From:
 Bobbie Marr

 To:
 MDOT-Outreach

Subject: form 2068 - City of St. Louis

Date: Thursday, September 12, 2024 12:24:00 PM

Attachments: 2024 form 2068 stlouis.pdf

Attached please find the 2024 Annual Certification of Employee-related Conditions for the City of St. Louis.

Bobbie Jo Marr

Finance Director/Treasurer City of St. Louis 300 N Mill St.

St. Louis, Mi 48880

Ph: 989-681-2137 ext. 2210

Fax: 989-681-3842 bmarr@stlouismi.com



Michigan Department of Transportation 2068 (08/19)

PUBLIC ACT 51, SECTION 18j, MCL 247.668j Annual Certification of Employee-related Conditions

CERTIFICATION YEAR _	2024
-	TV OF ST OLUG

	CITY OR VILLAGE NA	ME	CITY OF ST LOUIS		
Section 1 employee enefits nsurance	g September 30, 2015, and annually 8j(1) of Public Act 51 of 1951, MC compensation plan for its employare offered to its employees or econtribution act, 2011 PA 152, as or elected public officials.	L 247.668j(1). vees as describelected public	A local road agency must certify to bed OR (b) the local road agence officials in compliance with the	hat it has (a) developed an y must certify that medical ne publiclly funded health	
\boxtimes	Compliance with (1)(a) I certify compliance with MCL 247.668 Our compensation plan for employees		num criteria of MCL 247.668j (a)(i - iv)		
\boxtimes	Compliance with (1)(b) I certify compliance with MCL 247.668	3J(1)(b), and as s	uch, offer one of the following:		
	☑ I certify that medical benefits are offered to employees or elected public officials in compliance with the publically funded health insurance contribution act, 2011 PA 152; or				
	☐ I certify that the local road agency has exempted itself from the publically funded health insurance contribution act, 2011 PA 152; or				
	☐ I certify that medical benefits are r	not offered to emp	oloyees or elected public officials.		
	Non-compliance with (1)(a) or (1)(b) I certify that we are not in compliance I understand that failure to comply with part of the distributions made to this lo	certification of (a) or (b) of MCL 247.668j(1) may resu		
This for	m must be signed by the Street Admini	strator and the T	reasurer or Financial Director.		
SIGNA	TURE this		SIGNATURE		
PRINT Kurt R	ED NAME		PRINTED NAME Bobbie J Matr		
TITLE	Ones	DATE	TITLE	DATE	
City Ma	nnager	09/11/24	Finance Director	09/11/24	

Due Each September 30

Return the completed form to:

Michigan Department of Transportation, Financial Operations Division, P.O. Box 30050, Lansing, MI 48909, **OR**E-mail to: MDOT-Outreach@Michigan.gov, **OR**

Fax to: (517) 335-1828

From: MDOT-Outreach
To: Bobbie Marr

Subject: RE: form 2068 - City of St. Louis

Date: Thursday, September 12, 2024 12:33:13 PM

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Thank you. Form Received.

Sincerely,

Laura Loomis

MDOT Financial Specialist Financial Operations Division Act 51 Cities and Villages 517-643-2754

LoomisL2@michigan.gov



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Subject: form 2068 - City of St. Louis

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