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TO: Docket 4611 Service List (via electronic mail)

FROM: Mary B. Shekarchi, ESQ. 

DATE: November 15, 2016

RE: Kent County Water Authority ("KCWA") Responses to the Public Utilities Commission Data Request 2

Please find attached KCWA's responses to the Public Utilities Commission's Second Set of Data Requests ("DR"). Response to DR 2-8 is in 7 parts. Please Contact me with any questions.

Thank you.

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
PUBLIC UTILITIES COMMISSION**

IN RE: Kent County Water Authority :
General Rate Filing : Docket 4611

**COMMISSION'S SECOND SET OF DATA REQUESTS DIRECTED TO
KENT COUNTY WATER AUTHORITY (KCWA)**

Issued: November 1, 2016

2-1. Please provide a copy of the most recent organizational chart of KCWA.

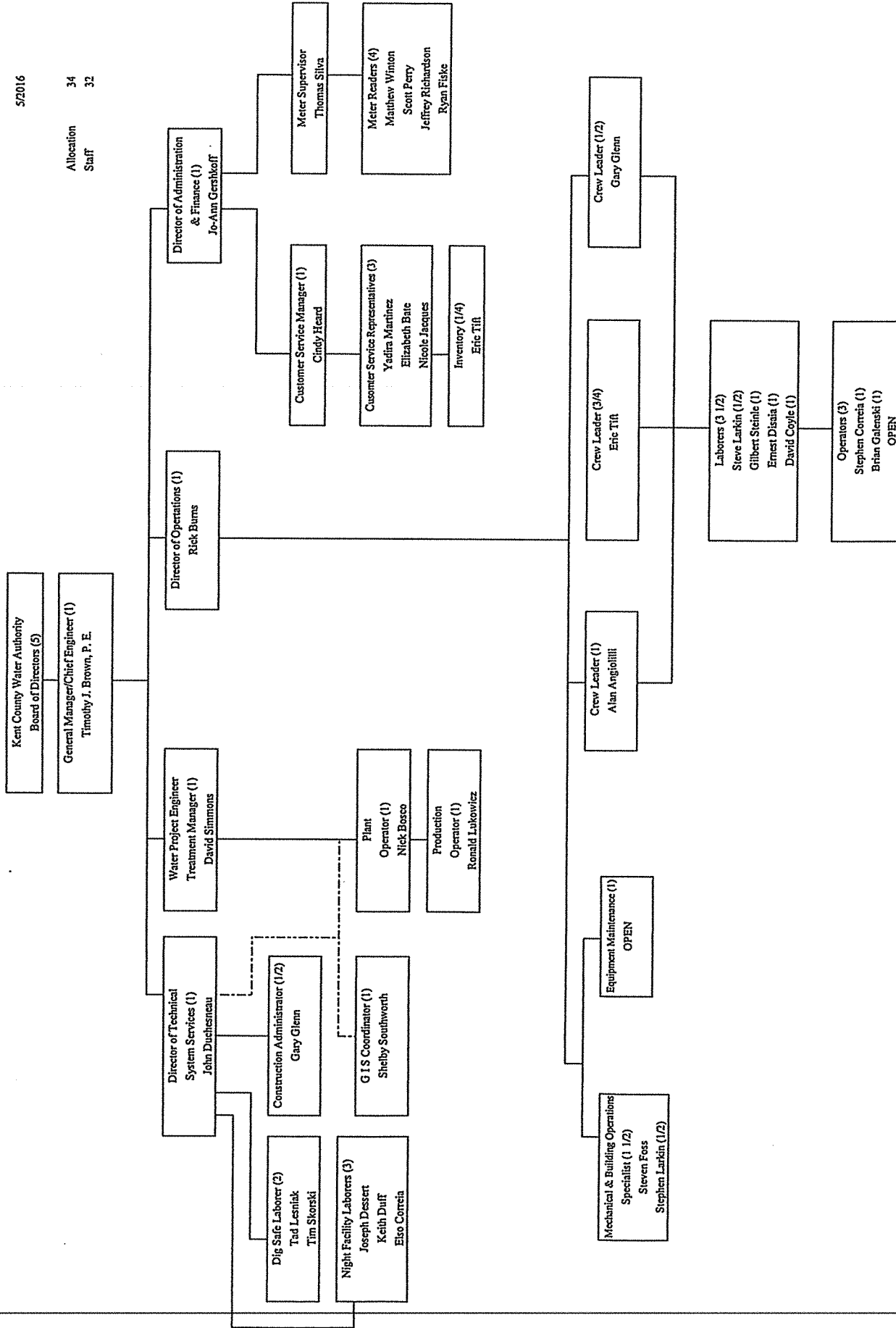
Response: Copy of current organizational chart attached.

Witness Responsible: T. Brown

Kent County Water Authority
Organizational Chart

5/2016

Allocation 34
Staff 32



- 2-2. Please provide a list of all employees, title, union affiliation, base salary, longevity and incentives, start date and step increase dates.

Response: See attached spreadsheet and step increase table. Please be aware that at KCWA there is no union and there are no incentives. The only longevity is built into the pay step schedule increasing the two year block rates from 1.5% to 1.75% for the upper tiers on the table. No other longevity adjustments exist in our payroll system. All increases are reviewed on an annual basis to coincide with our budget year (July 1). The current step increase chart is also attached. Increases are also subject to board approval and may not be given individually or collectively.

Witness Responsible: T. Brown

July 1, 2016

EMPLOYEE DATA

EMPLOYEES	DATE OF EMPLOYMENT	CLASSIFICATION	AS OF JULY 2016 : HOUR	ANNUAL
CORREIA, ELSO	09/02/03	: LABORER 2	: \$23.58	\$49,046.40
CORREIA, STEVE	09/27/10	: OPERATOR	: \$22.55	\$46,904.00
COYLE DAVID	09/09/02	: LABORER 2	: \$25.68	\$53,414.40
DESSERT, JOSEPH	10/30/00	: LABORER	: \$26.13	\$54,350.40
DISAIA ERNEST	05/05/14	: LABORER 2	: \$20.50	\$42,640.00
OPEN		: LABORER 2	: \$17.50	\$36,400.00
DUFF, KEITH	05/20/96	: CHIEF OPERATOR	: \$28.74	\$59,779.20
FISKE, RYAN	05/05/14	: METERMAN 2	: \$20.50	\$42,640.00
FOSS, STEPHEN	03/16/98	: PIPER	: \$28.25	\$58,760.00
GALENSKI, BRIAN	11/12/13	: LABORER 2	: \$20.50	\$42,640.00
OPEN		: LABORER 2	: \$17.50	\$36,400.00
LARKIN, STEVEN	06/14/99	: LABORER	: \$26.13	\$54,350.40
LESNIAK, TAD	09/20/93	: PIPER/DIGSAFE	: \$29.25	\$60,840.00
LUKOWICZ, RONALD	03/09/98	: PLANT OPERATOR	: \$28.25	\$58,760.00
PERRY, SCOTT	11/03/08	: METERMAN 2	: \$21.44	\$44,595.20
RICHARDSON, JEFFREY	09/08/15	: METERMAN 2	: \$17.50	\$36,400.00
SKORSKI, TIMOTHY	11/09/87	: PIPER/DIGSAFE	: \$29.00	\$60,320.00
STEINLE, GILBERT	08/13/13	: METERMAN 2	: \$20.50	\$42,640.00
WINTON, MATTHEW	11/05/07	: METERMAN 2	: \$22.89	\$47,611.20
TOTAL				\$928,491.20
BURNS, RICHARD	10/15/85	: DIRECTOR OPERATIC:		\$92,800.00
ANGIOLILLI, ALAN	02/01/88	: CREW CHIEF		\$83,800.00
GLENN, GARY	05/28/96	: CONST ADMINIST.		\$75,000.00
TIFT, ERIC	01/31/05	: CREW CHIEF		\$75,000.00
SILVA, THOMAS	02/29/88	: CHIEF METERMAN		\$68,300.00
BOSCO, NICHOLAS	06/07/99	: PLANT OPERATOR		\$71,300.00
HEARD, CINDY	10/01/75	: CUST SERVICE MGR :		\$73,200.00
TOTAL				\$539,400.00
BATE, ELIZABETH	07/17/06	: CUST. SER. REP.	: \$23.23	\$48,318.40
JACQUES, NICOLE	05/09/08	: CUST. SER. REP.	: \$22.89	\$47,611.20
MARTINEZ, YADIRA	04/07/14	: CUST. SER. REP.	: \$20.50	\$42,640.00
SOUTHWORTH, SHELBY	08/03/15	: GIS OPERATOR		\$60,000.00
TOTAL				\$198,569.60
DUCHESNEAU, JOHN	07/20/98	: DIR. TECH. SER.		\$92,800.00
GERSHKOFF, JO-ANN	10/14/08	: DIR. F & A		\$98,700.00
SIMMONS, DAVID	12/03/12	: ENGINEER PLT OPS		\$92,800.00
BROWN, TIMOTHY	09/14/88	: GENERAL MANAGER :		\$182,240.00
TOTAL				\$466,540.00
GRAND TOTAL				\$2,133,000.80

LABORER/CUSTOMER SERVICE

CHART 1.5/1.75

	FULL CERT	MIN EXP	1	2	4	6	8	10	12	14	16	18	20	22	24	26	28	30	32	34	36	%	
6	3 2	14							10% ^a	\$27.29	\$27.76	\$28.25	\$28.74	\$29.25	\$29.76	\$30.28	\$30.81	\$31.35	\$31.90	\$32.45	\$33.02	1.75%	
5	2 2	10					10% ^a	\$24.81	\$25.24	\$25.68	\$26.13	\$26.59	\$27.05	\$27.53	\$28.01	\$28.50	\$29.00	\$29.50	CAP			1.75%	
4	2 1	6			10% ^a	\$22.55	\$22.89	\$23.23	\$23.58	\$23.93	\$24.29	\$24.66	\$25.03	\$25.40	\$25.78	\$26.17	\$26.56	CAP					1.5%
3	1 1	2		\$20.50	\$20.81	\$21.12	\$21.44	\$21.76	\$22.08	\$22.42	\$22.75	\$23.09	\$23.44	\$23.79	\$24.15	\$24.51	CAP						1.5%
2	1 1	1-2	\$18.50																				
1		0-1	\$17.50																				

- 1) BASE RATE IN EACH BLOCK FOR TWO YEAR PERIOD. INCREASES ANNUALLY BASED ON ANNUAL RAISE PERCENTAGE. TWO YEAR BLOCK INCLUDES 1.5% EXPERIENCE/LONGEVITY INCREASE OR 1.75%
- 2) PAY GRADE EXPERIENCE FACTOR TIPS OUT AT A PREDETERMINED POINT IN EACH PAY GRADE. PERCENTAGE FOR EXPERIENCE/LONGEVITY ENDS AT THAT POINT, BUT ANNUAL INCREASES CONTINUE. EMPLOYEE MUST ADVANCE TO NEXT PAY GRADE TO AGAIN RECEIVE LONGEVITY RAISE.
- 3) NEW HIRE PAY INCREASES AT ONE YEAR ANNIVERSARY BASED ON PERFORMANCE AND ATTAINING CERTIFICATION. OFFICE STAFF DOES NOT REQUIRE CERTIFICATION. NEW HIRE PAY INCREASES AT SECOND YEAR ANNIVERSARY BASED ON PERFORMANCE TO FIRST BLOCK GRADE THREE. ALL FUTURE INCREASES BASED ON PERFORMANCE AND DETERMINATION AT BUDGET YEAR.
- 4) ADVANCEMENT TO NEXT HIGHER PAY GRADE BASED ON MEETING LICENSING QUALIFICATIONS, TIME IN GRADE AND PERFORMANCE EVALUATION FACTOR. FULL CERTIFICATION REQUIRED.
- 5) ADDITIONAL RESPONSIBILITY CAN BE EVALUATED TO SUPERCEED THE MINIMUM EXPERIENCE LIMITATIONS.

(+-\$1.00)

- 2-3. Please identify any positions included in the salary expense of this filing that are currently vacant, the amount of the salary requested for each and why the position is needed.

Response: There are two vacant positions listed as "open" in the organizational chart attached in 2-1 above. The salaries are included in 2-2 response above as open as well. These positions are to fill vacant slots due to employees leaving or termination. As for the response, we have not found qualified candidates to fill those positions even with an advertisement in the Providence Journal and employment websites. Operator position is to replace an employee who left and filling our complement of three required backhoe operators.

Equipment maintenance is a laborer position for equipment maintenance replacing an employee who was terminated.

Witness Responsible: T. Brown

- 2-4. Provide a list of all benefits in addition to salary plus the cost of each given to union and non-union employees, including but not limited to vacation time, personal time, sick time, insurance coverage(s), professional dues, certifications, etc.

Response: KCWA has no union representation. All benefits are equal for all employees. See employee handbook for all benefits.

