mayor, Council Member and Code Enforcement Officer being voting members of the commission. Discussion regarding the number of members needed. City Attorney McVey will bring an ordinance back to the Council at the next meeting.

City Administrator's Report:

City Administrator Combs informed the Council and public that the ADA sidewalk was completed at Jones Park. She stated that the total project cost was \$21,795.

A motion to ratify the approval of an additional \$1,795 for the ADA sidewalk project at Jones Parks was made by Council Member Dry, seconded by Council Member Carter; motion passed. Council Member Pelts abstained.

Administrator Combs also informed the Council that the Missouri Department of Natural Resources has given the go ahead to being demolition of the structure at 711 Kennett Street.

Comments from the Council:

Council Member Dry informs that a new mural celebrating America 250 was completed on the wall of Cornerstone Pharmacy. She reminded the Council and public of the America 250 Celebration scheduled for Sunday, June 14, 2026, from 2 p.m. to 6 p.m. at Jones Park.

Mayor Crafton stated the Park Board and other persons active with the lighting grant will gather at Indian Park on Monday, June 8th for a photograph. This will take place prior to the Park Board meeting scheduled for June 8, 2026, at 5:15 p.m.

Public Comments:

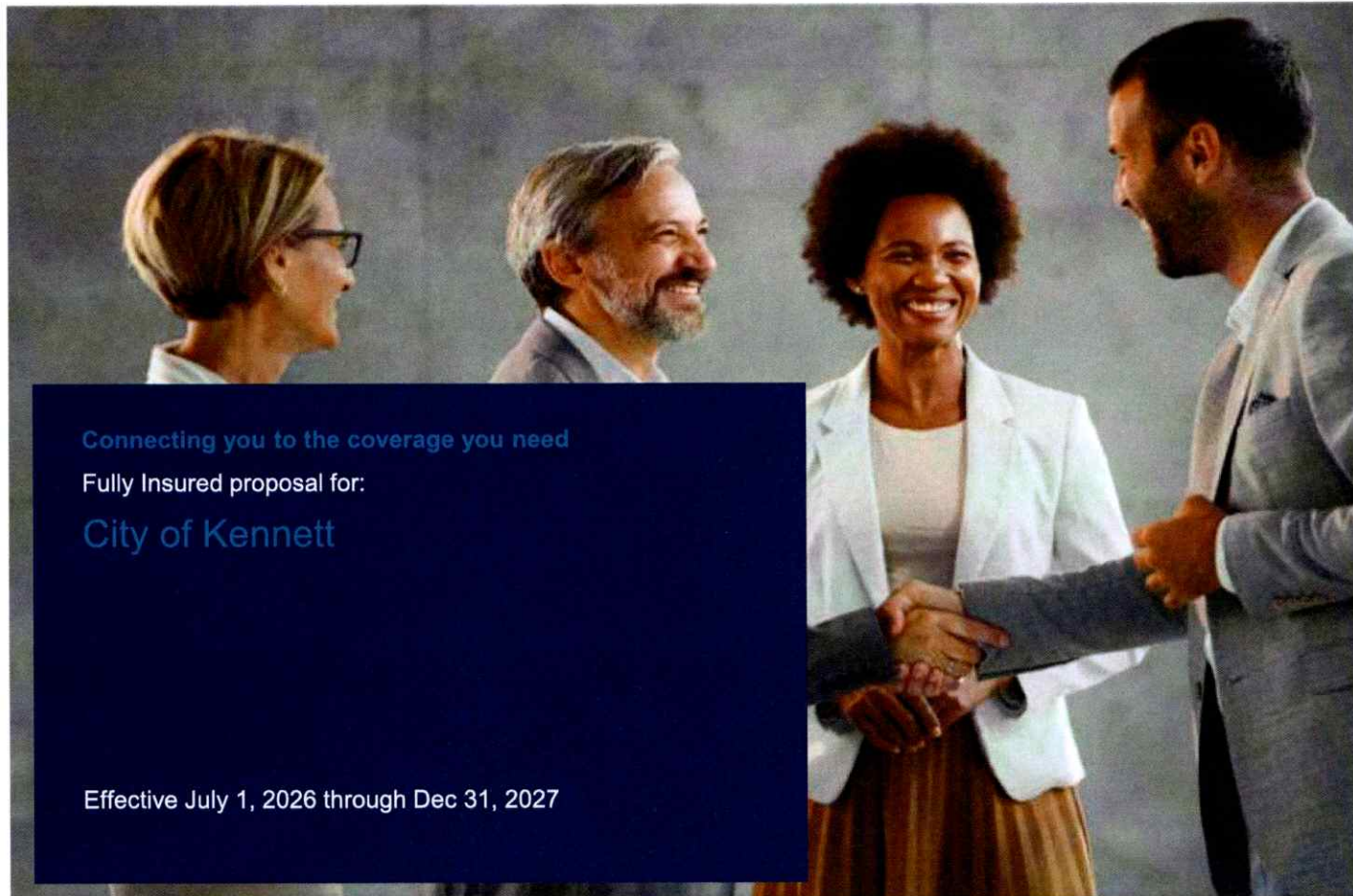
None.

With no further business, a motion to adjourn was made by Council Member Pelts, seconded by Council Member Young; motion passed.

Mandy Lewis
City Clerk

Jake Crafton
Mayor

Your Anthem Blue Cross and Blue Shield Proposal Packet



Connecting you to the coverage you need
Fully Insured proposal for:
City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Created on:
May 18, 2026

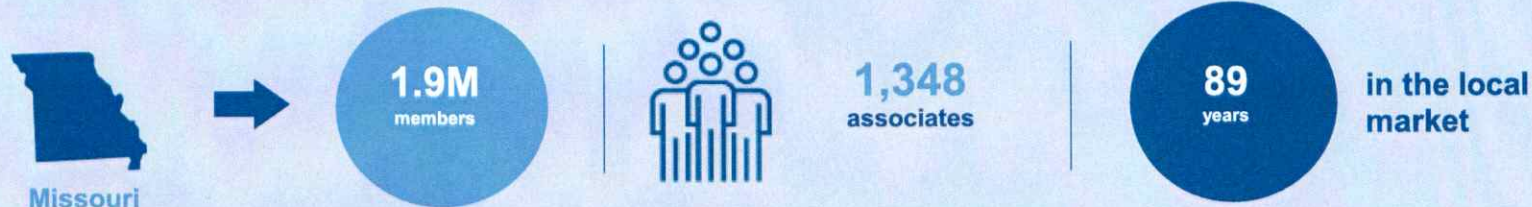
Broker:
CT SOLUTIONS LTD

Anthem Sales Contact:
Kurt Bliggenstorfer

Thank you for considering Anthem

We are deeply committed to helping your employees feel covered and confident in their healthcare. We're here to help you promote an effective healthcare strategy by working closely with you and your broker.

Our associates live and work in the same places you do. We are both members of the communities we serve and partners in helping those communities thrive. In Missouri, Anthem is proud to have:¹



We're reimagining what's possible for every moment of health. Your proposal includes the latest innovations from Anthem to deliver:

Empathy-driven technology



131% increase

in engagement with health and wellness tools for members using our innovative SydneySM Health app.²

Whole-person care



1.45 million

gaps in care detected each month, to help prevent and intervene.³

Diverse networks and winning partnerships



95% of doctors

and 96% of hospitals in the U.S. are included in our PPO network, offering high-quality care.⁴

Your success is our success. We're here to help build confidence in care and support you every step of the way.

Save up to 4% on your fully insured medical premium when adding new dental, vision, accident, critical illness, hospital indemnity or life & disability from our partner, The Standard.*

* Applies to large group clients with up to 5,000 employees. Other restrictions apply. Ask your Anthem representative for complete details.

1 Anthem internal data, Q2 2025.

2 Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield ©2021-2022.

3 Anthem internal data, 2020.

4 Anthem internal data, 2020, and Anthem Ebase, 2020.

Featured plans and rates (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Total census medical employees: 115

Waivers: 26

Total eligible employees: 141

Commission level: 3.00%

		Select Plan			
		(Custom) Anthem Blue Access PPO 5000 Embedded National	(Custom) Anthem Blue Preferred Select 5000 Embedded National		
		Blue Access	Blue Preferred		
		Custom	Custom		
Benefit Categories	Network				
	Deductible (individual/family)	\$5,000 / \$10,000	\$5,000 / \$10,000		
	Coinsurance	20%	20%		
	Out-of-pocket maximum (individual/family)	\$7,900 / \$15,800	\$7,900 / \$15,800		
	Office visit (primary care physician/specialist) copay	\$25/\$75	\$25/\$75		
	Inpatient / Outpatient Copay (Surgery)	Ded & Coins/Ded & Coins	Ded & Coins/Ded & Coins		
	Emergency Room / Urgent Care Copay	\$150 + Ded/\$50	\$150 + Ded/\$50		
	Prescription Drugs – Retail	\$10/\$25/\$45/25% to \$350	\$10/\$25/\$45/25% to \$350		
	Prescription Drugs – Mail Order	\$25/\$75/\$135	\$25/\$75/\$135		
	OON Deductible (individual/family)	\$10,000 / \$20,000	\$10,000 / \$20,000		
	OON Coinsurance	50%	50%		
	OON Out-of-pocket maximum (individual/family)	\$19,750 / \$39,500	\$19,750 / \$39,500		
	Commission (Percent)	3.00%	3.00%		
	Funding	Fully Insured	Fully Insured		
<i>Benefit categories reflect In-network benefits unless noted as Out-Of-Network (OON)</i>					
<i>Benefit amounts reflect member cost-share unless otherwise noted</i>					
		Employees	Monthly rates	Employees	Monthly rates
Total	Employee	16	\$803.43	48	\$750.49
	Employee + Family	15	\$2,145.16	36	\$2,003.81
	Total Employees	31		84	
	Total monthly premium		\$45,032		\$108,161
	Total annual premium		\$540,387		\$1,297,928

Authorized Signature: _____

By typing my name I intend for it to serve as my signature and that I am authorized to sign on behalf of this group.

Title: Mayor City of Kennett MD

Date: 07/16/2026

Featured plans and rates (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Total census medical employees: 115

Waivers: 26

Total eligible employees: 141

Commission level: 3.00%

[Select Plan](#)

In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. HALIC underwrites non-HMO benefits; and HMO Missouri, Inc. underwrites HMO benefits. RIT provides administrative services only and does not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. - 0661837-02

Services included and buy-up options (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Funding type: Fully Insured

Included in Premiums for All Plans

Fully Insured Foundational Program
 Diabetes Prevention Outreach
 Engagement Package 200
 EAP Basic 3-Visit

Buy-Up Options

PCPM

Confirm
Purchase
Here

EAP Enhanced 4-Visit

\$1.32

EAP Enhanced 6-Visit

\$1.83

Spending Account & Other Buy-up Options (charged separately)**.

Fee Billed Per
Participant Per
Month

Confirm
Purchase
Here

Add ASA FSA, Commuter, or Dependent Care FSA*

\$3.55

Discounted cost of FSA buy-up (*when adding to HRA)

\$0.80

Discounted cost of FSA buy-up (*when adding to HSA)

\$1.15

Notes

Rates are described as Per Contract Per Month (PCPM) and will be added to premiums if buy up offering is selected.

