Michigan Department Of Transportation 2067 (09/13)

PRINTED NAME Dennis G. Kolar

Managing Director

TITLE

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

| COUNTY ROAD AGENCY NAME Road Commission for Oakland County   |
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| Beginning September 30, 2014, and annually each September 30 thereafter, certification must be made for compliance to Section 18j of Public Act 51 of 1951, MCL 248.668j. A local road agency must certify that it has (a) developed an employee compensation plan for its transportation employees as described OR (b) the local road agency must certify that medical benefits are offered to its transportation employees or elected public officials in compliance with the publicly funded health insurance contribution act, 2011 PA 152, MCL 15.561 to 15.569, or, that it does not offer medical benefits to its transportation employees or elected public officials. |
| Compliance with (a) I certify compliance with MCL 247.668j (a). Our compensation plan for transportation employees meets the minimum criteria of MCL 247.668j (a)(i - iv).   |
| Compliance with (b) I certify compliance with MCL 247.668j (b), and as such, offer one of the following; I certify that medical benefits are offered to the transportation employees or elected public officials. Or, I certify that medical benefits are not offered to the transportation employees or elected public officials.   |
| Non-compliance with (a) or (b)  I certify that we are not in compliance with MCL 247.668j.  I understand that failure to comply with certification of (a) or (b) of MCL 247.668j may result in the withholding of all or part of the distributions made to this local road agency from the Michigan Transportation Fund.   |
| This form must be signed by the Chairman of the County Road Commission or the County Executive and the Chief Financial Officer of the County Road Agency.  |
| SIGNATURE SIGNATURE SIGNATURE  |

**Due Each September 30** 

TITLE

PRINTED NAME

Dennis A. Lockhart

Director of Finance

DATE

Return the completed form to:

DATE 8/13/14