1. Vacation, see page 14 through 16 for detailed description.

- Full time employees with less than two years of continuous service:

Vacation time accrues at the rate of 5/6^{ths} of a day per month to a maximum of 10 days per calendar year. Accrual commences on the first month of hire provided the hire date is prior to the 15th of the month; otherwise, accrual begins the second month.

- Full time employees after two years of continuous service:

Vacation time accrues at the rate of 15/12^{ths} of a day per month to a maximum of 15 days per calendar year.

- Full time employees after fifteen years of continuous service:

Vacation time accrues at the rate of 20/12^{ths} of a day per month to a maximum of 20 days per calendar year.

- Full time employees after 20 years of continuous service:

Vacation time accrues at the rate of 25/12^{ths} of a day per month to a maximum of 25 days per calendar year.

- Full time employees after 25 years of continuous service:

Vacation time accrues at the rate of 30/12^{ths} of a day per month to a maximum of 30 days per calendar year.

2. All employees receive eleven paid holidays, see page 8 of the employee handbook.
 3. Sick leave is provided to all fulltime employees at five days per year. See page 12 & 13 of employee handbook for details.
 4. Personal time leave is provided to all fulltime employees of two days per year. See page 12 of employee handbook for details.
 5. Death in family leave is provided to full time employees at a maximum of three days. See page 5 of the employee handbook for details.
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6. Life insurance and accidental death & dismemberment policy is provided to full time employees at one times salary to a maximum of \$50,000.00, retirees it is reduced to \$2,000.00
7. Long-term disability plan is provided to fulltime employees after the 26 weeks of TDI.
8. Workers compensation plan is offered to all fulltime employees and is statutory.
9. Defined Benefit Pension Plan is offered to all fulltime employee's upon completion of one year of continuous service. It is fully paid by KCWA and the normal cost for FY2016/2017 is \$243,161.
10. Deferred Compensation Plan is offered to all fulltime employees and Authority does not fund this plan.
11. Health, Dental Coverage is provided to all fulltime employees and certain retiree's see employee handbook for details. The table below outlines the cost of these plans along with life, ADD and long-term disability.

	Monthly Cost			
	Single	Emp. & Spouse	Emp. & Child(ren)	Family
Health Ins.	\$730.98	\$1,461.97	\$1,315.77	\$2,046.76
Employee Cost	\$73.10	\$146.20	\$131.58	\$204.68
Retirees (Single Only)	\$542.51			
Dental	\$39.68	\$79.35	\$71.42	\$111.09
Retirees (Single Only)	\$39.68			

	Participants	Monthly Cost Total
Life	47	\$491.84
AD&D	32	\$45.21
LTD	32	\$867.02
Total		<u>\$1,404.07</u>

Witness Responsible: T. Brown

**KENT COUNTY WATER AUTHORITY
EMPLOYEE HANDBOOK**

Approved October 16, 2014

*1072 Main Street
P. O. Box 192
West Warwick, Rhode Island 02893*

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ABSENCE FROM WORK

In the event an employee will be absent from work, he or she must notify their supervisor by 7:30 a.m. on the morning of their absence.

AFFIRMATIVE ACTION

Kent County Water Authority is committed to providing equal employment opportunities to all applicants and employees without regard to race, religion, national origin, age or sex.

If for any reason, an employee believes that he or she or any other employee or potential employee is being treated unfairly, they should file a report directly to the General Manager without fear of any recrimination.

BENEFITS

Health & Dental Insurance

Active Employees:

The Kent County Water Authority shall provide all full time employees and their families' coverage comparable to the following health insurance plan with payment co-share

- Blue Cross/Blue Shield - Healthmate Coast-to-Coast

The Authority shall also provide to all full time employees and their families coverage comparable to the following dental insurance plan.

- Delta Dental of RI – Plan II

Retirees

The Kent County Water Authority will provide employees under the age of 65, who have reached normal retirement age, and who have retired under the benefits of the Authority, an individual dental and health insurance plan comparable to the above. Additionally, such retiree may purchase from the Authority family coverage by paying to the Authority the difference in cost between an Individual Plan and a Family Plan. Such payments are to be made one month in advance no later than the 10th of the previous month. Retirees, age 65 and older, shall be eligible for an Individual Medicare Supplement Plan and may provide for such a plan for their spouses by paying the cost of such a plan to the Authority no later than the 10th of the previous month.

Disabled Employees

Any employee having completed 20 years or more of continuous service with the Kent County Water Authority, who shall, due to any non-employment related cause, become totally and permanently disabled (as defined below) and whose employment terminated due to such disability, shall be eligible for an Individual health insurance plan comparable to those listed above until such time as said employee reaches his or her normal retirement age. At such time, said employee may become eligible for Retiree's health insurance benefits as stated above. Disabled, inactive employees under normal

retirement age may also purchase from the Authority family coverage by paying to the Authority the difference in cost between an Individual Plan and a Family Plan. Such payments are to be made one month in advance no later than the 10th of the previous month.

Definition of Total and Permanent Disability

“Total and permanent disability” is defined as such a degree of non-employment related disability that renders an employee permanently unemployable at Kent County Water Authority or elsewhere in any capacity whatsoever as evidenced to Kent County Water Authority by probative medical evidence and documentation of such fact coupled with a copy of Social Security confirmation of such a fact. Kent County Water Authority has the right, as a precondition of continuing the medical insurance coverage referenced above, to require its being periodically supplied with updated probative evidence of continuing total and permanent disability as at the commencement of this benefit to the employee. Kent County Water Authority at all times has the right to require, at its own cost, a second medical opinion as to the continuing total and permanent disability by a physician of its choice as a condition of continuation of the medical benefits plan coverage to the employee.

Nothing to the contrary above withstanding, in no event will Kent County Water Authority be obliged to provide such medical benefits to any totally and permanently disabled employee who has comparable medical insurance coverage available elsewhere.

Term Life Insurance

Kent County Water Authority shall provide to all full time employees the following life insurance plans.

- During employment, prior to retirement, a multiple of one times base salary to a maximum of \$50,000.
- After retirement, the term life insurance will be reduced to a total of \$2,000.00.

Workers' Compensation

Workers' Compensation insurance shall be provided to all employees.

Defined Benefit Pension

Kent County Water Authority shall provide to all full time employees who have completed one year of continuous service a fully paid defined benefit pension plan.

Deferred Compensation Plan

Kent County Water Authority offers to all full time employees who have completed one year of continuous service a deferred compensation plan (IRS Code Section 457 [b]). The Authority does not fund this plan.

Long Term Disability Insurance

Kent County Water Authority shall provide to all full time employees a long term disability insurance plan.

Full details of each of the preceding benefits are included in the plan booklets. Copies may be obtained at the office.

BREAKS

Employees are entitled to breaks as follows:

Lunch periods:

- Office staff – thirty minutes beginning at 11:30 a.m. and staggered as determined by management to allow full coverage in the office.
- Daily field employees – thirty minutes beginning at 12 noon.
- Night field employees – thirty minutes to fit schedule

Management must approve variations to the above.

All employees are allowed a ten-minute coffee break in the morning and in the afternoon. Employees' supervisors will determine the time for such breaks.

BULLETIN BOARDS

The Kent County Water Authority will maintain bulletin boards for posting memos, company policies and regulations.

CERTIFICATION REQUIREMENTS

The Kent County Water Authority will reimburse the expenses of all active employees who are required by state law to possess or retain certain licenses or certifications to perform their jobs. Such reimbursement shall be for certifications, licensing, examinations, or similar expenses. New hires must obtain or possess the required license or certificate within one year from the date of being hired

CHANGE OF ADDRESS

Employees and vested retirees are required to notify the General Manager of any change in his or her address within one week of said change.

CLASSIFICATIONS OF EMPLOYMENT

There are several classifications of employment within the company as follows:

Full-time Employees

These are employees who are considered permanent, are scheduled to work at least 40 hours per week - 8 hours per day and are entitled to receive employee benefits.

Probationary Employees

These are employees who are on a two-year probationary period leading to full time employment. Regular hours 40 hours per week – 8 hours per day, and are non-exempt.

Hourly Office Employees

These are employees who are paid hourly, are scheduled to work 40 hours per week - 8 hours per day, and are non-exempt.

Salaried Employees

These are employees who are paid a salary and are exempt. Base regular hours 40 per week.

Hourly Field Employees

These are employees who are paid hourly, are scheduled to work 40 hours per week, 8 hours per day, and are non-exempt. There will be mandatory overtime on Saturdays and Holidays on a rotating basis.

Hourly Night Employees

These are employees who are paid hourly, scheduled to work 8 hours per day and are non-exempt. The hours and days of work assigned will be staggered beginning at 4:00 p.m. to 6:00 a.m. the next morning and on the days of the week or weekend to accommodate proper utility coverage. Mandatory coverage on Holidays on a rotating basis is required. The employees will receive 40 hours per week for payroll purposes based on the staggered schedule.

Temporary Employees

These are employees who are hired for a short or limited duration and who are not eligible for employee benefits unless required by law.

Exempt Employees

These are employees who are paid a salary and are exempt from the overtime provisions of federal and state law.

Non-exempt Employees

These are employees who are paid on an hourly basis and are subject to the overtime requirements of federal and state law.

Throughout this handbook, where there are different policies that apply to different classifications of employee, it will be so noted. If it is not specifically noted, then that policy applies to all employees.

CODE OF CONDUCT

It is required that all employees carry out their responsibilities to the Kent County Water Authority to the highest degree of the public water supply profession.

To ensure orderly operations and provide the best possible work environment, the Kent County Water Authority expects employees to follow rules of conduct that will protect the interests and safety of all employees, the company and the public.

It is not possible to list all the forms of behavior that are considered unacceptable in the workplace. The following are examples of infractions of the rules of conduct that may result in disciplinary action being taken, up to, and including termination of employment.

- Theft or inappropriate removal or possession of Kent County Water Authority property
- Falsification of timekeeping records
- Working under the influence of alcohol and illegal drugs
- Possession, distribution, sale, transfer, and/or use of alcohol or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment
- Fighting or threatening violence in the workplace
- Boisterous or disruptive activity in the workplace
- Negligence or improper conduct leading to damage of employer-owned or customer-owned property
- Insubordination or other disrespectful conduct
- Violation of safety or health rules
- Smoking in prohibited areas
- Sexual or other unlawful or unwelcome harassment
- Possession of dangerous or unauthorized materials, such as explosives or firearms, in the workplace
- Excessive tardiness or absenteeism or any absence without notice
- Unauthorized absence from workstation during the workday while on assigned route or assigned duties
- Unauthorized use of telephones, mail system, or other employer-owned equipment
- Violation of personnel policies
- Unsatisfactory performance or conduct

All policies and procedures of Kent County Water Authority must be followed. Copies shall be posted when established or changed. It is the responsibility of each employee to familiarize themselves with these policies. If an employee has any questions about these policies, he or she should contact the General Manager.

CONFLICTS OF INTEREST

Employees have an obligation to conduct business that prohibits actual or potential conflicts of interest. All employees of the Kent County Water Authority are subject to the Rhode Island Code of Ethics, R.I.G.L. 36-14-1 *et seq.*

DEATH IN FAMILY

Bereavement leave not to exceed 3 days will be granted to an employee due to the death of a father, mother, spouse, son, daughter, brother, sister, mother-in-law, father-in-law, grandmother, grandfather, and grandchild.

EMPLOYEES' ASSISTANCE PROGRAM

The Kent County Water Authority provides an Employees' Assistance Program for all of its employees. This service is provided at no cost to the employee and it is designed to help the employee with personal and/or work related problems. All self-referrals to this program are confidential. The authority may utilize this service at times in lieu of the imposition of discipline in cases where there may be job-related issues that affect an employee's performance in the workplace. Any employee with questions on this service may do so in confidence by contacting the General Manager.

HARASSMENT

Kent County Water Authority has been and is committed to providing and maintaining a work environment that encourages and fosters appropriate conduct among employees and respect for individual values and sensibilities, and that is free from sexual harassment, and harassment on the basis of race, color, national origin, gender, religion, age, physical or mental disability, sexual orientation, gender expression or identity, marital or family status, veterans status or any other unlawful characteristics. The Kent County Water Authority recognizes that harassment on the basis of sex or other protected characteristics is unlawful and will not be tolerated and it intends to enforce this policy at all levels in the workplace in order to create an environment free from discrimination of any kind, including sexual and other unlawful harassment.

Definition of Sexual Harassment:

Sexual harassment is defined as unwelcome sexual advances, requests for favors and other verbal and physical conduct of sexual nature when:

1. Submission is made, either explicitly or implicitly, a term or condition of employment.
2. Submission or rejection is used as a basis for employment related decisions including, but not limited to, hiring, promotion, performance evaluation, disciplinary and/or salary decisions.
3. It creates a hostile or offensive working environment which interferes with an individual's work performance.