Additional details for buy up options available upon request.

HRA and HSA plan designs include Anthem Account Administration.

Anthem FSA pricing is also applicable to Limited Purpose FSAs and Dependent Care FSAs.

Applicable taxes or assessments are not reflected in the buy-up option pricing.

Authorized Signature: _____

By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.

Title: Mayor City of Kennett MO

Date: 07/16/2026

Portfolio plans and rates (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Total census medical employees: 115

Waivers: 26

Total eligible employees: 141

Commission level: 3.00%

Confirm Purchase Here	✓	Plan Name - Accum Type - Rx Formulary	Rate request description	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates	
								Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient / Outpatient copay (Surgery)	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Family
		Anthem Blue Access PPO 1000/20%/6850 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	91BK	\$1,000 / \$2,000	20%	\$6,850 / \$13,700	\$30 / \$70	Ded & Coins/Ded & Coins	\$3,000 / \$6,000	50%	\$20,550 / \$41,100	\$878.49	\$2,345.57
		Anthem Blue Access PPO 1500/20%/6000 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	8WTX	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$4,500 / \$9,000	50%	\$18,000 / \$36,000	\$869.45	\$2,321.43
		Anthem Blue Access PPO 2000/20%/6500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	91F2	\$2,000 / \$4,000	20%	\$6,500 / \$13,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$6,000 / \$12,000	50%	\$19,500 / \$39,000	\$850.36	\$2,270.46
		Anthem Blue Access PPO 2500/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	8WWJ	\$2,500 / \$5,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$7,500 / \$15,000	50%	\$22,500 / \$45,000	\$829.20	\$2,213.96
		Anthem Blue Access PPO 3000/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	91GT	\$3,000 / \$6,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$9,000 / \$18,000	50%	\$22,500 / \$45,000	\$818.65	\$2,185.80
		Anthem Blue Access PPO 3500/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	8WWD	\$3,500 / \$7,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$10,500 / \$21,000	50%	\$22,500 / \$45,000	\$809.01	\$2,160.06
		Anthem Blue Access PPO 4000/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	8WTU	\$4,000 / \$8,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$12,000 / \$24,000	50%	\$22,500 / \$45,000	\$800.70	\$2,137.87
		Anthem Blue Access PPO 4500/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	91DE	\$4,500 / \$9,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$13,500 / \$27,000	50%	\$22,500 / \$45,000	\$793.47	\$2,118.57
		Anthem Blue Access PPO 5000/20%/7900 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	91HL	\$5,000 / \$10,000	20%	\$7,900 / \$15,800	\$30 / \$70	Ded & Coins/Ded & Coins	\$15,000 / \$30,000	50%	\$23,700 / \$47,400	\$782.98	\$2,090.56
X		Anthem Blue Access PPO 6000/20%/7900 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Access	8WS1	\$6,000 / \$12,000	20%	\$7,900 / \$15,800	\$30 / \$70	Ded & Coins/Ded & Coins	\$18,000 / \$36,000	50%	\$23,700 / \$47,400	\$774.05	\$2,066.71
		Anthem Blue Preferred Select 1000/20%/5000 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WU0	\$1,000 / \$2,000	20%	\$5,000 / \$10,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$3,000 / \$6,000	50%	\$15,000 / \$30,000	\$842.39	\$2,249.18
		Anthem Blue Preferred Select 1000/20%/6850 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WV2	\$1,000 / \$2,000	20%	\$6,850 / \$13,700	\$30 / \$70	Ded & Coins/Ded & Coins	\$3,000 / \$6,000	50%	\$20,550 / \$41,100	\$820.31	\$2,190.23
		Anthem Blue Preferred Select 1500/20%/6000 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	91HH	\$1,500 / \$3,000	20%	\$6,000 / \$12,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$4,500 / \$9,000	50%	\$18,000 / \$36,000	\$811.90	\$2,167.77
		Anthem Blue Preferred Select 2000/20%/6500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	91HX	\$2,000 / \$4,000	20%	\$6,500 / \$13,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$6,000 / \$12,000	50%	\$19,500 / \$39,000	\$794.15	\$2,120.38

Portfolio plans and rates (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Total census medical employees: 115

Waivers: 26

Total eligible employees: 141

Commission level: 3.00%

Confirm Purchase Here	Plan Name - Accum Type - Rx Formulary	Rate request description	Product category	Product code	Network	Contract Code	In-network benefits					Out-of-network benefits			Monthly rates	
							Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Office visit (PCP/specialist) copay	Inpatient / Outpatient copay (Surgery)	Deductible (individual/family)	Coinsurance	Out-of-pocket maximum (individual/family)	Employee	Employee + Family
	Anthem Blue Preferred Select 3000/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	91D1	\$3,000 / \$6,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$9,000 / \$18,000	50%	\$22,500 / \$45,000	\$764.64	\$2,041.59
	Anthem Blue Preferred Select 3500/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WUL	\$3,500 / \$7,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$10,500 / \$21,000	50%	\$22,500 / \$45,000	\$755.68	\$2,017.67
	Anthem Blue Preferred Select 4000/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WSC	\$4,000 / \$8,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$12,000 / \$24,000	50%	\$22,500 / \$45,000	\$747.94	\$1,997.00
	Anthem Blue Preferred Select 4500/20%/7500 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	91EE	\$4,500 / \$9,000	20%	\$7,500 / \$15,000	\$30 / \$70	Ded & Coins/Ded & Coins	\$13,500 / \$27,000	50%	\$22,500 / \$45,000	\$741.22	\$1,979.06
	Anthem Blue Preferred Select 5000/20%/7900 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WTL	\$5,000 / \$10,000	20%	\$7,900 / \$15,800	\$30 / \$70	Ded & Coins/Ded & Coins	\$15,000 / \$30,000	50%	\$23,700 / \$47,400	\$731.46	\$1,953.00
X	Anthem Blue Preferred Select 6000/20%/7900 (\$10/\$35/\$75/25% to \$350) Embedded Essential	New Rate Request	PPO	PPO	Blue Preferred	8WU5	\$6,000 / \$12,000	20%	\$7,900 / \$15,800	\$30 / \$70	Ded & Coins/Ded & Coins	\$18,000 / \$36,000	50%	\$23,700 / \$47,400	\$723.15	\$1,930.81

Authorized Signature: _____
 By typing my name I intend for it to serve as my signature, and that I am authorized to sign on behalf of this group.
 Title: Mayor City of Kennett
 Date: 06/16/2026

Additional documentation (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Assumptions and conditions (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Funding type: Fully Insured

SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- This contract will be issued in MO and governed by MO state legislation.
- The proposed services, rates and fees are effective from 7/1/2026 through 12/31/2027.
- The medical rates quoted herein incorporate any and all applicable discounts. If the plans or products selected are revised, by either adding or removing specialty products, the medical rates may be revised (up or down) so that the resulting rates are both adequate and reflect any applicable bundling savings or discount.
- This quote provides coverage highlights only. A specimen copy of the policy is available upon request. Benefits chosen are subject to the terms and conditions in the documents that form the contract between the group and Anthem Blue Cross and Blue Shield.
- Employers, as plan sponsors and administrators, are responsible for complying with all applicable laws.
- If subject to regulatory approval, and the applicable regulator has not yet approved, these benefits and rates may need to be adjusted.
- An employer-employee relationship must exist for all eligible employees, or the quote will not be valid.
- An eligible employee is defined as an active, permanent employee who works for pay or profit at least 30 hours a week, 50 weeks a year, as of the effective date, and who completes the ACA-compliant waiting period for eligibility. Seasonal employees, temporary employees or employees working less than 30 hours a week are not eligible.
- Cash in-lieu-of coverage cannot be offered as part of the employer's contribution schedule.
- Where consistent with applicable law, if the number of full-time employees falls below the minimum for a Large Group, upon request Anthem may offer the group any small group medical product for which it qualifies.
- Employees in Hawaii are not eligible for coverage under this plan.
- The proposal assumes the same enrollment for medical and drug coverages.
- The cost for our standard reporting package is included.
- This quote assumes that at least 50% of eligible employees and 75% of net eligible employees will participate in this plan (net eligible is total eligible less valid waivers). In order to encourage employee participation Anthem Blue Cross and Blue Shield recommends that the employer contribution be at minimum 50% of the employee rate for the least expensive benefit plan.
- All employees requesting waiver of coverage must submit satisfactory evidence of qualifying existing coverage.
- Anthem products quoted cannot be offered along with another carrier's defined contribution plan.
- Anthem's rates assume no self-insuring by the employer of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges must be paid solely by the member. The client may not partially pay, reimburse or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.
- Electronic eligibility or tape feeds must be in a format compatible with Anthem's systems.
- Rates are quoted on a monthly fully insured non-refunding basis.
- This proposal expires 60 days from the date of release or on the effective date, whichever is sooner.
- Anthem Blue Cross and Blue Shield will be the sole carrier.
- Anthem Blue Cross and Blue Shield has the right to change this proposal or these rates under any of these circumstances:

Assumptions and conditions (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Funding type: Fully Insured

SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

-Employees are given the option to purchase individual market insurance using cafeteria plan (Internal Revenue Code section 125) funds

-Any taxes, fees and assessments set by any statutory, regulatory or other legal authority, that in Anthem Blue Cross and Blue Shield discretion no longer makes the quote valid

-A change in contract period

-Changes in benefits, services or networks

-Change in nature of the employer's business

-Change in ownership of employer's business

-Total enrollment or enrollment distribution by membership type, product, demographics or location changes by 10% or more from that assumed when preparing pricing for this package

-COBRA enrollment exceeds 10% of total enrollment

-Legislative and/or regulatory changes or mandates that materially impact the policy or the employer's plan documents. Plan documents will include those used to create the terms of the plan.

-Changes in the terms, conditions, services or products from those assumed when developing the pricing

-A change in employee contributions of 10% or more

• The premium grace period is 30 days from the billing date.

• The renewal notification will be provided no later than 90 days before the next renewal effective date.

• An employer may choose any 4 of the plan offerings.

• This plan assumes that the employer is funding 0% of the deductible.

• Seasonal employees are not eligible.

• This quote is for domestic United States employees only. International employees are not eligible for coverage under this plan.

• A commission fee of 3.00% has been included in this proposal and will be converted to a per contract per month fee after final benefits are determined.

• Anthem Blue Cross and Blue Shield quoted rates are not valid if any other remaining carrier continues to offer age-banded rates (such as member level rating).

• In the event of multiple quotes issued for the same group, the rates developed based on the most correct information submitted (enrollment splits between HMO and PPO, employee ZIP codes, group risk questionnaire, etc.) will apply. All other rates will not be valid.

• Experience as of 120 days before the effective date must be provided to finalize rates. Rates are subject to change upon review and evaluation of this data.

• Before enrollment, any potential large claims that were not revealed must be disclosed. Anthem Underwriting reserves the right to revise the rates based on the additional data.

• Claims incurred under other carriers, policies or contracts are not covered.

• This quote relies on the information provided by the group to determine if a proposal will be issued. The responses are assumed to be correct.