Sexual harassment may involve conduct by a person of either sex that is directed at or affects a person of the opposite or the same sex and may occur in any employment or independent contractor relationship, or as the result of contact with visitors or customers.

Complaints or Harassment:

Any employee who believes he/she has been subjected to sexual or other unlawful harassment by any person engaged in Kent County Water Authority related work is urged to report the matter promptly to either his/her supervisor or to the General Manager. All Kent County Water Authority supervisors and the General Manager are available in person and via telephone at Kent County Water Authority. The Kent County Water Authority telephone number is (401) 821-9300. The complaint may be either verbal or written, but the Kent

County Water Authority may ask that the complaint be put in writing before an investigation is completed.

Harassment Investigation:

All complaints of sexual or other unlawful harassment will be investigated promptly and thoroughly in a fair and expeditious matter. The investigation will be conducted in such a way as to maintain confidentiality to the extent practicable under the circumstances and information arising out of a complaint or investigation that will only be disclosed on a need-to-know basis. All employees must be aware; however, that certain information must be shared to ensure an effective and thorough investigation.

The Kent County Water Authority investigation of a complaint of sexual or other unlawful harassment will likely include (but it is not necessarily limited to) a private interview with the person filing the complaint as well as interviews with other witnesses. The Kent County Water Authority will also seek to interview the person alleged to have committed the harassment. When the investigation is completed, the Kent County Water Authority will, to the extent appropriate, inform the person filing the complaint and the person alleged to have committed the harassing conduct of the results of the investigation.

If it is determined that inappropriate conduct has occurred, the Kent County Water Authority will act promptly to eliminate the offending conduct, and where it is appropriate, disciplinary action will also be imposed.

Disciplinary Action/Range of Consequences:

If it is determined following an investigation that inappropriate or unlawful conduct has been committed by one of our employees, the Kent County Water Authority will take such disciplinary and/or corrective action as is appropriate under the circumstances. Such action may range from counseling to termination of employment, and may include other forms of disciplinary or corrective action as the Kent County Water Authority deems appropriate under the circumstances.

If an investigation results in a finding that the complainant falsely accused another of sexual harassment knowingly or in a malicious manner, the complainant may be subject to appropriate disciplinary action, up to and including termination of employment.

No Retaliation:

Any retaliatory action, including intimidation, threats, coercion, or less favorable job treatment, that is taken against an individual because the individual complained of sexual harassment or assisted in the investigation of a complaint of sexual harassment is prohibited and will not be tolerated.

State and Federal Remedies:

In addition to filing an internal complaint with the Company, if you believe you have been subjected to sexual or other unlawful harassment, you may file a formal complaint with either both of the government agencies set forth below. Using our internal complaint process does not prohibit you from filing a complaint with either or both of these agencies.

The United States Equal Employment Opportunity Commission (EEOC)
John F. Kennedy Federal Building
Government Center, 4th Floor, Room 475
Boston, MA 02203
(617) 565-3200

Rhode Island Commission for Human Rights
180 Westminster Street
Providence, RI 02903
(401) 222-2661

HOLIDAYS

The Kent County Water Authority provides eleven (11) paid Holidays to all full time employees only, as follows:

New Year's Day	Columbus Day
Martin Luther King Day	Veteran's Day
Memorial Day	Thanksgiving Day
Independence Day	Day After Thanksgiving
Victory Day	Christmas Day
Labor Day	

In addition, the office will close at 12 noon on Good Friday, Christmas Eve and New Year's Eve.

If a Holiday falls on a Saturday, it shall be celebrated on the Friday before – if on a Sunday, it shall be celebrated on the following Monday. If an employee is scheduled to work on the day of the celebration of the Holiday, he or she shall be paid at the rate of two and one half times their normal salary for the hours worked.

INJURIES AND ACCIDENTS

The personal safety and health of each employee of the Kent County Water Authority is of primary importance. To this end, substantial efforts will be made in the interest of accident prevention, loss control and health preservation.

The company will endeavor to maintain a safe and healthful drug and alcohol free work place. It will provide safe working equipment, necessary personal protection, training, and, in the case of injury, first aid and medical service.

Each employee is expected to obey all safety rules and to exercise caution in all work activities. Employees must immediately report any unsafe condition to the appropriate supervisor. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report or, where appropriate, remedy such situations, may be subject to disciplinary action, up to and including, termination of employment.

In the case of accidents that result in injury, regardless of how insignificant the injury may appear, employees should immediately notify the General Manager or the appropriate supervisor. Such reports are necessary to comply with laws and to initiate insurance and workers' compensation benefits procedures. Failure to report injuries may also result in disciplinary action being taken up to, and including, termination.

Equipment and vehicles essential in accomplishing job duties are expensive and may be difficult to replace. When using property, employees are expected to exercise care, perform required maintenance, and follow all operating instructions, safety standards, and guidelines.

Employees are required to notify their supervisor if any equipment, machine, tool, or vehicle appear to be damaged, defective, or in need of repair. Prompt reporting of damage, defects, and the need for repair could prevent deterioration of equipment and possible injury to employees or others. The supervisor can answer any questions about an employee's responsibility for maintenance and care of equipment or vehicles used on the job.

Accidents with any Kent County Water Authority equipment must be reported to a supervisor. Accident reports must be properly completed by the business day following the date of the accident and forwarded to the General Manager. Failure to promptly report accidents may result in disciplinary action being taken up to, and including, termination.

All employees are required to comply with the following safety rules:

1. The use of eye and face protection is required where there is a danger from flying objects or particles such as when grinding, chipping, welding, etc.
2. The use of ear protection is required when operating all loud, repetitive and noisy equipment.
3. All tools are to be kept in safe working condition. The use of defective tools or equipment is prohibited.
4. The operation of any machinery without all guards and safety devices in place and in proper operating condition is prohibited.
5. Only authorized personnel may operate machinery.
6. All tools and equipment must be stored and cared for properly. Tools must be picked up and not left where others might walk, and care must be taken at points of egress or ingress around excavations and near doorways.
7. Horseplay is prohibited.
8. The use or possession of intoxicating beverages or controlled substances is strictly prohibited pursuant to the Substance Abuse Policy.
9. Back belts are made available to employees and should be used for lifting or at other times when back support is needed.
10. Seat belts and shoulder belts in vehicles must be worn at all times while operating vehicles of the Authority.

FIRE ARMS POLICY

No Firearms shall be allowed on any property owned by Kent County Water Authority by any person other than a duly appointed governmental law enforcement officer who is on duty. Any person who violates this policy shall be removed from the premises immediately and will be subject to prosecution for any criminal offenses in violation of Rhode Island General Laws, 1956 as Amended, in connection with the possession of firearms on property owned by Kent County Water Authority.

JOB POSTING AND FILLING

Whenever there is an employment vacancy or a new position is created, the Kent County Water Authority will post a notice of such a vacancy on the company bulletin boards. Such vacancies may also be advertised publicly and concurrently with the internal posting at the discretion of the General Manager. The posting of all vacancies or newly created positions must be approved by the Kent County Water Authority prior to the filling of those positions. The General Manager shall require such documents or additional material such as references and history of prior employment from job applicants as deemed necessary. The General Manager shall interview potential employees or candidates for promotion, and a recommendation to hire or promote will be forwarded to the board for approval.

All new employees shall be hired as Probationary employees and shall be subject to dismissal without cause (see Probationary Employees).

JURY DUTY

The Kent County Water Authority encourages employees to fulfill their civic responsibilities by serving on jury duty when required. Full time employees may request paid jury duty leave (employees receive the difference between regular pay and remuneration for jury duty).

Jury duty pay will be calculated on the employee's base pay rate times the number of hours the employee would otherwise have worked on the day of absence. Jury duty pay will be for a maximum of two weeks only.

Employees must show the jury duty summons to their supervisor as soon as possible so that the supervisor may make arrangements to accommodate their absence. Employees are required to report for work whenever the court schedule permits.

MATERNITY LEAVE

The Kent County Water Authority will provide to those employees absent on approved maternity leave with six weeks of maternity leave pay. Such leave may commence before the birth of the child if the employee's physician deems the employee incapable of performing the essential job functions for her position, but in no case will such paid leave be granted for more than 6 weeks.

MILITARY LEAVE

A military leave of absence will be granted to full time employee to attend scheduled drills or training or if called to active duty with the U.S. armed services.

Employees will receive partial pay for two-week training assignments and shorter absences. Upon presentation of satisfactory military pay verification data, employees will be paid the difference between their normal base compensation and the pay (excluding expense pay) received while on military duty. The portion of any military leaves of absence in excess of fourteen calendar days will be unpaid. However, employees may use any available paid time off for the absence.

Subject to the terms, conditions and limitations of the applicable plans for which the employee is otherwise eligible, health insurance benefits will be provided by the Kent County Water Authority for the full term of the military leave of absence.

Employees on two-week active duty training assignments or inactive duty training drills are required to return to work for the first regularly schedule shift after the end of training, allowing reasonable travel time. Employees on longer military leave must apply for reinstatement in accordance with all applicable state and federal laws.

OFF DUTY HOURS

No employee is allowed on the premises after their working hours for any reason other than being called in for overtime and or for emergency shift duties. When an employee's shift ends, he or she must leave the premises immediately and return only when their shift begins again or is called in for emergency duty. Failure to comply with this requirement may lead to discipline being imposed, up to, and including, termination.

OTHER POLICIES

In addition to the foregoing, employees should also familiarize themselves with all current policies of the Authority and shall be considered part of this handbook by reference.

OTHER LAWS AND REQUIREMENTS

In addition to the laws and legal requirements referred to in this handbook, the Kent County Water Authority recognizes that it has the obligation of every employee to comply with all pertinent federal and state law regarding employment issues.

OVERTIME

Only non-exempt employees are eligible for overtime pay as follows:

- Non-exempt office and field employees shall be compensated at the rate of time and one-half of their wages for all hours worked in excess of 40 in one week.
- Saturday mandatory coverage shall be compensated the same as overtime.

- Hourly night employees shall be compensated at the rate of time and one-half of their wages for all hours worked in excess of 8 hours in one shift day. Due to the staggered hours and schedule worked, the base pay will be 40 hours per week for payroll purposes. Additional days or hours that are required to be worked outside of the assigned schedule shall also be compensated at the rate of time and one-half.

All overtime must have prior approval from the employee's immediate supervisor.

PAY DAY

Payday will be on Wednesday and will be for work performed the previous week. The workweek commences on Monday at 12:01 a.m., and ends on Sunday at midnight. The Kent County Water Authority reserves the right to modify this schedule.

PERSONAL TIME

Full time employees are eligible for two personal days off with pay per calendar year. Requests for such time off must be made at least 48 hours in advance and are subject to the approval of the employee's supervisor. In cases where granting such personal time off may cause a hardship to the Authority or may cause the payment of overtime to another employee, such requests shall be denied.

PROBATIONARY EMPLOYEES

All employees hired by the Kent County Water Authority shall be hired as probationary employees. The first two (2) years shall be the probationary period, which will include quarterly reviews of the employee's ability to function, qualifications and learning history, as well as attitude and disposition upon the jobs assigned. Quarterly reviews will be held with the direct supervisor and the General Manager. Upon that completion of the two-year probationary period, with satisfactory review for all eight (8) quarters, the General Manager may recommend to the board that the probationer be hired as a regular employee. During such probationary period, employees may be dismissed without cause.

SAFETY

See Injuries and Accidents.

SICK LEAVE

All full time employees who have been employed by the Authority for at least three months are eligible for a maximum of 5 sick days with pay per calendar year. Employees hired after June 30th of any year shall be entitled to a maximum of 2 1/2 sick days with pay for that calendar year. Sick leave is not cumulative and shall not carry over from year to year.

All sick leave remaining on the books for an employee as of December 31st of each year shall be paid to the employee at the rate the employee was receiving as of that date. An employee must be on the active roster on December 31 to receive such payment.

The Authority may require a physician's certificate or other satisfactory evidence in support of any request for sick leave with pay. The Authority will require a physician's certificate or other satisfactory evidence for sick leave with pay covering an absence of more than three consecutive working days.

Any employee referred to the Authority's Employees' Assistance Program pursuant to the Drug Policy of the Kent County Water Authority shall not have sick leave deducted from his or her balance of sick leave while such employee is under the treatment or care of the EAP or a medical provider recommended by the EAP.

Abuse of sick leave is considered a serious offense and may lead to harsh discipline being imposed up to, and including, termination.

SPECIAL WORK HOURS

Duty Supervisors – Weekend Duty Supervisors go on duty 4:00 p.m. on Friday, duty ends Monday morning at beginning of the day shift, 7:30 a.m.

Duty Supervisors – Holiday Duty If a Holiday is on Monday, supervisors on duty will take over at 7:30 a.m. on that day and duty will end at 7:30 a.m. the following day. If a Holiday comes on a weekday other than Monday, the duty supervisor will take over at 4:00 p.m. the day before the Holiday and duty will end at 7:30 a.m. of the day after the Holiday.

Night Employees – Regular Duty Night (shift employees) will be assigned shifts on a staggering schedule beginning at 4:00 p.m. to 6:00 a.m. the next morning and on days of the week or weekend to accommodate proper utility coverage.

Night Employees – Holiday Duty Night (shift employees) will be assigned Holiday shift duty on a staggered schedule beginning at a time set by the Holiday supervisor – Holiday schedules will be prepared yearly in January with assignments.

The General Manager will establish the working hours for all employees and may vary the hours as necessary to fulfill the work required.

SUBSTANCE ABUSE POLICY

It is the Kent County Water Authority's desire to provide a drug-free, healthful, and safe workplace. To promote this goal, employees are required to report to work in appropriate mental and physical condition to perform their jobs in a satisfactory manner.

While on the Kent County Water Authority premises and while conducting business-related activities off the Kent County Water Authority premises, no employee may use, possess, distribute, sell, and/or be under the influence of alcohol or illegal drugs. The legal use of prescribed drugs is permitted on the job only if it does not impair an employee's ability to perform the essential functions of the job effectively and in a safe manner that does not endanger other individuals in the workplace.

Violations of this policy may lead to disciplinary action, up to and including, immediate termination of employment, and/or required participation in a substance abuse rehabilitation or treatment program. Such violations may also have legal consequences.

Employees with questions or concerns about substance dependency or abuse are encouraged to use the resources of the Employee Assistance Program.

For any questions, refer to Kent County Water Authority's Substance Abuse Policy 94-1.

TELEPHONE & ELECTRONIC USAGE

The use of company telephones or electronic equipment is for business purposes only. Any personal usage shall be of an emergency or non-routine nature. The use of personal cell phones during the work day is prohibited except during established breaks. Violations of this policy may lead to discipline being imposed.

UNIFORMS

Uniforms are provided to all supervisory, hourly field and night employees and must be worn at all times while on duty. Failure to comply may result in discipline being imposed up to, and including, termination. Maintenance and repair of uniforms is the responsibility of the employee, and such maintenance shall be performed promptly as required. The Kent County Water Authority will provide replacement uniforms on an as-needed basis.

VACATIONS

The Kent County Water Authority shall provide each full time employee with paid vacation as follows:

- Full time employees with less than two years of continuous service:

Vacation time accrues at the rate of 5/6^{ths} of a day per month to a maximum of 10 days per calendar year. Accrual commences on the first month of hire provided the hire date is prior to the 15th of the month; otherwise, accrual begins the second month.

- Full time employees after two years of continuous service:

Vacation time accrues at the rate of 15/12^{ths} of a day per month to a maximum of 15 days per calendar year.

- Full time employees after fifteen years of continuous service:

Vacation time accrues at the rate of 20/12^{ths} of a day per month to a maximum of 20 days per calendar year.

- Full time employees after 20 years of continuous service:

Vacation time accrues at the rate of 25/12^{ths} of a day per month to a maximum of 25 days per calendar year.

- Full time employees after 25 years of continuous service:

Vacation time accrues at the rate of 30/12^{ths} of a day per month to a maximum of 30 days per calendar year.

Employees must be actively at work each month for which a vacation accrual is earned. Actively at work is defined as receiving compensation (regular pay, sick leave, personal leave, vacation, TDI benefits, or Worker's Compensation benefits) for at least one-half of the workdays in any given month. The employee's supervisor must approve all scheduled vacations at least two weeks in advance. The General Manager shall arbitrate any conflict between an employee and his or her supervisor over this clause and he or she can deny vacation requests if such a request might cause a hardship to the Authority or create an overtime situation.

Employees may be allowed to carry over from one year to another not more than the vacation time accrued and credited in two years. All excess will be forfeited or not allowed to be accrued. No employee may take more than two (2) weeks accrued vested vacation at a time and is always subject to the approval of the General Manager.

Example: Employee "A" has accrued 32 days vacation. Employee "A" has been with the company for 18 years and will accrue 20 days vacation come January of the following year. If employee "A" does not utilize at least 12 days vacation by January, employee "A" will forfeit 12 days vacation. The maximum number of accrued vacation days as of January cannot exceed 40 days for employee "A". (This is 20 days per year times 2 years allowed accrual for a maximum total of 40 days.)

Vacation will accrue for all military personnel that have been activated by order of the President of the United States for the duration of the activation, only as long as the presidential order remains in effect.

Vacation schedules shall be prepared in January of each year and shall be based upon the amount of accrual from the previous year.

END OF DOCUMENT

- 2-5. Please explain the \$5,100 Xmas Bonus listed on Chris Woodcock's Schedule 1D, Page 3 of 6 in his direct testimony. To whom is this paid? Who determines the amount given to each employee?

Response: The board enacted the Christmas Bonus sometime between the end of the 1970's or beginning of the 1980's during a heating fuel crisis. It was intended to offset the fuel cost during the onset of winter to assist the employee's. All employees' received \$150.00 (before taxes and deductions). That has remained as a bonus at the same rate of \$150.00/employee.

34 employees @ \$150.00 = \$5,100.00

Witness Responsible: T. Brown

- 2-6. With regard to salaries and wages, is the 2% increase in FYE16, FYE17 and FYE18 contractual? Are all employees receiving a 2% increase in FYE16, 17 & 18? Please provide copies of union contracts.

Response: Wage increases are not contractual; KCWA has no union or employment contracts. The increase is based on all employees' collectively (base salary) but the board reviews each at the time of budget review and approval (prior to July 1 of each year). The board retains the right to vary the amount or deny increases individually or collectively.

Witness Responsible: T. Brown

- 2-7. Please provide the calculations and assumptions used in supporting the \$120,000 (\$40,000 each) request for two operators and one maintenance mechanic in FY17. Are these positions currently vacant?

Response: The positions are vacant in the sense they haven't been created until approval from the Commission is provided. These additions will increase the approved 34 employee complement, current to 37 employees.

The estimated payroll of \$40,000.00 each was taken from the step pay chart of response 2-2 above step 3-2 (\$20.50/hr.). We will advertise for experienced help and expect to pay more than the starting base pay of \$17.50/hr. If existing employee are elevated or moved to those position then those openings will be replaced with new employees under the same pay outlined above.

Witness Responsible: T. Brown

2-9. Please provide the most current invoices for each insurance policy in effect, i.e., health insurance, dental insurance, fire and liability, workers' compensation, retiree insurance, etc.

Response: Please see attached copies of invoices for each insurance policy.

Witness Responsible: C. Heard

Policy Installment Information

Account Number 20459671	Line of Business Workers' Compensation	Installment Plan Nine-Payment Plan
Total Written Premium \$84,118.00	Renewal Balance \$84,158.00	
FUTURE INSTALLMENTS - All installments due 15 days after bill date		
Install. Due Date	Amount	Install. Due Date
08/01/2016	\$8,416.80	01/01/2017
09/01/2016	\$8,416.80	02/01/2017
10/01/2016	\$8,416.80	03/01/2017
11/01/2016	\$8,416.80	
12/01/2016	\$8,416.80	

SERVICE INFORMATION

For billing questions call: Starkweather & Shepley Insurance Brokerage Inc 401-435-3600 or The Beacon Mutual Insurance Company at 401-825-2667.

For certificates of insurance, policy changes, or coverage questions call your agent: 401-435-3600
Report claims IMMEDIATELY to 1-888-886-4450.

Correspondence (Do not include payment):

The Beacon Mutual Insurance Company
One Beacon Centre
Warwick, RI 02886-1378

BILLING INFORMATION

Current Balance: Total amount due after applying all payments, credits, or additional charges received by our billing system since last billing.

Minimum Amount Due: The minimum amount that must be paid in order to continue policy coverage.

Installment Fee: A service fee of \$5.00 is assessed on each installment bill, except where prohibited by law.

Non-Sufficient Funds: A service fee of \$25.00 will be applied for all returned checks and ACH payments.

Late Fee: A service fee of \$15.00 will be applied for all payments not received by the due date.

4313

Renewal Invoice

Mail before 7/1/16
Charge 1165A
prepaid insurance



Agent:
Starkweather & Shepley Insurance Brokerage Inc
PO Box 549
Providence, RI 02901-0549
401-435-3600

Account Holder:
Kent County Water Authority
PO Box 192
West Warwick, RI 02893-0192

Invoice ID: 212723
Bill Date: 06/03/2016
Account Number: 20459671
Account Balance (Renewal Term): \$84,158.00

Minimum Amount Due: \$16,823.60
Payment Due Date: 07/01/2016

Thank you for choosing The Beacon Mutual Insurance Company.

Policy Number	Policy Term	Trans. Date	Install. Due Date	Description of Transactions	Adjustments	Policy Balance	Minimum Due
0000017731	07/01/16 - 07/01/17	06/03/16	07/01/16	Renewal Deposit			
				Policy Term Total:	\$16,823.60		\$16,823.60
				Policy Balance:	\$16,823.60	\$16,823.60	

0788

This Policy will not be renewed should there be any past due amount owed on any policies under your account. If there is an outstanding balance due on your account, the renewal payment remitted will be used to satisfy any outstanding balance.

Date Received 6/10/16
Purchase Order No. _____
Voucher No. _____
OK 7/5
Date Paid 6/13/16
Check No. 014320
En'd Gen'l Books 7/19
ACCOUNT ASSOCIATE
1165A 84158.00

Payment Due Date: 07/01/2016 Account Balance: \$84,158.00 Minimum Due: \$16,823.60

Please detach here. Write account number on check - payable to The Beacon Mutual Insurance Company.

4

Classifications & Rates: The premium for this policy will be determined by our manual of rules, classifications, rates and rating plans. All information required below is subject to verification and change by audit and premium surcharge as allowed by law. There might be additional codes associated with this policy than those listed here. An Extension of Information Page (BE_00_00_14B), might be included if there are additional codes.

Premium Period	Class	Description	Class Type	Estimated Payroll	Rate	Estimated Premium
07/01/16 07/01/17	7520	Waterworks operation & drivers	Standard	\$1,512,439	8.27	\$125,079
	8810	Clerical office employees NOC	Standard	\$521,522	.25	\$1,304

Premium Detail:

Manual Premium	\$126,383.00
Waiver of Subrogation Charge	\$0.00
Employers' Liability Increased Limits: .008 effective 07/01/16 to 07/01/17	\$1,011.00
EL Increased Limits Balance to Minimum Premium	\$0.00
Manual Premium Sub-Total	\$127,394.00
Experience Modification: .75 effective 07/01/16 to 07/01/17	-\$31,848.00
Modified Premium Sub-Total	\$95,546.00
Adjustments to Manual Premium	
- Scheduled Credit/Debit of -5.00%	-\$4,777.00
- Loss Free Credit of 0%	\$0.00
- Miscellaneous Credit of 0%	\$0.00
- Balance to Minimum Premium	\$0.00
Standard Premium Sub-Total	\$90,769.00
Adjustments to Standard Premium	
- Premium Discount	-\$7,350.00
Expense Constant	\$215.00
- Miscellaneous Premium Adjustment	\$0.00
- TRIEA/TRIPRA: 1% of payroll effective 07/01/16 to 07/01/17	\$242.00
- DTEC/Catastrophe (other than certified acts of terrorism): 1% of payroll effective 07/01/16 to 07/01/17	\$242.00
Estimated Annual Premium	\$84,118.00
Additional Premium	\$0.00

Other locations, endorsements, insureds, and/or classifications, if any, are shown on extension pages of this Information Page.

This is not an Invoice

Insured

Policy Information Page

1

NCCI Carrier Code: 30325

Account Holder:	Kent County Water Authority	Agent Number:	00205
Address:	PO Box 192	Agent Name:	Starkweather & Shepley Insurance Brokerage Inc
	West Warwick, RI 02893-0192	Agent Address:	PO Box 549 Providence, RI 02901-0549
		Phone:	(401) 435-3600

Named Insured: Kent County Water Authority Dec Type: Renewal Group Affiliation:
 Endorsement Reason

Transaction Date: 06/03/2016

Policy Number	Endorsement Effective Date	Endorsement Expiration Date	Account Number
0000017731	07/01/2016	07/01/2017	20459671

2

Policy Period

From	To	
07/01/2016	07/01/2017	12:01 a.m. standard time at address of named insured

3

- A. **Workers' Compensation Insurance:** Part one applies to the Workers' Compensation law of Rhode Island.
- B. **Employers' Liability Insurance:** Part two applies to work in Rhode Island. The limits of our liability are:

BODILY INJURY BY ACCIDENT	\$500,000	EACH ACCIDENT
BODILY INJURY BY DISEASE	\$500,000	POLICY LIMIT
BODILY INJURY BY DISEASE	\$500,000	EACH EMPLOYEE

C. Endorsements & Schedules:

Endorsement	Endorsement	Endorsement	Endorsement
BE_00_00_01 - WC and Employers Liability Policy	BE_00_00_01A - Cancellation Endorsement	BE_00_00_20 - Shared Earning	BE_00_00_40 - OFAC Trade Sanctions Notice and Endorsement

Date: June 03, 2016
Policy Name: Kent County Water Authority
Policy Number: 0000017731

Changes to a Pay As You Go policy will adjust the net rate and future payments. You will not be invoiced separately.