• If material errors or omissions are found after the quote is issued, Anthem has the right to revise or rescind the quote, even if the group did not know of the material error or omission.

Assumptions and conditions (FI)

City of Kennett

Effective July 1, 2026 through Dec 31, 2027

Quote highlights

Funding type: Fully Insured

SIC Code: 9199

If the following underwriting assumptions and conditions are not met, the terms and premium rates in this package will not be valid.

- There are no ongoing large claims, other than those disclosed (if any) during the initial quoting process.
- This offer assumes that no class of employees will be offered an HRA integrated with individual health insurance coverage. Anthem must be notified if particular classes of employees will be offered an HRA integrated with individual health insurance coverage, and a census of those employees must be provided so that appropriate adjustments, if needed, can be made to this offer.
- Anthem shall provide up to one Monthly data feed to a supported outside vendor in Anthem's standard format, not to exceed 12 feeds. The charge is \$1,000 for each additional feed. Each time a report is sent to a supported vendor electronically, it is considered a feed, even if the same report is sent to the same vendor monthly. For example, if monthly feeds are sent to two supported vendors, 24 electronic data feeds will have been used on an annual basis. The charge for Weekly data feeds to a single supported vendor, not to exceed 52 feeds, is \$15,000 annually. The charge for Daily data feeds to a single supported vendor, not to exceed 365 feeds, is \$20,000 annually. Additional fees would be required for Rx integration feeds and telemedicine.
- The agent/broker does not have the authority to bind or modify the terms of this offer without prior approval of Anthem.
- Please note, any additional budgets provided in conjunction with this proposal, if applicable, must be invoiced prior to the end of the plan year in which they are allocated in order to be funded.
- HSA/HDHP plan benefits are subject to IRS guidelines and may change.
- There is a restriction on the types of eligible expenses payable under an FSA when offered alongside an HSA. Consult your tax advisor for more information.
- Medicare enrollees cannot contribute to a new HSA plan i.e. if a member has an existing HSA then they become eligible/actively participating in Medicare they can still use that HSA but they cannot put more money into it.
- Anthem's rates assume no self-insuring or funding by the employer or third-party payors of underlying member cost shares. The benefits purchased from Anthem must be communicated to the members without changes. A member's financial responsibilities, including, but not limited to, deductibles, coinsurance, copays, out-of-pocket maximums or, for nonparticipating providers, balance-billed charges, must be paid solely by the member. Neither the client nor a third party payor may partially pay, reimburse, or otherwise lower the member's costs of care. Any deviation will require Anthem to reevaluate the quoted rates or cancel the offer of coverage.

Authorized Signature: _____

Title: Mayor, City of Kennett, MO

Date: 06/16/2020

In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. HALIC underwrites non-HMO benefits; and HMO Missouri, Inc. underwrites HMO benefits. RIT provides administrative services only and does not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc. - 0661837-02

Application for
Premium Saver Insurance

201 Robert S. Kerr Ave., Suite 600
Oklahoma City, OK 73102

Administrative Offices:
P.O. Box 14067
Jackson, MS 39236



Company Information

The information provided by the applicant in this application will be the basis on which any insurance is issued. Incorrect information could void insurance.

Legal name of employer (include d/b/a) City of Kennett	Employer identification number 43-6001884
Principal business or activity Local Government	SIC code 9199
Physical address 200 Cedar Street	
City Kennett	State MO
Zip 63857	

Contact/Billing Information

If bill is to be split and sent to more than one billing address please indicate in the "Second Billing Address" section below.

Billing address City of Kennett-200 Cedar Street	
City Kennett	State MO
Zip 63857	
Executive contact full name Mandy Lewis	Title City Clerk
Telephone number 573-888-9001	Fax number 573-888-4011
Email address cityclerk@cityofkennettmo.com	
Billing contact full name Mandy Lewis	Title City Clerk
Telephone number 573-888-9001	Fax number 573-888-4011
Email address cityclerk@cityofkennettmo.com	
HR contact full name \	Title

Second Billing Address (if necessary)

Billing address Kennett Board of Public Works-PO Box 40	
City Kennett	State MO
Zip 63857	

Plan Design

Employer's Major Medical or Comprehensive Plan Data		
Major medical plan carrier Anthem	Major medical deductible amount \$ 6,000	Major medical coinsurance (percentage and amount) 20 % and \$ 1,900
Major medical maximum out-of-pocket (MOOP) amount \$ 7,900	Are major medical deductibles & coinsurance <input type="checkbox"/> Plan Year <input checked="" type="checkbox"/> Calendar Year	Major medical plan anniversary date 1/1
Eligibility		
Eligible person as used in the policy means a person who is insured under a group major medical plan or comprehensive health plan (CHAMPUS/TRICARE or Medicaid is not a comprehensive medical plan). Eligible new employees or dependents may be added subject to the terms of the policy.		Total # of eligible employees 124
Employer's waiting period:		
<input checked="" type="checkbox"/> 1st of the month following <u>30</u> days <input type="checkbox"/> Date of hire <input type="checkbox"/> 1st of the month following date of hire <input type="checkbox"/> Other (please explain) _____ <input type="checkbox"/> After _____ days of employment _____ <input type="checkbox"/> 15th of the month following _____ days _____		
Premium Saver Plan Design		
Request effective date 7/1/2026	Benefit year <input type="checkbox"/> Plan Year <input checked="" type="checkbox"/> Calendar Year	Deductible \$ _____ EE _____ Family
Coinsurance (percentage and amount) _____ % and \$ _____	Maximum total benefit amount \$ _____	Maximum out-of-pocket \$ _____
Copayment amount <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____	Major medical covered charges <input checked="" type="checkbox"/> Deductible <input checked="" type="checkbox"/> Coinsurance <input type="checkbox"/> Occurrence Copay	
Outpatient physician's expense benefit (copayment amount and maximum number of visits) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No \$ _____ Visits _____	Insurance Cards are sent to employee's home address unless otherwise notated in comments below. Comments: _____ _____ _____	

The first premium must be paid before any insurance is effective. Insurance provided hereunder will terminate with regard to any individual when that individual is no longer an Eligible Person in accordance with the "Termination of Coverage" provisions of the policy.

Additional Comments:

Approved for 18 month rate guarantee. Billing is to be split between City of Kennett & Board of Public Works.

Fraud Warning Notice

State	Warning
<i>For residents of all states (except the following listed below)</i>	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
Arkansas	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Colorado	It is unlawful to knowingly provide false, incomplete, or misleading facts or information to an insurance company for the purpose of defrauding or attempting to defraud the company. Penalties may include imprisonment, fines, and denial of insurance, and civil damages. Any insurance company or agent of an insurance company who knowingly provides false, incomplete, or misleading facts or information to a policyholder or claimant for the purpose of defrauding or attempting to defraud the policyholder or claimant with regard to a settlement or award payable from insurance proceeds shall be reported to the Colorado Division of Insurance within the Department of Regulatory Agencies.
District of Columbia	Warning: It is a crime to provide false or misleading information to an insurer for the purpose of defrauding the insurer or any other person. Penalties include imprisonment and/or fines. In addition, an insurer may deny insurance benefits if false information materially related to a claim was provided by the Applicant.
Florida	Any person who knowingly and with intent to injure, defraud, or deceive any insurer files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony in the third degree.
Kentucky	Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime.
Louisiana	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Maine	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.
Maryland	Any person who knowingly or willfully presents a false or fraudulent claim for payment of a loss or benefit or who knowingly or willfully presents false information in an application for insurance is guilty of a crime and may be subject to fines and confinement in prison.
Nebraska	Any person who, with intent to defraud or knowing that he/she is facilitating a fraud against an insurer, submits an application or files a claim containing a false or deceptive statement may be guilty of insurance fraud.
New Jersey	Any person who includes any false or misleading information on an application for an insurance policy is subject to criminal and civil penalties.
New Mexico	Any person who knowingly presents a false or fraudulent claim for payment of a loss or benefit or knowingly presents false information in an application for insurance is guilty of a crime and may be subject to civil fines and criminal penalties.
Pennsylvania	Any person who, knowingly and with intent to defraud any insurance company or other person, files an application for insurance or statement of claim containing any materially false information or conceals, for the purpose of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.
Puerto Rico	Any person who knowingly and with the intention of defrauding presents false information in an insurance application, or presents, helps, or causes the presentation of a fraudulent claim for the payment of a loss or any other benefit, or presents more than one claim for the same damage or loss, shall incur a felony and, upon conviction, shall be sanctioned for each violation by a fine of not less than five thousand dollars (\$5,000) and not more than ten thousand dollars (\$10,000), or a fixed term of imprisonment for three (3) years, or both penalties. Should aggravating circumstances be present, the penalty thus established may be increased to a maximum of five (5) years, if extenuating circumstances are present, it may be reduced to a minimum of two (2) years.
Tennessee	It is a crime to knowingly provide false, incomplete, or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or a denial of insurance benefits.

Agreements, Representations and Understanding

On behalf of the Employer, I represent the following: 1) That all statements made herein are complete and true as of the date I signed this Application; 2) That I have read and understand this form; 3) That AmFirst Insurance Company (AmFirst) will rely on these statements and this information as the basis for approving this Application; and 4) That 100% of eligible employees and dependents will be enrolled in the Premium Saver Plan.

On behalf of the Employer, I understand the following: 1) That the Premium Saver Insurance Policy for which Employer is applying is a Supplemental Policy that pays only the benefits selected and set forth in the Policy itself. Our agent has explained the Policy's limitations and exclusions, if any; 2) That only those employees and dependents covered under our company's major medical or comprehensive health plan are eligible for coverage. Important Note: All persons (100% participation) insured by the Employer's Major Medical or Comprehensive Health Plan must be insured by the Premium Saver Plan. Exception – employees funding an HSA account are not required to participate and cannot be covered by this plan; 3) That coverage is effective when: a) the Policy is issued by AmFirst; b) the Policy is received and accepted by the Employer; and c) the full first premium is paid and accepted by AmFirst; and 4) That the Employer or AmFirst may terminate the Policy and any Rider(s) on any premium due date by giving at least 90 days written notice to the other party. The Policyholder is responsible for notifying the Insureds of the termination or non-renewal of the Policy.

The Employer agrees to make any necessary payroll deductions for any employee's share of the cost of this insurance and to remit the total premium for all insurance as premiums become due. The Employer requests the Administrator for AmFirst to bill the Employer for all premiums and any applicable administrative fee due under the insurance Policy issued.

By my signature below, Employer agrees to assume any duty, responsibility, or obligation necessary to satisfy any reporting or tax requirements for this Employer under the Employee Retirement Income Security Act of 1974 (ERISA) or any other Local, State or Federal laws which may arise for any reason related to the insurance provided for or made available to employees by the Employer.

On behalf of the Employer, I acknowledge and understand that any misrepresentation on this Application by Employer's agent or me may result in the cancellation or rescission of any Policy issued based on this Application.

On behalf of the Employer, **I hereby represent that I have reviewed the fraud warning notice (if applicable) included with this Application for the Employer's state of domicile.**

On behalf of the Employer, this Application for Group Insurance is signed by

Signature: _____ Print name: Jake Crafton

Official title: Mayor, City of Kennett, Missouri Date: 06/16/2026

Agent signature: _____ Print name: _____

Agent license number : _____

Employer Application
 Group size 51+ eligible employees
 Missouri



Please complete electronically, or in blue or black ink only.