This is not an Invoice

Insured



Renewal Notification

June 03, 2016

Kent County Water Authority
PO Box 192
West Warwick, RI 02893-0192

Policy Number: 0000017731
Policy Effective Date: 07/01/2016
Account Number: 20459671

Dear Policyholder:

Enclosed is your renewal policy for the extension of the above Workers' Compensation Policy. If you have a direct billed policy, your renewal premium must be received on or before the effective date of the policy to ensure continual coverage. Please allow five days for mailing in order for the premium to be received at our post office lock box.

If you select Beacon Pay As You Go, you must sign up for payroll reporting and authorize EFT payments prior to the effective date of the policy.

This renewal policy uses the expiring policy payroll and data for determination of the renewal premium. All payroll and coverage is subject to a premium audit initiation by the Beacon Mutual Insurance Company and is subject to change at that time.

Non-Renewal Notice:

We are obligated to inform you that this notification also serves as a notice of non-renewal in the event that the premium is not paid on or before the effective date of this policy. If payment is not received notice will be issued to the Rhode Island Department of Labor and Training as well as any and all Workers' compensation certificate holders.

Beacon Pay As You Go:

If payment under the Terms and Conditions of Beacon Pay As You Go is defaulted, a cancellation notice will be generated and earned premiums will be determined. Cancellation Notice will be issued to the Rhode Island Department of Labor and Training.

Please review the policy carefully and contact your agent to discuss any changes required.

Sincerely,

Arvid D. Galasso
Underwriting Department

BE_00_00_02_V3

Policy Number: 0000017731
Insured: Kent County Water Authority
Policy Period: 07/01/2016-07/01/2017
Account Number: 20459671

Transaction Date: 06/03/2016

Extension of Policy Information Page

Additional Policy Endorsements

Endorsement
WC_00_04_21D - Catastrophe (Other than Certified Acts of Terrorism) Premium Endorsement
WC_00_04_22B - Terrorism Risk Insurance Program Reauthorization Act Disclosure Endorsement

Policy Number: 0000017731
Insured: Kent County Water Authority
Policy Period: 07/01/2016-07/01/2017
Account Number: 20459671

Transaction Date: 06/03/2016

Extension of Policy Information Page

Risk Locations

Risk Location Name	Risk Location Address
Kent County Water Authority	1072 Main Street, West Warwick, RI 028933724

Insured: Kent County Water Authority
Account Number: 20459671 **Transaction Date:** 06/03/2016
Policy Number: 0000017731 **Policy Period:** 07/01/2016-07/01/2017
Endorsement Effective Date: 07/01/2016 **Endorsement Expiration Date:** 07/01/2017
Payment Plan: Nine-Payment Plan

Endorsement Reason:

Installment Schedule

Previous Amount	\$84,118
Installment Fees	\$40
Changed Amount	\$0
Revised Amount	\$84,158

Installments:

Install. Due Date	Previous	Installment Fee	Changed	Revised
07/01/2016	\$16,823.60	\$0.00	\$0.00	\$16,823.60
08/01/2016	\$8,411.80	\$5.00	\$0.00	\$8,416.80
09/01/2016	\$8,411.80	\$5.00	\$0.00	\$8,416.80
10/01/2016	\$8,411.80	\$5.00	\$0.00	\$8,416.80
11/01/2016	\$8,411.80	\$5.00	\$0.00	\$8,416.80
12/01/2016	\$8,411.80	\$5.00	\$0.00	\$8,416.80
01/01/2017	\$8,411.80	\$5.00	\$0.00	\$8,416.80
02/01/2017	\$8,411.80	\$5.00	\$0.00	\$8,416.80
03/01/2017	\$8,411.80	\$5.00	\$0.00	\$8,416.80



June 03, 2016

Shared Earnings Endorsement

Insured Name: Kent County Water Authority

Policy Number: 0000017731

Effective Date: 07/01/2016

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE POLICY

You shall participate in the earnings of our Company, but only in accordance with the below Shared Earnings Plan filed with and approved by the Rhode Island Department of Business Regulation, provided that you shall have complied with all of the terms of this policy with respect to the payment of premium and all other requirements thereto.

Shared Earnings Plan Number:

SE - 9602



RISK MANAGEMENT TRUST

501 WAMPANOAG TRAIL, SUITE 301, EAST PROVIDENCE, RI 02915
 PHONE: (401) 438-6511 FAX: (401) 438-6990

All Inquiries: accountsreceivable@ritrust.com

Bill To:

Timothy B. Brown, P.E.
 Kent County Water Authority
 General Manager
 P.O. Box 192
 W. Warwick RI 02893

INVOICE

Invoice	PANDC001187
Date	6/15/2016
Page	1

**50% due in 30 days,
 remaining due by due date**

Purchase Order No.	Customer ID	Payment Terms	Due Date	Late Fees Assess As Of
	KENTWATP	Net 60 W15	8/14/2016	8/29/2016
Quantity	Item Number	Description	Unit Price	Ext. Price
1.0	P/L-2017	Property & Liability Coverage PY 2016-2017	\$136,377.00	\$136,377.00
1.0	EXCESS-2017	Excess Liability Coverage PY 2016-2017	\$28,471.00	\$28,471.00

3089	
Date Received	6/22/16
Purchase Order No.	
Voucher No.	
O.K.	<i>[Signature]</i>
Date Paid	7/15/16
Check No.	019470
Ent'd Gen'l Books	<i>[Signature]</i>
ACCOUNT	AMOUNT
19240	164848.00

PROPERTY & LIABILITY PREMIUM FY 2016-2017

Subtotal	\$164,848.00
Misc	\$0.00
Total	\$164,848.00

ATTN: Membership
 Blue Cross & Blue Shield of RI
 500 Exchange Street
 Providence, RI 02903-2699

Electronic Service Requested

11 1.4496 SP 0.675

|||||
 Kent County Water Authority
 TIMOTHY J BROWN
 PO BOX 192
 W WARWICK, RI 02893-0192

07/16/16

Date Received	8/30/16
Purchase Order No.	
Voucher No.	
O.K.	75
Date Paid	9/12/16
Check No.	09577
Ent'd Gen'l Books	SINGLE PAGE

291608183941

192100	62085	30



Group No. 0000269
Sub-Group No. 0000
Billing Period 09/01/2016-09/30/2016
Invoice No. 162300000105
Bill Print Date 08/18/2016
Bill Due Date 09/01/2016

BILLING SUMMARY

BALANCE FORWARD AMOUNT	\$0.00
CURRENT MONTH BILLING (1)	\$58935.00
DISCRETIONARY ITEM	\$0.00
RETROACTIVE ADJUSTMENT (2)	\$3150.30
TOTAL AMOUNT DUE	\$62085.30

For Enrollment and Billing questions on your account, please call: MEMBERSHIP ADMINISTRATION SERVICES	
Phone: (401)459-2341 ext. 6064	(800)637-3718 ext. 6064

Please use this billing statement to verify your membership, including confirmation of enrollment changes processed since your last invoice. Please provide any change of enrollment or other information on the appropriate application or Group Activity Report and send to us through your normal channels, and not with this statement. If your renewal is currently pending or is in the process of being finalized, this invoice may have been calculated on rates from the previous rating period. Please note that under no circumstances shall the acceptance of your payment according to this invoice, by Blue Cross & Blue Shield of Rhode Island, discharge your obligation to pay adjusted invoices, if applicable.

(1) "Current Month Billing" includes the premium due to BCBSRI plus the service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not part of BCBSRI premium. Service fees, if any, are only applicable in the large group fully insured market. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, any retroactive adjustments to that fee are also reflected in this item. If your Broker Service Fees Agreement reflects a per contract per month fee payment to your broker, any retroactive adjustments to the fee are reflected in the "Retroactive Adjustment" item.

(2) "Retroactive Adjustment" includes amounts due or owed to you for retroactive enrollment changes, plus adjustments to the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement.



BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699

INVOICE/STATEMENT

GROUP NAME Kent County Water Authority
GROUP NO. 00000269
BILLING PERIOD 09/01/2016-09/30/2016
INVOICE NO. 162300000105
BILL DUE DATE 09/01/2016

ANY MAINTENANCE NOT REFLECTED IN THIS
BILL WILL BE INCLUDED IN YOUR NEXT BILL

SECTION 2

PRODUCT	IND		FAM		S/S		S/C		S1C		IND		FAM		S/S		S/C		S1C		CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT			
	NO. OF CONTRACTS	----	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S	FAM	S/S						
<u>SUBGROUP: 0001 -- Active</u>																										
VantageBlue 100/80,	6	25	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	49274.58		
250/500 w/Acu																									49274.58	
TOT CLASS 0001																									49274.58	
<u>SUBGROUP: 0001</u>																										
FlexChoice Dental	18	15	7	1	2							39.68	111.09	79.35	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	3150.30	3150.30	6300.60
TOT CLASS 0003												39.68	111.09	79.35	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	3150.30	3150.30	6300.60
<u>SUBGROUP: 0003 -- Plan 65</u>																										
Group Plan 65	12	0	0	0	0							39.68	111.09	79.35	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	52424.88	3150.30	55575.18
TOT SUBGROUP 0001												39.68	111.09	79.35	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	71.42	52424.88	3150.30	55575.18
<u>SUBGROUP: 0003 -- Plan 65</u>																										
Group Plan 65	12	0	0	0	0							542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	6510.12	0.00	6510.12
TOT CLASS P001												542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	6510.12	0.00	6510.12
<u>SUBGROUP: 0003</u>																										
TOT SUBGROUP 0003												542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	542.51	6510.12	0.00	6510.12

ND - INDIVIDUAL, FAM - FAMILY
S/S - SUBSCRIBER AND SPOUSE, S/C - SUBSCRIBER AND CHILDREN, S1C - SUBSCRIBER AND CHILD
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PROVIDENCE RI 02903-2699

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SECTION 2

PRODUCT	NO. OF CONTRACTS			PREMIUM RATES PLUS SERVICE FEES			CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
	IND	FAM	S/S	IND	FAM	S/S			
TOTAL CURRENT PERIOD							58935.00	3150.30	62085.30
BALANCE FORWARD									0.00
DISCRETIONARY ITEM									0.00
TOTAL AMOUNT DUE (1)									62085.30

SUBSCRIBERS = 86

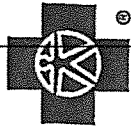
(1) The "Premium Rates Plus Service Fees," "Current Amount," "Retro Amount", and "Total Amount Due" fields include the premium due to BCBSRI plus the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, that amount is only reflected in the "Total Amount Due" section and is not included in the other above-listed fields. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not included in premium. Service fees, if any, are only applicable in the large group fully insured market.

IND - INDIVIDUAL, FAM - FAMILY
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SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	CLASS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
B	200175180	ANGIOLLILI ALAN A	N/A	MEDICAL	FAM AGE RATED	CLASS: 0001	09/01/2016	09/30/2016	2199.36	0.00	2199.36
B	200175391	BATE ELIZABETH A	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2354.85	0.00	2354.85
B	200174303	BOSCO NICHOLAS S	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2246.84	0.00	2246.84
B	200172874	BROWN TIMOTHY J	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2354.85	0.00	2354.85
B	200173359	BURNS JR RICHARD L	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2445.85	0.00	2445.85
B	200173643	CORREIA STEPHEN R	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1796.20	0.00	1796.20
B	200175038	CORREIA ELSO S	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1356.26	0.00	1356.26
B	200174825	COYLE DAVID M	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1478.90	0.00	1478.90
B	200173867	DESSERT JOSEPH M	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2119.44	0.00	2119.44
B	200534325	DISAIA ERNEST M	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1771.28	0.00	1771.28
B	200174978	DUCHESNEAU III JOHN R	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1972.26	0.00	1972.26
B	200172925	DUFF KEITH A	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2352.08	0.00	2352.08
B	200534324	FISKE RYAN J	N/A	MEDICAL	IND AGE RATED		09/01/2016	09/30/2016	405.14	0.00	405.14
B	200174738	FOSS STEVEN L	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2241.70	0.00	2241.70
B	200479986	GALENSKI BRIAN J	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1463.08	0.00	1463.08
B	200174569	GERSHKOFF JOANN M	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1149.33	0.00	1149.33
B	200174765	GLENN GARY A	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1023.52	0.00	1023.52
B	200173334	HEARD CINDY A	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	2612.41	0.00	2612.41
B	200174615	JACQUES NICOLE I	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1215.01	0.00	1215.01
B	200174247	LARKIN STEPHEN J	N/A	MEDICAL	FAM AGE RATED		09/01/2016	09/30/2016	1952.88	0.00	1952.88
B	200172929	LESNIAK TAD R	N/A	MEDICAL	IND AGE RATED		09/01/2016	09/30/2016	844.69	0.00	844.69
B	200175012	LJUKOWICZ JR RONALD J	N/A	MEDICAL	IND AGE RATED		09/01/2016	09/30/2016	772.29	0.00	772.29
B	200527821	MARTINEZ YADIRA R	N/A	MEDICAL	IND AGE RATED		09/01/2016	09/30/2016	414.63	0.00	414.63

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BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699

INVOICE/STATEMENT



GROUP NAME Kent County Water Authority
 GROUP NO. 00000269
 BILLING PERIOD 09/01/2016-09/30/2016
 INVOICE NO. 162300000105
 BILL DUE DATE 09/01/2016

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SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
B	200174026	PERRY SCOTT E	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	1058.34	0.00	1058.34
B	200625091	RICHARDSON JEFFREY R	N/A	MEDICAL	IND AGE RATED	09/01/2016	09/30/2016	486.64	0.00	486.64
B	200173385	SILVA JR THOMAS	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	1701.64	0.00	1701.64
B	200435513	SIMMONS DAVID L	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	1240.33	0.00	1240.33
B	200173601	SKORSKI TIMOTHY A	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	1865.04	0.00	1865.04
B	200464412	STEINLE JR GILBERT D	N/A	MEDICAL	IND AGE RATED	09/01/2016	09/30/2016	772.29	0.00	772.29
B	200173887	TIFT ERIC D	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	1459.91	0.00	1459.91
B	200174213	WINTON JR MATTHEW J	N/A	MEDICAL	FAM AGE RATED	09/01/2016	09/30/2016	2147.54	0.00	2147.54
SUBSCRIBERS FOR CLASS 0001:								49274.58	0.00	49274.58
SUBTOTAL FOR CLASS 0001:								49274.58	0.00	49274.58

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INVOICE/STATEMENT

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SECTION 3		DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD									
ENROLLMENT INDICATOR	SUBGROUP: 0001	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
A		200175700	AMARAL EDWARD	N/A	DENTAL	CLASS: 0003 INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A		200685956	ANGIOLILLI ALAN A	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200685958	BATE ELIZABETH A	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A		200175703	BOISVERT CYNTHIA L	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A		200685959	BOSCO NICHOLAS S	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200685961	BROWN TIMOTHY J	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A		200175692	BRUNEAU CONRAD P	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A		200685964	BURNS JR RICHARD L	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200685966	CORREIA ELSO S	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A		200685970	CORREIA STEPHEN R	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686065	COYLE DAVID M	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686066	DESSERT JOSEPH M	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686067	DISAIA ERNEST M	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A		200686068	DUCHESNEAU III JOHN R	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A		200686069	DUFF KEITH A	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200175707	EMERY BRUCE L	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A		200686070	FISKE RYAN J	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A		200686073	FOSS STEVEN L	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686075	GALENSKI BRIAN J	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686078	GERSHKOFF JOANN M	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A		200686079	GLENN GARY A	N/A	DENTAL	SUB, CHILDREN	08/01/2016	09/30/2016	71.42	71.42	142.84
A		200686082	HEARD CINDY A	N/A	DENTAL	SUB, 1 CHILD	08/01/2016	09/30/2016	71.42	71.42	142.84
A		200686084	JACQUES NICOLE I	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18

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PROVIDENCE RI 02903-2699



INVOICE/STATEMENT

GROUP NAME Kent County Water Authority
 GROUP NO. 00000269
 BILLING PERIOD 09/01/2016-09/30/2016
 INVOICE NO. 16230000105
 BILL DUE DATE 09/01/2016

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SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
A	200175690	LANTAGNE LEONA J	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686086	LARKIN STEPHEN J	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
A	200686868	LAVOIE NORMAND J	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686087	LESNAK TAD R	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686088	LUKOWICZ JR RONALD J	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686092	MARTINEZ YADIRA R	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200175708	PAPA ROLAND A	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686094	PERRY SCOTT E	N/A	DENTAL	SUB, 1 CHILD	08/01/2016	09/30/2016	71.42	71.42	142.84
A	200175688	RICE EVERETT E	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686097	RICHARDSON JEFFREY R	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200175695	SILVA ELIZABETH A	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686100	SILVA JR THOMAS	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A	200686105	SIMMONS DAVID L	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A	200175689	SIMPSON ARTHUR J	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200175704	SIMPSON JOANN R	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686112	SKORSKI TIMOTHY A	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A	200686115	STEINLE JR GILBERT D	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686118	TIFT ERIC D	N/A	DENTAL	FAMILY	08/01/2016	09/30/2016	111.09	111.09	222.18
A	200175706	WILLIAMS ARTHUR C	N/A	DENTAL	INDIVIDUAL	08/01/2016	09/30/2016	39.68	39.68	79.36
A	200686119	WINTON JR MATTHEW J	N/A	DENTAL	SUB, SPOUSE	08/01/2016	09/30/2016	79.35	79.35	158.70
SUBSCRIBERS FOR CLASS 0003:								3150.30	3150.30	6300.60
SUBSCRIBERS FOR DEPARTMENT N/A:								52424.88	3150.30	55575.18
SUBSCRIBERS FOR SUBGROUP 0001:								52424.88	3150.30	55575.18

43 SUBTOTAL FOR CLASS 0003:

74 SUBTOTAL FOR DEPARTMENT N/A:

74 SUBTOTAL FOR SUBGROUP 0001:

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INVOICE/STATEMENT

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SECTION 3

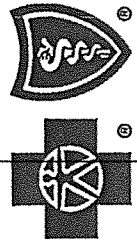
DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
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**BLUE CROSS & BLUE SHIELD OF RI
PROVIDENCE RI 02903-2699**

INVOICE/STATEMENT

PAGE 9 of 10

GROUP NAME Kent County Water Authority
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INVOICE NO. 16230000105
BILL DUE DATE 09/01/2016

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SECTION 3

DETAIL OF SUBSCRIBERS FOR CURRENT BILLING PERIOD

ENROLLMENT INDICATOR	SUBSCRIBER ID	SUBSCRIBER NAME	DEPARTMENT NUMBER	COVERAGE TYPE	COVERED MEMBERS	FROM DATE	THRU DATE	CURRENT AMOUNT	RETRO. AMOUNT	TOTAL AMOUNT
<u>SUBGROUP: 0003 -- Plan 65</u>										
	200173465	AMARAL EDWARD	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173712	BOISVERT CYNTHIA L	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173255	BRUNEAU CONRAD P	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200174894	EMERY BRUCE L	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173253	LANTAGNE LEONA J	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200172827	LAVOIE NORMAND J	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200175337	PAPA ROLAND A	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200172828	RICE EVERETT E	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173460	SILVA ELIZABETH A	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173052	SIMPSON ARTHUR J	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200173938	SIMPSON JOANN R	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
	200174145	WILLIAMS ARTHUR C	N/A	MEDICAL	INDIVIDUAL	09/01/2016	09/30/2016	542.51	0.00	542.51
<u>SUBSCRIBERS FOR CLASS P001:</u>								6510.12	0.00	6510.12
<u>SUBSCRIBERS FOR DEPARTMENT N/A:</u>								6510.12	0.00	6510.12
<u>SUBSCRIBERS FOR SUBGROUP 0003:</u>								6510.12	0.00	6510.12
<u>SUBSCRIBERS CURRENT BILLING PERIOD:</u>								58935.00	3150.30	62085.30

(1) The "Current Amount," "Retro Amount," and "Total Amount" fields include the premium due to BCBSRI plus the per contract per month service fee, if applicable, you are paying your broker based on the signed Broker Service Fees Agreement. If your Broker Service Fees Agreement reflects a flat fee payment to your broker, that amount is not included in the above-listed fields. The service fee, if applicable, is an amount that BCBSRI bills on behalf of your broker and is not included in premium. Service fees, if any, are only applicable in the large group fully insured market.

..

FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES

Blue Cross & Blue Shield of Rhode Island is an independent licensee of Blue Cross and Blue Shield Association.



STATEMENT EXPLANATION:

Front Page:

Balance Forward Amount -- Amount due or owed to you from prior billing period, carried forward as balance.
Current Month Billing -- Premium amount due for the current billing period, including broker service fees, if applicable.
Discretionary Item -- Amount due or owed to you to adjust for enrollment, rates, performance guarantees, or other changes not otherwise reflected.
Retroactive Adjustment -- Amount due or owed to you for retroactive enrollment changes, including adjustments to the per contract per month broker service fees, if applicable.
Total Amount Due -- Total of the Balance Forward Amount, Current Month Billing, Discretionary Item, and Retroactive Adjustment amounts.

Section 3: ENROLLMENT INDICATOR

- A -- New Enrollment
- B -- Changes
- C -- Cancellation/Termination
- No Change (No Indicator)

FOR ASSISTANCE CALL (401)459-2341 ext. 6064 OR (800)637-3718 ext. 6064
ASK FOR MEMBERSHIP ADMINISTRATION SERVICES

Blue Cross & Blue Shield of Rhode Island is an independent licensee of Blue Cross and Blue Shield Association.





Mutual of Omaha
Mutual of Omaha Plaza
Omaha, NE 68175

PERSONAL & CONFIDENTIAL
KENT COUNTY WATER AUTHORITY
TIM BROWN
1072 MAIN ST.
W. WARWICK RI 02893

Group ID: G000638C
Bill Group ID: 0001
Due Date: 10/01/2016
Boston Group Office

Evidence of Insurability

Easy | Convenient | Transparent

Simplify Your Administrative Burden

USE EMPLOYER ACCESS TO:

- > Provide employees with a pre-populated online Evidence of Insurability (EOI) form*
- > View application status*

Complete applications online or download at


www.mutualofomaha.com/eoi

DETACH HERE AND RETURN THIS SLIP WITH YOUR PAYMENT



MUTUAL OF OMAHA
 MUTUAL OF OMAHA PLAZA
 OMAHA, NE 68175

Evidence of
 Insurability
 Made Easy



Check Out the New
 Online Process at
www.mutualofomaha.com/eoi

GPIP-P160920013039003083 346151-3451
 PERSONAL & CONFIDENTIAL
 KENT COUNTY WATER AUTHORITY
 TIM BROWN
 1072 MAIN ST.
 W. WARWICK RI 02893



3109

Date Received	9/27/16	
Purchase Order No.		
Voucher No.		
O.K.	715	
Date Paid	10/14/16	
Check No.	2096600	
Ent'd Gen'l Books	CN	
ACCOUNT	AMOUNT	
19260	1404	07

GPIP-P160920013039003083
 010500000000000101



Group ID: G000638C
Bill Group ID: 0001
Invoice Number: 000577165373
Boston Group Office

Due Date: 10/01/2016
Billing Date: 09/19/2016
Coverage Period From: 10/01/2016
Through: 10/31/2016

ACCOUNT SUMMARY

09/01/2016	PREVIOUS TOTAL DUE	1,404.07	
09/15/2016	PAYMENT	-1,404.07	
	OUTSTANDING BALANCE AS OF 09/19/2016	0.00	
	CURRENT PREMIUM DUE	1,404.07	
	TOTAL DUE	\$ 1,404.07	PLEASE PAY THIS AMOUNT

PLEASE NOTE:

Enrollment updates can be done online through Employer Access, our secure plan administration website. Visit www.mutualofomaha.com/customer-service to add, update or terminate employee coverage, request reports, pay your bill, plus much more. Not signed up yet? Visit www.mutualofomaha.com/customer-service to register.

NOTICE: Your group policy(ies) will terminate if premium is not paid by the end of the grace period shown in your policy. If you elect not to pay premiums and allow coverage to terminate, please notify your covered employee/members immediately of the date when the group contract will terminate. We will not be liable for claims for losses incurred after such date (unless otherwise provided in the contract). If your employees/members are paying part of the premium and you continue to collect from them beyond the termination date, you may be solely liable for claims incurred after the policy termination date with respect to which contributions were collected. Information regarding your responsibilities in the event of termination due to nonpayment of premium, including a sample notice form for distribution to covered employees/members, can be found at www.mutualofomaha.com/forms or by calling your dedicated service team at the number listed below.

Have a question for us? Contact your dedicated service team at 1-800-769-7159 between 8:00 a.m. and 8:00 p.m. ET. For your convenience, information may be sent via email to BostonService@mutualofomaha.com or faxed to 402-997-1994.

Only pay the premium for your group as billed. Adjustments for additions, changes and terminations will be reflected in a subsequent billing.

Please do not include correspondence or enrollment updates with premium payments.