Group no.

Section 1: Company information

<input checked="" type="checkbox"/> New enrollment <input type="checkbox"/> Renewal/Plan amendment		Benefit year: <input checked="" type="checkbox"/> Calendar year <input type="checkbox"/> Plan year	
Requested effective date: 07012026 (MMDDYYYY)			
Applicant (legal name of group) City of Kennett			Tax ID/FEIN (required) 436001884
Name of association (if applicable)			
Company street address 200 Cedar Street			
City Kennett		County Dunklin	State ZIP code MO 63857
Billing address — If different from above			
City		County	State ZIP code
Organization type: <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Proprietorship <input type="checkbox"/> Limited Liability Company (LLC) <input type="checkbox"/> Labor union <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Government unit/agency <input type="checkbox"/> Other:			
SIC code — Required 9199	Type of business Municipal Government	No. of years in business 200	
Group administrator name Mandy Lewis			Primary phone no. 5738889001
Email address cityclerk@cityofkennettmo.com			Fax no. 5738884011
Additional company contact name Jill Rickman			
Email address jillrickman@kbpw.org			Primary phone no. 5738885366
Current group carrier Crumdale Specialty	Current carrier effective date 07012025	Type of coverage PPO	Type of funding Self-Funded
Is any part of group subject to bargaining agreement? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Will bargaining agreement participants be considered eligible employees? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Union name (attach copy of agreement)		Union no.	Contract expiration date

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Group no. _____

Section 1: Company information — Continued

List all affiliates/subsidiaries/divisions (list names, locations, no. employed at each location.) Attach a separate page to show any separate billing addresses.

Names of affiliates/subsidiaries/divisions	Location	No. of employees per location

Total no. of employees residing/working outside of home office state _____ List no. of employees at each office location _____

Will any insurance carrier(s), in addition to Anthem, provide medical coverage as part of the group's employee benefit plan? Yes No
 If yes, list carrier(s) and product(s) offered: _____

In the past 36 months, has the company or any affiliate entity filed for protection or operated under federal/state bankruptcy laws (Chapter 11 or 7) or state receivership? Yes No

In the past 36 months, has any creditor filed or threatened to file a petition requesting the company or any affiliated entity to be placed voluntarily into bankruptcy? Yes No

Section 2: Type of coverage

Medical coverage

Large Group 51-99 options

<input type="checkbox"/> Anthem Link Virtual First Blue Preferred EPO	<input type="checkbox"/> Blue Access Choice PPO	<input type="checkbox"/> Blue Preferred Plus POS
<input type="checkbox"/> Anthem Blue Preferred EPO	<input type="checkbox"/> Blue Access Choice PPO L	<input type="checkbox"/> Blue Preferred Select
<input type="checkbox"/> Anthem Blue Preferred EPO HSA with Copay	<input type="checkbox"/> Blue Access Choice PPO HSA	<input type="checkbox"/> Blue Preferred Select L
<input type="checkbox"/> Anthem Alliance EPO	<input type="checkbox"/> Blue Access Choice PPO HSA with Copay	<input type="checkbox"/> Blue Preferred Select HSA
<input type="checkbox"/> Anthem Alliance EPO HSA with Copay		<input type="checkbox"/> Blue Preferred Select HSA with Copay
<input type="checkbox"/> Blue Access PPO		
<input type="checkbox"/> Blue Access PPO L		
<input type="checkbox"/> Blue Access PPO HSA		
<input type="checkbox"/> Blue Access PPO HSA with Copay		

Large Group 100+ options

<input type="checkbox"/> Anthem Link Virtual First Blue Preferred EPO	<input type="checkbox"/> Blue Access Choice PPO	<input type="checkbox"/> Blue Preferred HMO
<input type="checkbox"/> Anthem Blue Preferred EPO	<input type="checkbox"/> Blue Access Choice PPO L	<input type="checkbox"/> Blue Preferred Options where applicable
<input type="checkbox"/> Anthem Blue Preferred EPO HSA with Copay	<input type="checkbox"/> Blue Access Choice PPO HRA with Copay	<input type="checkbox"/> Blue Preferred Plus POS
<input type="checkbox"/> Anthem Alliance EPO	<input type="checkbox"/> Blue Access Choice PPO Deductible First HRA	<input checked="" type="checkbox"/> Blue Preferred Select
<input type="checkbox"/> Anthem Alliance EPO HSA with Copay	<input type="checkbox"/> Blue Access Choice PPO Deductible First HRA with Copay	<input type="checkbox"/> Blue Preferred Select L
<input checked="" type="checkbox"/> Blue Access PPO	<input type="checkbox"/> Blue Access Choice PPO HSA	<input type="checkbox"/> Blue Preferred Select HRA with Copay
<input type="checkbox"/> Blue Access PPO L	<input type="checkbox"/> Blue Access Choice PPO HSA with Copay	<input type="checkbox"/> Blue Preferred Select Deductible First HRA
<input type="checkbox"/> Blue Access PPO HRA with Copay		<input type="checkbox"/> Blue Preferred Select Deductible First HRA with Copay
<input type="checkbox"/> Blue Access PPO Deductible First HRA		<input type="checkbox"/> Blue Preferred Select HSA
<input type="checkbox"/> Blue Access PPO Deductible First HRA with Copay		<input type="checkbox"/> Blue Preferred Select HSA with Copay
<input type="checkbox"/> Blue Access PPO HSA		
<input type="checkbox"/> Blue Access PPO HSA with Copay		
<input type="checkbox"/> Add HRA Wrap (Administered by Anthem)		
<input type="checkbox"/> Add HRA Wrap (Administered by Health Equity)		

For employers providing a Health Savings Account (HSA) option:
 Do you want Anthem to disclose your group's data to its banking services provider to establish Health Savings Accounts?
 No Yes — Requires completion of the CDHP questionnaire.

Flexible Spending Account (FSA) coverage — Multiple plans can be selected.

<input type="checkbox"/> Healthcare FSA (excluded if you have an HSA plan)	<input type="checkbox"/> Commuter Parking
<input type="checkbox"/> Limited-Purpose FSA (for dental and vision services)	<input type="checkbox"/> Commuter Transit
<input type="checkbox"/> Dependent Care FSA	<input checked="" type="checkbox"/> No FSA coverage at this time
<input type="checkbox"/> Administered by Health Equity	<input type="checkbox"/> Administered by Anthem

Dental coverage

<input type="checkbox"/> Prime Essential Choice	Quote ID: _____	<input type="checkbox"/> Complete Essential Choice	Quote ID: _____
<input type="checkbox"/> Other: _____	Quote ID: _____		

Vision coverage

Vision

Group no. _____

Contribution requirements

Choose your group contribution level for each month:
 Medical: _____% per employee _____% per dependent (optional)
 Dental: _____% per employee _____% per dependent (optional)
 Vision: _____% per employee _____% per dependent (optional)

Do any classes have a percentage of group contribution different than above? Yes No
 If yes, explain: _____

Group Accident, Critical Illness, and Hospital Indemnity Insurance
IMPORTANT: This is a fixed indemnity policy, NOT health insurance. This fixed indemnity policy may pay you a limited dollar amount if you're sick or hospitalized. You're still responsible for paying for the cost of your care. The payment you get isn't based on the size of your medical bill; there might be a limit on how much this policy will pay each year. This policy isn't a substitute for comprehensive health insurance. Since this policy isn't health insurance, it doesn't have to include most Federal consumer protections that apply to health insurance. **Visit HealthCare.gov or call 1-800-318-2596** (TY: 1-855-889-4325) to find health coverage options. To find out if you get health insurance through your job, or a family member's job, contact the employer. For questions or complaints about this policy, contact your State Department of Insurance. Find their number on the National Association of Insurance Commissioners' website (naic.org) under "Insurance Departments." If you have this policy through your job, or a family member's job, contact the employer.

Refer to sold case proposal for plan details.
 Accident Insurance — Contract code 1: _____ Contract code 2: _____ Contract code 3: _____
 Critical Illness Insurance — Contract code 1: _____ Contract code 2: _____ Contract code 3: _____
 Tobacco rated Uni-Tobacco
 Hospital Indemnity Insurance — Contract code 1: _____ Contract code 2: _____ Contract code 3: _____

Section 3: Eligibility

Eligible full-time employees must work at least 30 hours per week, must be actively at work and must have satisfied any applicable eligibility waiting period. Eligible full-time employees do not include temporary or seasonal employees.

Total number of employees (including part-time): 172

Total number of full-time employees (including those within their waiting period): 130

Total number of full-time employees in employee waiting period: 2

Probationary period/waiting period for eligible enrollees:
 None First of month after hire date 1 month 30 days 2 months 60 days 90 days

Do any classes of employees have a different waiting period? Yes No
 If yes, explain: _____

New eligible enrollees will become effective on:
 Day following completion of waiting period/probationary periods (required for selection of 90 day waiting period)
 First of month following completion of waiting period/probationary period

Do you wish to offer coverage for domestic partners? Yes No

Is your group subject to COBRA? Yes No
 Do you have a COBRA administrator? Yes No
 Do you want an Anthem affiliate to administer COBRA for your group? Yes No If yes, please complete and sign the COBRA agreement.

List employees/dependents on Continuation of Coverage/COBRA	Name of persons in COBRA eligibility period	List all totally disabled employees and dependents

Employee termination effective date: End of month End of day

Group no. _____

Plan type (check all that apply)		Form 5500 no.: _____
ERISA <input type="checkbox"/> For profit entity plan <input type="checkbox"/> Non-profit entity plan <input type="checkbox"/> Partnership-partners and employees plan <input type="checkbox"/> Tribes – employees plan	Non-ERISA <input type="checkbox"/> Religious entity plan <input checked="" type="checkbox"/> Government entity plan <input type="checkbox"/> Partnership-partners only <input type="checkbox"/> Tribes – members <input type="checkbox"/> Workers' compensation/unemployment	
If you selected Non-ERISA, is your employer plan? <input type="checkbox"/> Public <input type="checkbox"/> Private		

Section 4: Open enrollment

Our standard open enrollment period is at least 31 days prior to the group's renewal date and 31 days following, which is held no less frequently than once in any 12 consecutive months. If you want to designate a different open enrollment period, please indicate the following:
 Start date: _____ End date: _____ (MMDDYYYY)

Section 5: Read this section carefully before signing. Please review your application for errors or omissions.

The employer and/or authorized representative hereby requests that it be approved for coverage through Anthem Blue Cross and Blue Shield (hereinafter "Anthem" unless otherwise specified) and to be bound by Anthem's rules and regulations pertaining to coverage under the insurance contracts and policies, as adopted and/or revised from time to time. Employer understands and certifies the following, and if approved for coverage, agrees by payment of the required premiums; and the authorized representative certifies on behalf of the employer:

1. To comply with all terms and provisions of the Group Contract(s) issued, and trust agreements, if applicable.
2. To make the coverage available to all eligible employees and their eligible dependents and to distribute information and documents to enrolled employees as needed.
3. To maintain records and furnish to Anthem or their designated agent(s), any information required in connection with administration of the coverage.
4. To provide notice of applicable conversion rights and rights to continue health coverage under COBRA to eligible employees and eligible dependents.
5. That statements of medical history will be required of employees, and dependents when applying for coverage within or outside the time frames or amount of coverage limits established by Anthem.
6. That approval for this coverage may cancel any prior contracts and/or coverage with Anthem effective immediately preceding the effective date of the employer's coverage.
7. To pay Anthem by the premium due date, the premiums on behalf of each member covered under the contract, unless otherwise stated in any financial agreement between the parties, to submit applications of employees prior to their date of eligibility, to keep all necessary records regarding membership, to assume responsibility for handling the COBRA and state-mandated continued group coverage and/or conversion process, if applicable.
8. That claims filed by or on behalf of members may, at Anthem's option, be suspended if premiums are not timely received.
9. If applicable, employer will receive on behalf of members, all notices delivered by Anthem, and immediately forward such notices to persons involved, at their last known address.
10. The advance premium check does not create temporary or interim coverage and that receipt and deposit of that payment does not guarantee issuance of coverage. Rather, issuance of coverage is expressly conditioned on Anthem's determination that the group is an acceptable risk based on their current underwriting practices and procedures. Unless these conditions are met, there shall be no liability on the part of Anthem except to refund the payment. The employer will be responsible for returning to individual employees any part of the payment contributed by those employees.
11. That in order for Anthem to accept or decline this application, all the information requested on this application must be completed. In the event the application is not complete, Anthem, or its designated agent(s), is authorized to obtain the necessary information and to complete that information on this application. The employer understands that the coverage issued by Anthem may be different than the coverage applied for herein. In that event, Anthem shall notify the employer of such differences, and by payment of the appropriate premiums, the employer will accept the coverage as issued.
12. The premium rates calculated for the employer are contingent, based upon the accuracy of the eligibility data submitted on employees and covered dependents to Anthem by the employer. Anthem reserves the right to review such rates upon receipt of all individual applications for employers' employees and to modify the rates, if the enrollment information so warrants. Any misstatements on employees' application or failure to report new medical information prior to the employees' effective dates may result in a material change to the groups' coverage or premium rates as of the effective date of coverage.
13. The entire application for group coverage has been reviewed, and all answers contained herein are true and complete to the best of the employer's and/or authorized representative's knowledge and belief.
14. All employees applying for coverage are employees of the employer and receive salary or wages documented on state and/or federal payroll reports. Eligible full-time employees must work at least 30 hours per week, must be actively at work, must have satisfied any applicable eligible waiting period.
15. The requested coverage is not in effect unless and until this application is approved by Anthem, that approval of coverage shall be evidenced by issuing group contracts and/or policies to the employer, and an employee's coverage is not in effect unless and until the employee applies and is approved for coverage by Anthem.
16. The employer acknowledges that he has signed the attached benefit proposals indicating the coverages requested.
17. The broker listed below is authorized to make enrollment and eligibility changes on behalf of the employer's group health plan, and employer will immediately inform Anthem if this authorization is revoked.

Group no.
 | | | | |

Section 6: Signature — Please attach a check for the first month's premium. Read section 5 carefully before signing.

Printed name of authorized group representative Jake Crafton	Title Mayor, City of Kennett, MO
Signature of authorized group representative X	Date (MMDDYYYY) 0 6 1 6 2 0 2 6

Section 7: Agent/producer/broker certification

I certify that:

- I have reviewed the attached employee and group applications and waivers for completeness and accuracy.
- I have not completed any of the information contained in the applications except with the permission of the applicant and as noted by my initials on the application.
- I have not signed any of the applications for a group representative or individual applicant.
- I have advised the group that a failure to provide complete and accurate information may result in a loss of coverage retroactive to the effective date of coverage or re-rating of the group's premium retroactive to the effective date and that coverage shall not be effective until Anthem reviews and approves the application and the group receives a written notice and contract from Anthem.

Are commissions paid to the agent or agency? Agent Agency

Writing payable/sub-agent/producer/broker			Second writing payable/sub-agent/producer/broker		
Split commission percentages: Medical: _____% Dental: _____%			Split commission percentages: Medical: _____% Dental: _____%		
Agency name CT Solutions dba Sonus Benefits	Agency ID no. 43-1562394		Agency name	Agency ID no.	
Agent/producer/broker name Kurt Humphrey	Agent ID no. JMJMGQTTWZ		Agent/producer/broker name	Agent ID no.	
Commissions paid to tax ID (must match designation above) 43-1562394			Commissions paid to tax ID (must match designation above)		
Agent/producer/broker street address 3660 S Geyer Rd, Ste 200			Agent/producer/broker street address		
City St. Louis	State MO	ZIP code 6 3 1 2 7	City	State	ZIP code
Agent/producer/broker phone no. 573-803-3305			Agent/producer/broker phone no.		
Agent/producer/broker email address khumphrey@sonusbenefits.com			Agent/producer/broker email address		
Signature	Date (MMDDYYYY)		Signature	Date (MMDDYYYY)	
For general agent/producer/broker use only					
General agent/producer/broker name			General agent/producer/broker ID no.		
Street address			City	State	ZIP code
Sales representative					
Sales representative name			Sales representative ID no.		

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙？您也可以索取本文件的其他格式。

Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòm nan dokiman sa a.

Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می‌توانید فرمت‌های دیگر این سند را درخواست کنید.

Armenian

Պուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով: Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին: Տեսողության խանգարում ունեցող եք: Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր:

Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。IDカードに記載されている会員サービス番号にお電話ください。視覚障害をお持ちですか？他の形式でこの文書を要求することもできます。

Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des du Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800-368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Anthem Single-case Agreement Addendum to Producer Agreement



This Addendum ("Addendum") dated 06/02/2026, is agreed to by and among Anthem Blue Cross and Blue Shield ("Anthem");
City of Kennett ("Group") and Kurt Humphrey ("Producer").

This Addendum shall be effective as of 07/01/2026 and supersedes and replaces any prior Addendum, Single Case Agreement, or other agreements regarding the compensation between the parties with respect to the Group provided in Section 3 below.

Section 1: Effect of Addendum

This Addendum constitutes an amendment and supplement to the Producer Agreement between Anthem and Producer in effect as of the date hereof (the "Producer Agreement") in accordance the terms thereof, and supersedes and replaces the Commission portion of the Compensation Schedules attached to the Producer Agreement.

Except as expressly set forth herein, the Producer Agreement shall continue in full force and effect in accordance with its original terms, which terms shall also apply herein.

Section 2: Term and termination

This addendum shall automatically renew annually unless earlier terminated as provided herein:

Either party may terminate this Addendum with at least thirty- (30) days advance written notice to the other party without cause ("Termination without Cause").

Anthem may terminate this Addendum effective upon mailing of written notice to Producer in the event of any breach of the terms hereof by Producer, or for any of the reasons set forth in the Producer Agreement, or any other provision thereof providing for termination for cause.

This Addendum shall terminate automatically and without notice in the event that the Producer Agreement is terminated pursuant to its terms.

Termination of this Addendum will result in the cessation of payments by Anthem of any Non-standard commission authorized hereunder.

Section 3: Group/agent information

Group name City of Kennett		Group ID no. L17377
Group <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal – Renewal date: 0, 1 0, 1 2, 0, 2, 8 MMDDYYYY	Association name N/A	
Contracted state MO	Current health contracts 117	
Writing agent Kurt Humphrey	SSN or Encrypted TIN JMJMGQTTWZ	Split <u>100</u> %
Agency to be paid (if applicable) CT SOLUTIONS LTD	TIN or Encrypted TIN 431562394	
Writing agent N/A	SSN or Encrypted TIN N/A	Split <u>N/A</u> %
Agency to be paid (if applicable) N/A	TIN or Encrypted TIN N/A	
General agent to be paid (if applicable) N/A		TIN or Encrypted TIN

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and Indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross Blue Shield Association, Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Section 4: Commission

This addendum authorizes Anthem to remit Non-standard commission payments from premium amounts or administrative retention paid by Group in the manner outlined below.

Please complete all applicable options: if rate varies by Lines of Business, complete all Line of Business fields and use N/A if Line of Business does not apply. Complete all rates for all Funding arrangements and Fees (for example complete FI, ASD, CCMU, MHA, and GA Override sections if group had multiple funding arrangements for different lines of business.)

1. Per Capita Commission Rate per Contract per Month (PCPM) FI

Health \$ N/A	Dental \$ N/A	Vision \$ N/A	Life \$ N/A	Rx \$ N/A	Other line of business N/A	\$ N/A	or
------------------	------------------	------------------	----------------	--------------	-------------------------------	--------	----

2. Per Capita Commission Rate Administrative Services Only (ASO) Group per Subscriber per Month (PCPM)

Health \$ N/A	Stop Loss* \$ N/A	Dental \$ N/A	Vision \$ N/A	Life \$ N/A	Rx \$ N/A	Other line of business N/A	\$ N/A	or
------------------	----------------------	------------------	------------------	----------------	--------------	-------------------------------	--------	----

*A PCPM equivalent must be provided for Stop Loss.

3. Percentage of Premium: FI

Health \$ 3%	Dental \$ N/A	Vision \$ N/A	Life \$ N/A	Rx \$ N/A	Other line of business N/A	\$ N/A	or
-----------------	------------------	------------------	----------------	--------------	-------------------------------	--------	----

4. Flat Monthly Commission Rate of Per Month FI or ASD and Specialty

Health \$ N/A	Dental \$ N/A	Vision \$ N/A	Life \$ N/A	Rx \$ N/A	Other line of business N/A	\$ N/A	or
------------------	------------------	------------------	----------------	--------------	-------------------------------	--------	----

5. Per Capita CCMU Oversight Fee per Subscriber per Month (PCPM): \$ N/A

6. Per Capita MHA (Mercer Health Advantage) Oversight Fee per Subscriber per Month (PCPM): \$ N/A

7. GA Override – Specify Percent of Premium or PCPM

Health \$ N/A	Dental \$ N/A	Vision \$ N/A	Life \$ N/A	Rx \$ N/A	Other line of business N/A	\$ N/A
------------------	------------------	------------------	----------------	--------------	-------------------------------	--------

An estimated calculation of the "Non-standard commission" that will be paid based on the above options is: \$ N/A (optional)

Note: If a Commission split is indicated in Section 3 of this Addendum, then the rate(s) indicated in Section 4 will be split accordingly.

Section 5: Special instructions

Note: Please include a copy of the final rate sheet with detailed commission amount.

Section 6: Acceptance of Addendum

Anthem may modify or amend this Addendum upon thirty (30) days' written notice to Producer.

By executing this Addendum below, the Producer attests that all compensation requested by this Addendum has been fully disclosed by the Producer to the Group. Further, by executing this Addendum, the parties agree to the terms hereof.

Anthem Blue Cross and Blue Shield

Regional Vice President or Regional Sales Director name	
Regional Vice President or Regional Sales Director signature X	Date
Sales representative name Kurt Bliggenstorfer	
Sales representative signature X Kurt Bliggenstorfer	Date 06/02/26
Underwriting approval name	
Underwriting approval signature X	Date

Producer/General Agency

Producer 1 name Kurt Humphrey	
Producer 1 signature X	Date
Producer 2 name (required for split arrangements)	
Producer 2 signature X	Date
General agent name (required for general agent arrangements)	
General agent signature X	Date

Group name: City of Kennett Group no. L17377, through its authorized representative hereby certifies that Broker name(s) Kurt Humphrey is authorized to receive commission as described in Section 4 above.

Group name City of Kennett	
By	
Title Mayor City of Kennett MD	Date 06/16/26

How to properly complete and submit a Single Case Agreement

Completing page one

- A. All appropriate blanks appearing at the top of the page before Section 1 shall be completed including the SCA origin date, the Broker entering into the SCA, and the effective date of SCA.
- B. Section 3 contains the information pertinent to the group in which the SCA is being submitted along with the broker who is to receive commissions for the group listed. All information should be provided and if information is not applicable, please indicate N/A in the appropriate area.
- C. If information in Section 3 is not complete or if the broker listed does not meet all Licensing and Credentialing guidelines, the SCA will not be accepted and will need to be re-submitted once additional information is provided or guidelines have been met.
- D. For an Override to be paid to a General Agent, the General Agent must be listed and must also meet all Licensing and Credentialing guidelines.

Completing section 4

- A. The appropriate commission line is to be used dependent on the type of commission to be paid. Multiple lines should not be used unless group has multiple funding arrangements for different lines of business.
- B. The specific commission rate to be paid on all lines of business need to be indicated on the SCA, even if one or more lines of business are deemed to be standard. "Standard" is not an appropriate answer as multiple "standard" rates exist dependent upon state and size of business. If there is a line of business not listed, please use the Other category to define the line of business and commission rate.
- C. Per subscriber per month (PSPM) commissions are to be paid based on a flat dollar amount per line of business.
- D. For an Administrative Service Only (ASO) group, if the commission rate includes a percentage of stop loss premium, the stop loss premium needs to be converted to a PSPM amount. If stop loss premium is not included in the commission rate, the stop loss percentage should be 0%.
- E. **Attention Sales and Underwriting:** For all ASO and National Groups, Funding Documents are required to be submitted with the SCA. The commission section of the Funding Document should clearly show all commissions to be paid with all percentages converted to PSPM rates.
- F. If a flat monthly dollar amount is to be paid on an ASO group, indicate the monthly amount to be paid in Option 3.
- G. Percent of premium commissions are not applicable for Indiana, Kentucky, or Ohio business. Effective April 2003, all Ohio commission transitioned from percent of premium to per subscriber per month or per capita. Effective April 2004, all Indiana and Kentucky commissions transitioned from percent of premium to per capita.
- H. **Missouri and Wisconsin business only:** If a percent of premium is to be paid, all lines of business to be paid need to be populated with the specific percentage to be paid. If there is a line of business not listed, please use the Other category to define the line of business and the commission percentage.

Completing section 6

- A. All SCAs require internal signatures by a Regional Vice President or Regional Sales Director of the state in which the policy is enforced, as well as the Sales representative and Underwriter for that group.
- B. All SCAs require broker's signature by all brokers listed to be paid to acknowledge that the information listed on the SCA is correct.
- C. All SCAs require the group signature if any of the listed commission rates for any line of business is above the standard commission rate for the state and segment of business that the group is categorized.
- D. If a flat monthly dollar amount is indicated for an ASO group, the group signature is required if the monthly amount divided by the number of subscribers for the group equals a commission rate above the standard commission rate.

Completing the SCA

- A. Submit all Central SCAs for new or renewal business to the following Sales Compensation mailbox: sales.comp.central.region.agent@anthem.com.
Submit all East SCAs for new or renewal business to the following Sales Compensation mailbox: salescompeastregion@anthem.com.
- B. While the existence of a Single Case Agreement is a prerequisite to any non-standard payment obligation by Company, the Single Case Agreement will only be honored if completely and properly submitted.
- C. An SCA shall only be submitted when at least one line of business is to be paid at a non-standard commission rate. If a group is to be NET of commissions, meaning no commissions are to be paid, and SCA is not needed.
- D. Email notification of a group being NET of commission shall be forwarded to the above shared mailbox by both the appropriate Sales Representative and Underwriter in lieu of the SCA.



KENNETT

m i s s o u r i

200 Cedar Street, Kennett, MO 63857
Phone: 573-888-9001 Fax: 573-888-4011
info@cityofkennettmo.com

Kyle Cluskey
Crumdale Specialty

June 1, 2026

RE: City of Kennett

Group Number: CP1125

Please cancel our group health insurance coverage effective June 30, 2026 at midnight due to obtaining other coverage that goes into effect July 1, 2026. Please let us know if you need anything further to process this request.

Thank you,

Jake Crafton
City of Kennett

Cc: Kurt Humphrey
Sonus Benefits

ORDINANCE NO. 3115

AN ORDINANCE ACCEPTING AND APPROVING REPLAT NO.1 OF WILLIAMS ADDITION TO THE CITY OF KENNETT, MISSOURI

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF KENNETT, MISSOURI, AS FOLLOWS, TO-WIT:

SECTION 1. That the Replat No.1 of Williams Addition to the City of Kennett, Dunklin County, Missouri having been previously approved by the City Planning Commission, and as same is presented to this meeting, be finally accepted and approved.

The Mayor and Clerk are authorized and directed to endorse this approval upon the face of said plat.

SECTION 2. This Ordinance shall be in full force and effect immediately upon its passage.

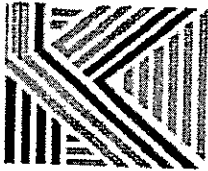
READ TWO TIMES, PASSED, APPROVED AND ADOPTED THIS 16th DAY OF JUNE, 2026.



Jake Crafton, Mayor

ATTEST:

Mandy Lewis, City Clerk



KENNETT

missouri

Code Enforcement - 200 Second Street - Kennett, Missouri 63857

Phone: (573) 888-3005 Fax: (573) 888:0224

Email: kfdce@kennettfd.org - Email: kfdpm@kennettfd.org - Email: rentals@kennettfd.org

REPLAT REQUEST APPLICATION

City of Kennett, Missouri

Property Address: **BOOTHEEL PLAZA SHOPING CENTER (MULTIPLE POINTS OF ADDRESS)**

PART A: PARTIES IN INTEREST

The following information is required for review of this Replat Request.

Applicants may designate a primary representative to attend all meetings and communicate with City staff.

Applicant Information

Name & Title: **PULLIAM SURVEYING LLC**

Address: **18722 CO. RD. 110, MALDEN MO 63863**

Phone: **573-718-4692** Email: **J303PULLIAM@GMAIL.COM**

Property Owner(s)

(If different from Applicant)

Name(s): **1714-1780 1ST STREET LLC C/O SAMUEL HEINEMAN**

Address: **152 E. 6TH ST, SUITE 101, FREMONT NE 68025**

Phone: **402-880-4864** Email: **SHEINEMAN@HEINEMANMANAGEMENTCOM**

Surveyor / Engineer

Name & Firm: **PULLIAM SURVEYING LLC C/O JOSEPH R. PULLIAM, PLS**

Address: **18722 CO. RD. 110, MALDEN MO 63863**

Phone: **573-718-4692** Email: **J303PULLIAM@GMAIL.COM**

Primary / Principal Representative

Name: **Sam Heineman**

Address: **152 E 6th St, Ste 101 Fremont, NE 68025**

Phone: **(402) 880-4864** Email: **sheineman@heinemanmanagement.com**

Missouri Registered Agent (for out-of-state businesses)

Name: **Taylor Newman**

Address: **117 S Lexington Street, Ste 100 Harrison, MO 64701**

Phone: **n/a** Email: **n/a**

PART B: PROPERTY & PLAT INFORMATION

Existing Plat Information

Subdivision Name (if applicable): **CHARLES H. WILLIAMS ADD**

Current Lot Number(s): **LOT 1 AND OUTLOTS**

Recorded Plat Book & Page: **PLAT BOOK 5 PAGE 66**

Full Legal Description of Property

Dimensions & Acreage

Total acreage or square footage: **12.11 ACRES**

Existing lot dimensions: **IRREGULAR (SEE PLAT)**

PART C: DESCRIPTION OF REQUEST

Reason for Replat

(Explain the purpose of the replat—lot split, lot consolidation, boundary adjustment, easement modification, etc.) **RESHAPE LOTS TO ALIGN WITH CURRENT USAGE**

Proposed Changes

Describe all proposed modifications:

EXISTING DEED LINES NO LONGER ALIGN WITH USAGE. SOME LOT/DEED LINES CUT THROUGH EXISTING STRUCTURES. INGRESS/EGRESS EASEMENTS NEEDED TO ADDRESS LEGAL ACCESS TO "COFFEE SHOP".

Lot line adjustments

LOT 1 OF EXISTING SUBDIVISION AND TWO "OUTLOTS" ARE REPLATTED INTO FOUR LOTS.

Lot consolidation or division

CONSOLIDATION OF OUTLOTS AND DIVISION OF LOT 1

New easements

TWO NEW EASEMENTS – BOTH FOR INGRESS/EGRESS ALONG EXISTING INTERIOR TRAVELWAYS

Removal or relocation of easements

NONE AS PART OF THIS REPLAT

Changes to access or right-of-way

NONE AS PART OF THIS REPLAT

Utility Easements Affected

List any existing easements impacted by the replat:

NO EXISTING EASEMENTS WERE PROVIDED TO THIS SURVEYOR

Are easement releases or modifications required?

Yes **No**

If yes, attach documentation.

Access Information

Current access points: **ENTRANCE 1: BETWEEN PIZZA HUT BUILDING AND DOLLER STORE ON NORTH EDGE OF HIGHWAY 412 (EXISTING DRIVEWAY PERMITTED BY MODOT)**
ENTRANCE 2: AT SOUTHEAST CORNER OF TRACTOR SUPPLY ON WEST EDGE OF HIGHWAY 25 (EXISTING DRIVEWAY PERMITTED BY MODOT)

Proposed access changes (if any): **NONE**

PART D: REQUIRED ATTACHMENTS

All Replat Requests must include:

Current deed(s) **(PROVIDED VIA EMAIL)**

Copy of existing recorded plat **(PROVIDED VIA EMAIL)**

Preliminary replat drawing prepared by a licensed surveyor **(N/A)**

Final replat drawing (if available at time of submission) **(PROVIDED VIA EMAIL)**

List of all adjacent property owners within 185 feet **(ON PLAT)**

Map showing 200 feet around the property **(PROVIDED VIA EMAIL)**

Easement release documents (if applicable) **(N/A)**

Proof of authority for any representative signing on behalf of a business entity **See attached operating agreement.**

The Planning & Zoning Commission may request additional materials, including but not limited to:

Drainage studies **(NO CHANGES TO ANY DRAINAGE)**

Utility impact statements **(NO CHANGES TO ANY UTILITY LINES OR POINTS OF SERVICE)**

Traffic/access evaluations **(NO CHANGES TO EXISTING TRAFFIC FLOW IN/OUT OF PROPERTY)**

Updated surveys **(SEE PLAT PROVIDED VIA EMAIL)**

PART E: REVIEW CRITERIA

The Applicant must demonstrate that the proposed replat:

Does not create unsafe or substandard lots

Does not negatively impact drainage, utilities, or public infrastructure

Maintains adequate access for emergency services

Does not conflict with existing easements or rights-of-way

Complies with subdivision regulations and municipal codes

Does not adversely affect neighboring properties or public welfare

PART F: SIGNATURES

Property Owner(s)

I/we certify that the information provided is true and correct.

Signature:  Date: 5/29/26
Printed Name: Sam Heineman

Authorized Representative (if applicable)

I certify that I am authorized to represent the property owner(s).

Proof of authorization is attached.

Signature: _____ Date: _____
Printed Name: _____

FOR OFFICE USE ONLY

Date Submitted: _____

Required Documents Received:

- Deed(s)
- Adjacent Property Owner List
- Area Map
- Preliminary Replat
- Proof of Authority

Received By: Mandy Lewis, City Clerk

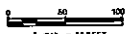
REPLAT NO. 1 OF WILLIAMS ADDITION

BEING A PART OF LOT 1 OF CHARLES H WILLIAMS ADDITION TO THE CITY OF KENNETT, MISSOURI, AND WITH ADJOINING LANDS LOCATED IN THE SE1/4 OF THE SE1/4 OF SECTION 36, TOWNSHIP 18 NORTH, RANGE 8 EAST OF THE 5TH PRINCIPAL MERIDIAN, DUNKLIN COUNTY, STATE OF MISSOURI

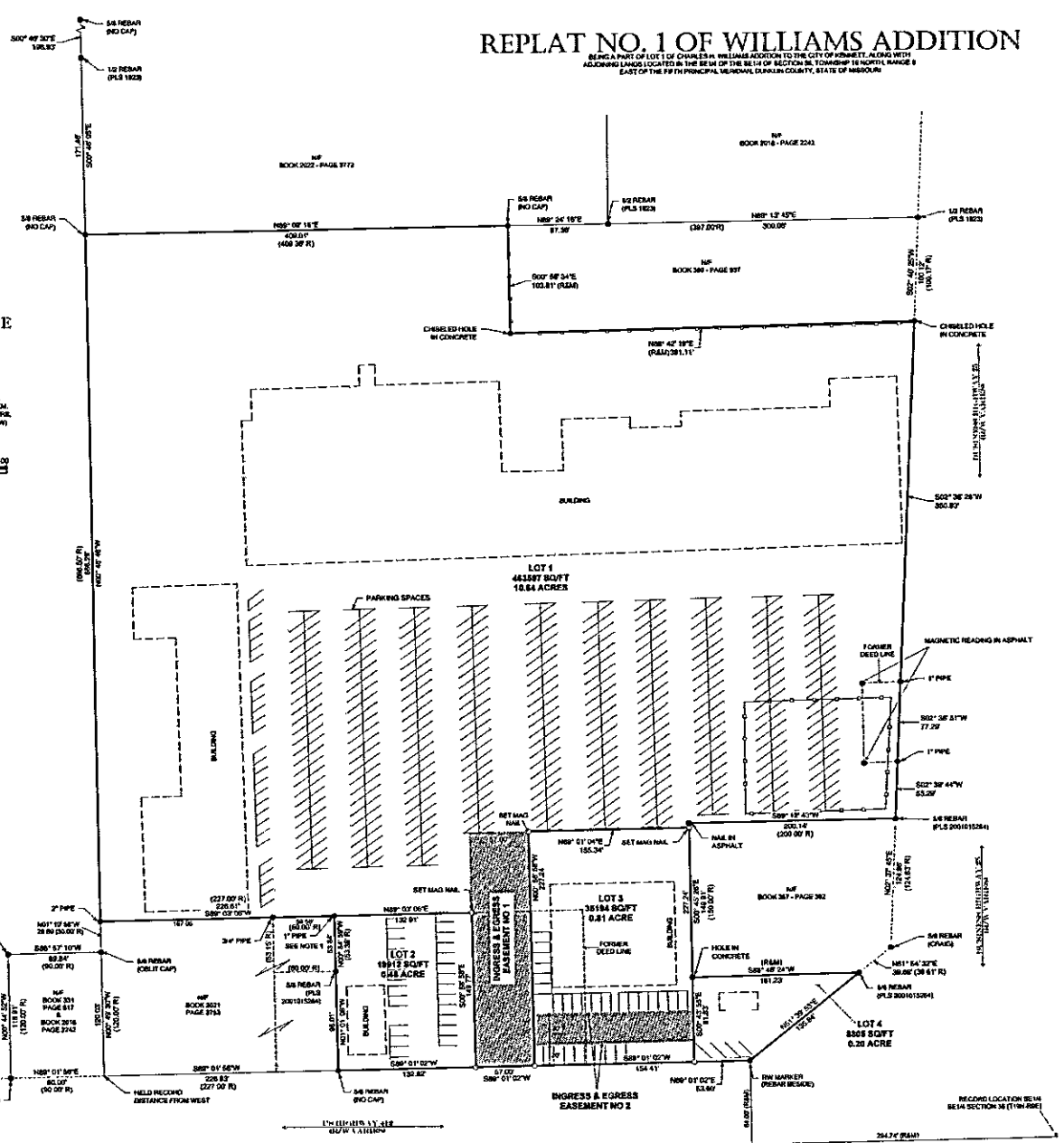


NORTH BASED ON STATE PLANE COORDINATE SYSTEM, EAST ZONE, FROM MOUST VRS. (RANGING DISTANCES SHOWN)

GRAPHIC SCALE



1 inch = 50 FEET



OWNERS DEDICATION:

I, THE UNDERSIGNED OWNER OF THE TRACT OF LAND DESCRIBED HEREON AS "TRACT SURVEYED", HAVING OBTAINED TITLE VIA WARRANTY DEEDS RECORDED IN BOOK 2028 ON PAGE 141 AND IN BOOK 2028 ON PAGE 342, HAVE CAUSED SAID TRACT TO BE SUBDIVIDED INTO LOTS AS SHOWN ON THIS PLAT WHICH ARE HEREOFORTH TO BE KNOWN AS "REPLAT NO. 1 OF WILLIAMS ADDITION". IT SHALL BE A SUFFICIENT DESCRIPTION OF EACH LOT PLATTED HEREON TO BE DESIGNATED BY THE NUMBER OR LETTER WHICH APPEARS ON SAID LOT FOLLOWED BY THE WORDS "REPLAT NO. 1 OF WILLIAMS ADDITION" AND REFERENCED AS RECORDED IN DUNKLIN COUNTY, STATE OF MISSOURI. NO NEW PUBLIC RIGHT OF WAY HAS BEEN CREATED AT THIS TIME. OWNER FURTHER STATES THAT ALL COUNTY, TOWNSHIP AND CITY TAXES PERTAINING TO THE REAL ESTATE UP TO AND THROUGH THE YEAR 2025 HAVE BEEN PAID.

IN WITNESS WHEREOF WE HAVE HEREIN SET OUR HANDS THIS THE _____ DAY OF _____, 2026

1714-1720 1ST STREET, LLC
A MISSOURI LIMITED LIABILITY COMPANY
C/O SAM HEINEMAN

NOTARY:

STATE OF _____
COUNTY OF _____

ON THIS THE _____ DAY OF _____, 2026, BEFORE ME PERSONALLY APPEARED SAM HEINEMAN KNOWN TO ME TO BE THE PERSON DESCRIBED IN AND WHO EXECUTED THE FOREGOING INSTRUMENT AND ACKNOWLEDGE THAT HE EXECUTED THE SAME IN ACCORDANCE WITH THE DIRECTIONS SET FORTH BY SAID PARTNER(S) AND/OR BOARD OF DIRECTORS FOR 1714-1720 1ST STREET, LLC, A MISSOURI LIMITED LIABILITY COMPANY, IN WITNESS WHEREOF I HAVE SET MY HAND AND AFFIXED MY OFFICIAL SEAL THE DAY AND YEAR FIRST ABOVE WRITTEN.

NOTARY PUBLIC:

COMMISSION EXPIRES:

APPROVAL:

APPROVED BY ACTION OF THE PLANNING COMMISSION OF THE CITY OF KENNETT, MISSOURI THIS _____ DAY OF _____, 2026

CHAIRMAN - PLANNING COMMISSION

ACCEPTED THIS _____ DAY OF _____, 2026 BY ACTION OF THE CITY COUNCIL OF THE CITY OF KENNETT, MISSOURI

MAYOR

CITY CLERK

RECORDERS OFFICE:

STATE OF MISSOURI
COUNTY OF DUNKLIN

I, _____, RECORDER OF DUNKLIN COUNTY, MISSOURI, DO HEREBY CERTIFY THAT THE WITHIN INSTRUMENT OF WRITING WAS ON THE _____ DAY OF _____, 2026 DULY FILED FOR RECORD. I HAVE HEREIN SET MY HAND AND AFFIXED MY SEAL AT KENNETT, MISSOURI, THIS _____ DAY OF _____, 2026, IN PLAT BOOK _____ ON PAGE _____ AT TIME OF _____.

DUNKLIN COUNTY RECORDER OF DEEDS

TRACT SURVEYED:

ALL OF LOT 1 OF CHARLES H WILLIAMS ADDITION AS RECORDED IN PLAT BOOK 8 ON PAGE 96, TOGETHER WITH THOSE TRACTS DEPICTED AS TOCELL WILLIAMS AND THE "A" ON SAID PLAT BOOK 8 ON PAGE 96 ALL OF WHICH ARE DESCRIBED IN BOOK 2028 ON PAGE 141 AND IN BOOK 2028 ON PAGE 342 OF THE DUNKLIN COUNTY LAND RECORDS, LESS AND EXCEPT THEREFROM THOSE THREE TRACTS OF LAND DESCRIBED IN BOOK 340 ON PAGE 337 AND BOOK 347 PAGE 382 AND 383 PAGE 375.

SURVEYORS NOTES:

- PARCEL 2.003 IS INCORRECTLY DEPICTED BY ASSESSOR AT TIME OF SURVEY (SEE TRACT 3 OF BOOK 2021 PAGE 375). P.O.B. FALLS 176.87' NORTH OF SECTION LINE WHICH IS LOCATED 81.41' SOUTH OF THE NORTH POLYLINE OF HIGHWAY 412.
- ADDITIONAL EASEMENTS AND/OR RIGHTS OF WAY MAY EXIST WHICH THIS SURVEYOR IS UNAWARE OF. IT IS NOT THE INTENTION OF THIS DOCUMENT TO VOID OR VACATE ANY EXISTING EASEMENT OR RIGHT OF WAY.
- INGRESS/EGRESS EASEMENT NO. 1 FOR BENEFIT OF LOTS 2 & 3. INGRESS/EGRESS EASEMENT NO. 2 FOR BENEFIT OF LOT 4.

SURVEYORS CERTIFICATION:

I, JOSEPH R. PULLIAM, MISSOURI PROFESSIONAL LAND SURVEYOR NO. 20950/16611, DO HEREBY CERTIFY THAT THIS DRAWING IS A TRUE AND ACCURATE REPRESENTATION OF A SURVEY CONDUCTED BY ME AND THAT THE RESULTS SHOWN HEREON ARE IN COMPLIANCE WITH THE MISSOURI STANDARDS OF PROFESSIONAL SURVEYS. THE ORIGINAL THIS SURVEYOR HAS MADE NO INDEPENDENT SEARCH OF THE TITLE RECORD OTHER THAN AS DEPICTED HEREON. DRAWING NOT VALID UNLESS ORIGINAL SIGNATURE AND SEAL APPEAR HEREON.

JOSEPH R. PULLIAM, PLS. (DATE)

LEGEND:

- DEED PROPERTY LINE
- MISC. LANDMARK LINE
- - - ROAD RIGHT OF WAY LINE
- ▭ BUILDING
- FENCE
- POINT FOUND
- SET 3/1 REBAR

PULLIAM SURVEYING, LLC

1722 C/O RD 130, MALLERSON MO 63463
873-718-4992 - JRP@PULLIAMSURV.COM

Missouri Land Survey C.O. No. E-201301078 & Adjutant Land Survey C.O. No. 4271

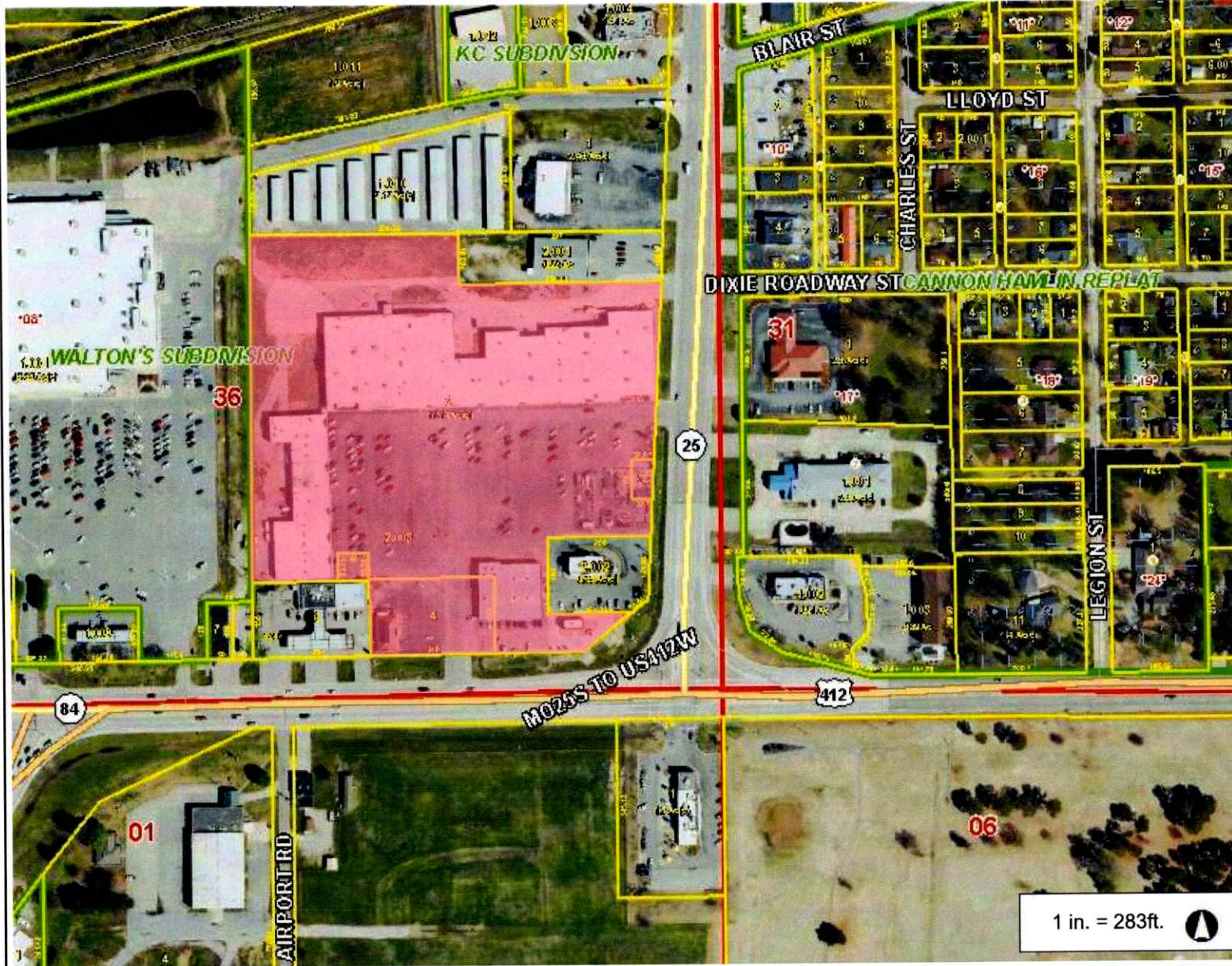
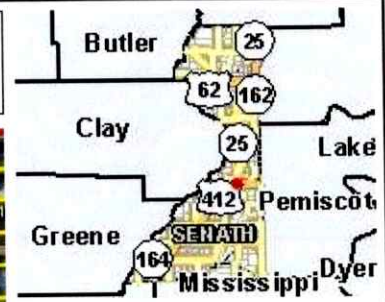
CLIENT: _____

REPLAT NO. 1 OF WILLIAMS ADDITION
C/O SAM HEINEMAN

LOCATION: PART OF LOT 1 OF CHARLES H WILLIAMS ADDITION TO THE CITY OF KENNETT, SE1/4 SEC 36, TOWNSHIP 18 NORTH, RANGE 8 EAST OF THE 5TH PRINCIPAL MERIDIAN, DUNKLIN COUNTY, STATE OF MISSOURI

DATE: 05/14/2026 SURVEY NUMBER: 163-2628 FIELD BOOK: 26-3

Dunklin County, MO



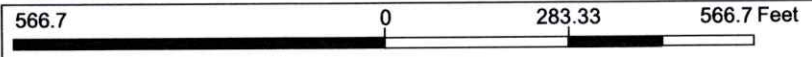
Legend

- Road
 - <all other values>
 - US
 - MO
 - RT
 - SP
- + Railroad
- Parcel
- Corporate Limit Line
- Land Hooks
 - Dashed Land Hook
 - Solid Land Hook
- Original Lot
- Subdivision
- Section
- County Boundary

Notes

This Cadastral Map is for informational purposes only. It does not purport to represent a property boundary survey of the parcels shown and shall not be used for conveyances or the establishment of property boundaries.

THIS MAP IS NOT TO BE USED FOR NAVIGATION



1 in. = 283ft.

City of Kennett, Missouri

200 Cedar Street, Kennett, MO 63857

Phone: 573-888-9001

Memorandum

To: City Council
From: Mandy Lewis, City Clerk
Re: Terms for Boards
Date: June 26, 2026

Board

Term Begins

Board of Adjustments/Appeals

February 1st

Park Board

June 1st

Kennett Memorial Airport Board

August 6th

Planning & Zoning Board

September 25th

Kennett Board of Public Works

November 3rd

City of Kennett, Missouri

200 Cedar Street, Kennett, MO 63857

Phone: 573-888-9001

Memorandum

To: City Council
From: Jake Crafton, Mayor
Re: Terms for Boards
Date: June 16, 2026

Please consider approving the nomination of Mr. Richard Edington to the City of Kennett Board of Public Works. If appointed, Mr. Edington's term will run until November 2029.

Fire Department

Starting Date: 5-28-2026

Ending Date: 6-10-2026

Total Department Man Hours 1,795

Fire Calls 21

Number of out of town calls 0

Out of town revenue \$0.00

Motor Vehicle Accidents 3

Medical Calls 25

Blood Draws 0

Code Inspections 25

Fire Marshal Inspections 14

Building Permits Issued 11

Property Maintenance Letters 51

Grass 29 Structure 11 Trash 9 Vehicle 1 Abatement 3 Other 0

Property Maintenance Citations 10 Pending Court Appearances Tickets 14

Grass 1 Structure 5 Trash 4 Vehicle 0 Other 0

EOC Activation Hours: 0

FT Fire Training Hours 7

PT Fire Training Hours 7

**Rental Inspections Council Report June 11, 2026.
Reporting Period - May 28, 2026 to June 11, 2026**

Riley Cook and Derek Cunningham provisional license April 21, 2026 to June 20, 2026.

Riley Cook as of June 11 , 2026 - Has complied and surpassed his required inspections.

Derek Cunningham as of June 11, 2026 - One (1) inspection requested for unoccupied, previous inspections not passed have not been repaired or asked to be reinspected.

Tenants at 1710 Harris violating Ordinance 3099 have been removed by the owner. The house will not be rented according to the owner.

**Respectfully Summited
Chris Skelton
Rental Inspector**

Animal Control

Starting Date: 05/28/26
Ending Date: 06/08/26

Total Department Man-hours	<u>166.5</u>
Animals in Custody #	<u>53</u>
Animals Caught #	<u>34</u>
Tickets Issued #	<u>0</u>
Animals Euthanatized #	<u>0</u>
Animals Received #	<u>122</u>
Control Miles Driven	<u>844</u>
Animals Transferred Out	<u>23</u>
Animals Adopted	<u>0</u>
Animals in Vet Care	<u>0</u>
Total Expense other than labor	<u>\$1048.⁹⁰</u>
Returned to owner	<u>2</u>

STREET DEPARTMENT

STARTING DATE: 05-28-26 ENDING DATE 06-10-26

Total Department Man Hours Available: 716 Time Off 50 Total worked 666

Projects in Progress:

Vegetation Control, Property Abatement, Bid work, Street Prep for Overlays, New city hall work
side walk repair on 9th St

Completed Projects:

Sidewalk 7th St. To the Bandstand, Asphalt Overlay Indian Park Soccer Park

Upcoming Projects:

Box Lid Jackson + St Francis City Hall Lot Repair, New City Hall asphalt Street Prep
for Overlays, Stormwater Pipe (Under) Concrete Street Work, Asphalt Street Overlays
Transportation Amounts are for Flood St. Sidewalk and Engineering
Jones Park Sidewalk, Indian Park Asphalt Soccer Park

Street Sweeper use Hours 5
Road Grader use Hours 0
Vac Truck use Hours 0
Camera Truck use Hours 0

Compost Loads Received # Leaves 29 Limbs 177 Wood Chips/CLGW 0 Other 2
Compost Loads Sold # 0 Mulch 1
Compost Revenue \$ 740.00

Roll Off Loads Received # Single 15 P/UP 7 Trailer under 16' 3 Over 16' 1
Bob Truck 0 Other 0

Roll Off Revenue \$ 440.00 Period 05-28-26 To 06-10-26
Roll Off Expense \$ 790.00 Period _____ To _____
Net Revenue \$ _____ Period _____ To _____

Expense Totals Other Than Labor:

Street Department: 1000.90 Transportation: 365,570.08 Stormwater 1418.09

Public Safety

Starting Date: 5-29-26

Ending Date: 6-12-26

Police

Total Department Hours 2,083.5

Total Overtime Hours 38.5

Total Traffic Stops 200

Warnings Issued 51

Tickets Issued 149

Total Arrest (non-warrant) 10

Warrant Arrest 12