GRIP-P-160920013039003083
0305000000000000100



Group ID: G000638C
Bill Group ID: 0001
Invoice Number: 000577165373
Boston Group Office

Due Date: 10/01/2016
Billing Date: 09/19/2016
Coverage Period From: 10/01/2016
Through: 10/31/2016

ACCOUNT DETAIL

PLAN	PARTICIPANT/ FAMILY INDICATOR	CURRENT NUMBER OF PARTICIPANTS	VOLUME	CURRENT	ADJUSTMENT	NET
Life	Participant	47	1,537,000	491.84		491.84
AD&D	Participant	32	1,507,000	45.21		45.21
LTD	Participant	32	160,558.18	867.02		867.02
CURRENT BILL TOTALS				\$ 1,404.07	\$ 0.00	\$ 1,404.07
BALANCE CARRIED FORWARD						\$ 0.00
TOTAL						\$ 1,404.07

Group ID: G000638C
 Bill Group ID: 0001
 Invoice Number: 000577165373
 Boston Group Office

Due Date: 10/01/2016
 Billing Date: 09/19/2016
 Coverage Period From: 10/01/2016
 Through: 10/31/2016

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
Amaral, Edward	7830	Participant	08/01/05	Life	2,000	0.64		
Angiolilli, Alan	4656	Participant	08/01/05	Life	50,000	16.00		0.6
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	6,850	36.99		
Bate, Elizabeth	8695	Participant	08/01/06	Life	47,000	15.04		54.4
		Participant	08/01/06	AD&D	47,000	1.41		
		Participant	08/01/06	LTD	3,891.33	21.01		
Boisvert, Cynthia	4113	Participant	06/01/06	Life	2,000	0.64		37.4
Bosco, Nicholas	7070	Participant	08/01/05	Life	50,000	16.00		0.6
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	5,826.67	31.46		
Brown, Timothy	6002	Participant	08/01/05	Life	50,000	16.00		48.9
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	10,000	54.00		
Bruneau, Conrad	3750	Participant	08/01/05	Life	2,000	0.64		71.5
Burns, Richard	6227	Participant	08/01/05	Life	50,000	16.00		0.6
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	7,583.33	40.95		
Correia, Elso	4852	Participant	08/01/05	Life	49,000	15.68		58.4
		Participant	08/01/05	AD&D	49,000	1.47		
		Participant	08/01/05	LTD	4,009.2	21.65		
Correia, Stephen	2460	Participant	10/01/10	Life	47,000	15.04		38.80
		Participant	10/01/10	AD&D	47,000	1.41		
		Participant	10/01/10	LTD	3,834.13	20.70		
Coyle, David	0744	Participant	08/01/05	Life	50,000	16.00		37.15
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,239.73	22.89		
Dessert, Joseph	3536	Participant	08/01/05	Life	50,000	16.00		40.39
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,366.27	23.58		
Deus, Carlos	0788	Participant	05/01/07	Life	2,000	0.64		41.08
Disaia, Ernest	1694	Participant	06/01/14	Life	38,000	12.16		0.64
		Participant	06/01/14	AD&D	38,000	1.14		
		Participant	06/01/14	LTD	3,149.47	17.01		
Duchesneau, John	4267	Participant	08/01/05	Life	50,000	16.00		30.31
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	7,583.33	40.95		
Duff, Keith	0969	Participant	08/01/05	Life	50,000	16.00		58.45
		Participant	08/01/05	AD&D	50,000	1.50		

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DO NOT RETURN THIS PAGE



Group ID: G000638C
 Bill Group ID: 0001
 Invoice Number: 000577165373
 Boston Group Office

Due Date: 10/01/2016
 Billing Date: 09/19/2016
 Coverage Period From: 10/01/2016
 Through: 10/31/2016

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
		Participant	08/01/05	LTD	4,803.07	25.94		43.44
Emery, Bruce	6060	Participant	07/01/06	Life	2,000	0.64		0.64
Fiske, Ryan	9577	Participant	06/01/14	Life	38,000	12.16		
		Participant	06/01/14	AD&D	38,000	1.14		
		Participant	06/01/14	LTD	3,149.47	17.01		30.31
Foss, Stephen	5636	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,719.87	25.49		42.99
Galenski, Brian	8757	Participant	12/01/13	Life	38,000	12.16		
		Participant	12/01/13	AD&D	38,000	1.14		
		Participant	12/01/13	LTD	3,149.47	17.01		30.31
Gershkoff, Jo Ann	2048	Participant	11/01/08	Life	50,000	16.00		
		Participant	11/01/08	AD&D	50,000	1.50		
		Participant	11/01/08	LTD	8,062.5	43.54		61.04
Glenn, Gary	4390	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	6,129.17	33.10		50.60
Grandchamp, R	3752	Participant	08/01/05	Life	2,000	0.64		0.64
Heard, Cindy	9521	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	5,976.67	32.27		49.77
Ise, Augustus	9658	Participant	08/01/05	Life	2,000	0.64		0.64
Jacques, Nicole	2568	Participant	06/01/08	Life	47,000	15.04		
		Participant	06/01/08	AD&D	47,000	1.41		
		Participant	06/01/08	LTD	3,891.33	21.01		37.46
Lantagne, Leona	3755	Participant	08/01/05	Life	2,000	0.64		0.64
Larkin, Steven	4597	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,442.53	23.99		41.49
Lavoie, Norman	3757	Participant	08/01/05	Life	2,000	0.64		0.64
Lesniak, Tad	5278	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,792.67	25.88		43.38
Lukowicz, Ronald	8602	Participant	08/01/05	Life	50,000	16.00		
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,719.87	25.49		42.99
Martinez, Yadira	2111	Participant	05/01/14	Life	38,000	12.16		
		Participant	05/01/14	AD&D	38,000	1.14		

DO NOT RETURN THIS PAGE

Group ID: G000638C
 Bill Group ID: 0001
 Invoice Number: 000577165373
 Boston Group Office

Due Date: 10/01/2016
 Billing Date: 09/19/2016
 Coverage Period From: 10/01/2016
 Through: 10/31/2016

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
		Participant	05/01/14	LTD	3,149.47	17.01		
Papa, Roland	3759	Participant	08/01/05	Life	2,000	0.64		30.6
Perry, Scott	2185	Participant	12/01/08	Life	44,000	14.08		0.6
		Participant	12/01/08	AD&D	44,000	1.32		
		Participant	12/01/08	LTD	3,591.47	19.39		
Rice, Everett	3760	Participant	08/01/05	Life	2,000	0.64		34.7
Richardson, Jeffrey	1819	Participant	10/01/15	Life	36,000	11.52		0.6
		Participant	10/01/15	AD&D	36,000	1.08		
		Participant	10/01/15	LTD	2,976.13	16.07		
Silva, Elizabeth	3761	Participant	08/01/05	Life	2,000	0.64		28.6
Silva, Thomas	4815	Participant	08/01/05	Life	50,000	16.00		0.6
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	5,583.33	30.15		
Simmons, David	7837	Participant	01/01/13	Life	50,000	16.00		47.6
		Participant	01/01/13	AD&D	50,000	1.50		
		Participant	01/01/13	LTD	7,583.33	40.95		
Simpson, Arthur	3762	Participant	08/01/05	Life	2,000	0.64		58.4
Simpson, Joann	8766	Participant	07/01/08	Life	2,000	0.64		0.64
Skorski, Timothy	7158	Participant	08/01/05	Life	50,000	16.00		0.64
		Participant	08/01/05	AD&D	50,000	1.50		
		Participant	08/01/05	LTD	4,751.07	25.66		
Southworth, Shelby	9566	Participant	09/01/15	Life	50,000	16.00		43.16
		Participant	09/01/15	AD&D	50,000	1.50		
		Participant	09/01/15	LTD	4,583.33	24.75		
Steinle Jr, Gilbert	7030	Participant	09/01/13	Life	38,000	12.16		42.25
		Participant	09/01/13	AD&D	38,000	1.14		
		Participant	09/01/13	LTD	3,149.47	17.01		
Tift, Eric	7851	Participant	04/01/14	Life	50,000	16.00		30.31
		Participant	04/01/14	AD&D	50,000	1.50		
		Participant	04/01/14	LTD	6,129.17	33.10		
Williams, Arthur	6948	Participant	01/01/09	Life	2,000	0.64		50.60
Winton Jr, Matthew	1044	Participant	12/01/07	Life	47,000	15.04		0.64
		Participant	12/01/07	AD&D	47,000	1.41		
		Participant	12/01/07	LTD	3,891.33	21.01		
								37.46

PARTICIPANT PREMIUM \$ 1,404.07

PARTICIPANT ADJUSTMENTS \$ 0.00

DO NOT RETURN THIS PAGE

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Group ID: G000638C
Bill Group ID: 0001
Invoice Number: 000577165373
Boston Group Office

Due Date: 10/01/2016
Billing Date: 09/19/2016
Coverage Period From: 10/01/2016
Through: 10/31/2016

PARTICIPANT DETAIL

PARTICIPANT	ID	FAMILY INDICATOR	EFF DATE	PLAN	VOLUME	AMOUNT	ADJ	TOTAL
						CURRENT PREMIUM		\$ 1,404.00

2-10. Please provide the most recent property tax bills.

Response: Please see attached invoices. We have not received tax bills (Payment in Lieu of Taxes) from the following towns and fire departments:

- Town of Scituate
- Town of West Greenwich
- Central Coventry Fire
- Hopkins Hill Fire

Witness Responsible: C. Heard

Account: 34-0100-00-SW
 Plat / Lot: 017-0065-0-000
 Location: 1072 MAIN STREET

PLEASE MAKE CHECKS PAYABLE TO: WEST WARWICK TAX COLLECTOR

KENT COUNTY WATER AUTHORITY
 1072 MAIN ST
 WEST WARWICK RI 02893

Date Received: 2/20
 Purchase Order No. _____
 O.K. _____
 Date Paid: 8/11/16
 Check No.: 529174
 Ent'd Gen'l Books _____
 ACCOUNT AMOUNT
14080 490 00

Please remit payment to
 TOWN of WEST WARWICK
 SEWER COMMISSION
 PO BOX 498
 WEST WARWICK RI 02893
 Phone: (401) 320-1045

Check your balance and pay on-line at: www.RIeGovernment.com
 The PIN # to access your account is: NBB-CBB

READ INFORMATION		CHARGE DESCRIPTION		UNITS	RATE	AMOUNT DUE
Meter Number	: WELL USER	Well Usage		1.0000	355.0000 \$ / YEAR	355.00
Meter Read Date	: / /	AWT Debt Service		1.0000	60.0000 \$ / YEAR	60.00
Sewer Units	: 1	Collection Debt Servi		1.0000	35.0000 \$ / YEAR	35.00
Consumption Amount:	: 0 CF	Phosphorous Debt Servi		1.0000	40.0000 \$ / YEAR	40.00
EDU'S	: 0					
Total						490.00

Total Tax of \$100.00 or less DUE IN FULL 1st Qtr.

Keep this stub for your tax records

This stub for bank use

Return this stub with your payment

This area is for Property Owner's notes

Date Paid	Check #	Amount Paid	Penalty Paid	Total Payment

WEST WARWICK

2016 Tax Assessed as of 12/31/2015

Account Number 34-0100-01

Remit Tax Payment with Stub to:
 P O BOX 1341
 WEST WARWICK, RI
 02893

State Aid:

Total amount of State Aid
 \$25,834,611 which reduced the tax
 rate by \$12.43.

Tax Rate:	Real	Motor	Tangible	Inventory
School	15.520	17.080	24.620	0.000
Municipal	10.340	11.390	16.410	0.000
Overall	25.840	28.470	41.030	0.000

Page 1 of 1

If the remaining or any subsequent installment is not paid before due date, the whole tax or balance thereof shall at once become due and payable with interest at the rate of 12% per annum from July 15, 2016.

KENT COUNTY WATER AUTHORITY
 1072 MAIN STREET
 WEST WARWICK RI 02893



CURRENT TAX BILL

Check your balance and pay on-line at: www.RIeGovernment.com
 The PIN # to access your account is: PMC-2XXN

Description

FROZEN ACCOUNT Year: 2000 Rate: 43.00
 017-0064-0-000 at 1072 MAIN STREET

Valuation

\$192,205

Annual Tax

\$0

4003

Date Received	12/28/16
Purchase Order No.	
Voucher No.	
O.K.	
Date Paid	1/13/17
Check No.	059411
Ent'l Gen'l Bkck's	
ACCOUNT	AMOUNT
123100	8241 82

This account has no past due bills.

AN-34:001

PAST DUE TAX BILLS

Description Original Bill

Total Current Tax Bill

\$8,264.82

Balance Due + Interest = Amount Due

TOWN OF COVENTRY

TAX COLLECTOR'S OFFICE

1670 Flat River Road

Coventry, RI 02816

Tel: 401/822-9167

June 14, 2016

Kent County Water Authority
1072 Main Street
West Warwick, RI 02893
Attn: JoAnn Gershkoff

Dear Madam:

The amount due for the Kent County Water Authority in Lieu for the 2015 Real Estate Taxes is \$12,813.37.

Very truly yours,



Monique E. Houle
Tax Collector

0098

Date Received	7/16/16
Purchase Order No.	
Voucher No.	
O.K.	TD
Date Paid	
Check No.	9377
Ent'd Gen'l Books	mg
ACCOUNT	AMOUNT
12360	12813.37

CITY OF WARWICK, RI 2016 REAL ESTATE TAX BILL

0057

Where your payment goes:

Date Received 7/6/16	City	48.43%	\$30.82
Purchase Order No.	School	51.57%	\$32.81

RE: 70423
BOENG CORP
C/O KENT COUNTY WATER-MR
PO BOX 192
WEST WARWICK RI 02893-0192

Voucher No. _____
O.K. MM
Date Paid 6/13/16
Check No. 039415
Ent'd Gen'l Books _____

ACCOUNT	AMOUNT

123105 63 63

MAKE CHECKS PAYABLE TO:
CITY OF WARWICK TAX COLLECTOR

MAIL PAYMENTS TO:
CITY OF WARWICK - TAX
PO BOX 981027
BOSTON MA 02298-1027

PLEASE USE CONTROL NUMBER WHEN PAYING BILL

YOU MAY ALSO PAY YOUR BILL ONLINE AT:
WWW.CITIZENSELFSERVICE.COM

CONTROL: 16025967

DESCRIPTION	VALUATION	TAX
241-0031-0000 0 BALD HILL RD	\$14,500	\$440.22
TOTAL		\$63.63

PLEASE PRESENT ENTIRE BILL WHEN MAKING PAYMENTS IN PERSON. FULL PAYMENT IS DUE ON OR BEFORE SEPTEMBER 15, 2016. TAXES MAY BE PAID IN QUARTERLY INSTALLMENTS ON JULY 15, 2016, OCTOBER 15, 2016, JANUARY 15, 2017 AND APRIL 15, 2017. TAXES NOT PAID BY THE DUE DATE ARE DELINQUENT AND WILL CARRY AN INTEREST CHARGE FROM JULY 15, 2016 ON THE CURRENT UNPAID BALANCE AT THE RATE OF 1% PER MONTH. INTEREST ON DELINQUENT ACCOUNTS WILL BE ASSESSED ON SEPTEMBER 16, 2016, OCTOBER 16, 2016, JANUARY 16, 2017 AND APRIL 16, 2017.

IF PAYING BILL IN FULL, PLEASE INCLUDE THIS STUB WITH YOUR CHECK.

TAX RATE: \$ 30.36
TOTAL AMOUNT OF STATE AID \$38,253,570
STATE AID LOWERS TAX RATE BY \$3.89

Please note that this is the only 2016 tax bill that you will receive from the City of Warwick. If your mortgage holder pays your tax bill through an escrow account, forward a copy of the bill to your bank or lending institution.

00002082016416025967700000063636

It is the responsibility of the taxpayer to retain all receipts for payments.

CITY OF WARWICK, RI
QUARTERLY 4 PAYMENT

Collector's Stub

CITY OF WARWICK, RI
QUARTERLY 3 PAYMENT

Collector's Stub

CONTROL NUMBER	TOTAL TAX
NAME	3RD PAYMENT

CONTROL NUMBER	TOTAL TAX
NAME	3RD PAYMENT

2-11. Has Kent County Water refinanced any long-term debt to reduce principal and interest on prior borrowings? Please explain.

Response: yes, but that has already been reviewed by the Commission with savings realized and restricted use of restricted funds will be utilized as ordered by previous Commission order. No other refinance has occurred or is anticipated.

Witness Responsible: T. Brown

2-12. With regard to the \$50,000 rate case expense requested for Kent County Water's Motion to Pass Through Water Wholesale Rates in Providence Water's General Rate filing, Docket 4618, please provide a detailed calculation of how this figure was developed.

Response: To help eliminate any possible confusion:

- KCWA is not requesting any rate case expense recovery in Docket 4641 (for the pass through of the rate increase proposed by Providence Water in its Docket 4618).
- In my decades of work for KCWA, we have never requested the recovery of any non-purchased water expenses (including rate case expenses) in any docket involving the pass through of increases from Providence Water. It is our understanding that the pass-through mechanism only allows for the recovery of increased costs due to changes in the price of purchased water.
- The \$50,000 request by KCWA in Docket 4611 includes the estimated annualized or normal costs of (a) the Authority's costs (consulting, legal, other) of a pass-through docket filing, (b) the Authority's costs of intervening in rate filings involving Providence Water, and (c) any other miscellaneous filings with the Division of Commission.
- The \$50,000 was my estimate based on a quick review of past cases prior to the filing. This is the value that was used in Docket 3942 (KCWA's last full filing) and approved by the Commission (amortized over two years in that docket). Based on the acceptance by the Commission in that docket, I used the same value with no increase in costs.

Since the filing, the Authority has provided backup costs to its rate case expenses in its supplemental response to Div 3-18. I have also gone back and reviewed my consultant billings for the period going back to the year 2000. From the year 2000 through 2015, my consulting invoices ONLY for intervention in Providence Water rate filings and Authority pass-through filings totaled \$198,797. Over the 16-year period this averaged \$12,425. Looking only at the years when Providence filed a rate case and KCWA intervened and filed a pass-through increase, the average annual cost (in those years) was \$33,343. Again, these are only my consultant costs and do not include any legal or other related expenses. If legal costs add an additional 50%, the total costs would be \$50,000.

As shown on my Schedule 1E, we are proposing to amortize the rate case/regulatory expenses over three years. The \$50,000 estimated for intervention in Providence filings and pass through cases thus has a proposed annual cost in this filing of \$16,667 ($\$50,000/3$ years) for all the Authority's costs. This compares to the average annual cost of \$12,425 of ONLY the consulting costs discussed above. If just \$4,242 of legal costs ($\$12,726$ spread over three years) are added, the total annual cost would be the \$16,667 requested in this case. Any legal expenses above the \$12,726 would simply add to the \$50,000 estimated in this docket.

Witness Responsible: C Woodcock

- 2-13. Please detail the expenses in the miscellaneous account (\$16,831). Please provide a list of the expenses and the amount of each in this account for FY15 and FY14.

Response: Please see attached breakdown of miscellaneous expenses, which include monthly salary payments to board members ($\$15,000/12\text{mos} = \$1,250$) and monthly board meeting expenses. Schedule 1, page 2 of 3 test year, June 30, 2015 is \$15,840 plus an inflation adjustment of 6.26% that totals \$16,831 for rate year 7/1/2016 – 6/30/2017

Witness Responsible: C. Heard

**KENT COUNTY WATER AUTHORITY
FYE 2016**

BOARD MEMBERS:

MR. ROBERT B. BOYER, PLS, CHAIRMAN
15 WATER STREET
WEST WARWICK, RI 02893

\$3,000.00

MR. PETER O. MASTERSON, P. E., VICE CHAIRMAN
10 BICKNELL AVENUE, APT. #2
EAST GREENWICH, RI 02818

\$3,000.00

MR. JOSEPH GALLUCCI, TREASURER
33 GILMORE STREET
WARWICK RI 02886

\$3,000.00

MR. EDWARD S. INMAN, III
15 CIRCLE DRIVE
COVENTRY, RI 02816
TERM DATE 6/30/16

\$3,000.00

MR. SCOTT DUCKWORTH
748 WASHINGTON STREET
COVENTRY, RI 02816
AS OF 7/1/2016

MR. FRANK A. GIORGIO, III
650 EAST GREENWICH AVE, BLDG 7 UNIT 403
WEST WARWICK, RI 02893

\$3,000.00
\$15,000.00

ATTORNEYS:

PATRICK J. SULLIVAN, ESQ.
SULLIVAN & SULLIVAN
300 CENTERVILLE ROAD
SUITE 300 - WEST
WARWICK, RI 02886

MARY SHEKARCHI
ATTORNEY AT LAW
33 COLLEGE HILL RD., #15E
WARWICK, RI 02886

1930B	VC	PETTY CASH	OPERATIONS	\$7.36	07	2013
1930B	VC	PETTY CASH	OPERATIONS	\$5.37	08	2013
1930B	VC	PETTY CASH	OPERATIONS	\$3.78	10	2013
1930B	VC	PETTY CASH	OPERATIONS	\$10.56	12	2013
1930B	VC	PETTY CASH	OPERATIONS	\$15.05	01	2014
1930B	VC	PETTY CASH	PETTY CASH	\$13.66	04	2014
1930B	VC	PETTY CASH	PETTY CASH	\$26.01	06	2014
1930B	VC	PETTY CASH	PETTY CASH	\$38.60	09	2014
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	10	2014
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	11	2014
1930B	VC	PETTY CASH	OPERATIONS	\$35.82	11	2014
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	12	2014
1930B	VC	PETTY CASH	OPERATIONS	\$40.63	01	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	01	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	02	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	03	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	04	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	05	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	06	2015
1930B	VR	PETTY CASH	OPERATIONS	\$52.86	06	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	07	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	08	2015
1930B	VC	PETTY CASH	OPERATIONS	\$16.56	08	2015
1930B	VC	PETTY CASH	OPERATIONS	\$15.28	09	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	09	2015
1930B	VC	PETTY CASH	OPERATIONS	\$18.07	10	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	10	2015
1930B	VC	PETTY CASH	OPERATIONS	\$15.18	11	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	11	2015
1930B	VC	PETTY CASH	OPERATIONS	\$16.77	12	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	12	2015
1930B	VC	PETTY CASH	OPERATIONS	\$18.07	12	2015
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	01	2016
1930B	VC	PETTY CASH	OPERATIONS	\$17.18	02	2016
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	02	2016
1930B	VC	PETTY CASH	OPERATIONS	\$12.48	03	2016
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	03	2016
1930B	VC	PETTY CASH	OPERATIONS	\$17.18	04	2016
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	04	2016
1930B	VC	PETTY CASH	OPERATIONS	\$15.28	04	2016
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	05	2016
1930B	VC	PETTY CASH	OPERATIONS	\$17.97	06	2016
1930B	VC	Kent Cty. Water Authority	PAYROLL	\$1,250.00	06	2016

2-14. In the Capital Improvement Plan, for Projects 1-5, please state:

- a. A brief description of the project;
- b. Start and complete dates (schedule);
- c. Status of project – design phase, RFP issued, contract awarded, etc.
- d. The amount of spending projected and documentation supporting projections;
- e. How Kent County Water will fund each project (source of funds); and
- f. Assumptions used in planning.

Response:

Project 1 – Mishnock High Service Transmission Main

This will complete work already installed west of Mishnock Lake to Hopkins Hill Road. It will allow high service treatment plant produced water to be introduced to the high service south gradient for distribution. Project has been bid and awarded with a spring 2017 construction start and full completion in 2018. We expect use by the end of the construction season of 2017. Bid price \$2,322,514.00 with a estimate of \$400,000.00 for construction services. Funding from remaining funds of bond issue and restricted funds released by Commission for cash capital use. Assumption used in planning, please refer to CIP included in Volume II of filing.

Project 2 – Connection of North/South High Service Pressure Gradients

This project will allow both gradients, now separated, to connect and become one with two sources of water feed and two active storage tanks. Redundancy is a critical planning factor in this project. Design has been awarded and underway, design fee \$64,398.00. Project has a 30 week schedule and should be completed by May 2017. Bidding and award for construction would follow summer of 2017 with full construction complete summer of 2019. Funding would be by the released restricted funds. Construction cost estimated at \$7,940,000.00 from CIP, Volume II of filing.

Project 3 – Bald Hill Road Water Main Loop Connection

This project is a water quality improvement to loop our system to allow better flow and supply to our Oaklawn gradient service area. We anticipate to begin design in FY2019 and follow with a bid and award of the construction work. Estimated cost \$1,580,000.00, CIP Volume II of filing. Funding again will be from released restricted funds and approved PUC additional funding from this rate filing.

Project 4 – Hope Furnace Road High Service Loop

This like Project 3 will be for water quality and allow better flow and supply to our customers. We anticipate to begin design services in FY208 with bidding and construction to follow, with a FY2020 completion date. Estimated costs \$1,610,000.00, CIP, Volume II of filing. Funding will be from released restricted funds and PUC additional funding from this rate filing.

Project 5 – Replacement of Authority Headquarters and Maintenance Facility

All that is requested at this time is to utilize funds to update our needs study (original 1999) to date and review options that might be available. It is premature to discuss viable options until study is revised and updated.

The CIP attached to the filing will explain the other aspects and cost analysis. A budget for expenditures to update the study if not done in house would be between \$50,000-\$90,000. Again, if we do not prepare in-house, funds will be from the released restricted and approved funds of this filing.

Witness Responsible:
