

**MEDINA TOWNSHIP TRUSTEES
EMERGENCY MEETING 4:30 PM
SEPTEMBER 22, 2023**

- I. ROLL CALL**
- II. APPROVAL OF ACCOUNTS PAYABLE - COSE RESOLUTION
#09222023-131**
- III. OTHER TOWNSHIP BUSINESS**
- IV. ADJOURN**

**Medina Township Trustees Emergency Meeting
September 22, 2023 @ 4:30 pm**

Trustees Roll Call

Mr. Eastwood – Present

Mr. Christopher – Present

Mr. Johnson – Present

Mr. Eastwood: “Welcome to Medina Township Board of Trustees emergency meeting. It is September 22, 2023. The time: 4:30 pm. Roll call?” Mr. Eastwood: Aye, Mr. Christopher: Aye, Mr. Johnson: Aye

Approval of Accounts Payable for the COSI Resolution

Mr. Eastwood made a motion to approve resolution 09222023-131 for Fiscal Officer, Angela Ventura, to pay COSI invoice dated 10-1-2023 for the coverage period of 10/01/2023 — 11/01/2023 (number 032126918-5) in the amount of \$27,499.21. Mr. Christopher seconded the motion. The motion carried as follows: Mr. Eastwood: Aye, Mr. Christopher: Aye, Mr. Johnson: Aye.

A discussion ensued regarding a means of paying said invoice, recording it properly, and who authorized the change. Legal advice was sought.

Adjournment

Mr. Eastwood motioned to adjourn the meeting. Mr. Johnson seconded the motion. The motion carried as follows: Mr. Eastwood: Aye, Mr. Johnson: Aye, Mr. Christopher: Aye

The time: 1:44 pm

APPROVED BY MEDINA TWP. TRUSTEES
Date 07-02-2025
Trustee Chm. [Signature]
Trustee [Signature: Mr. Eastwood]
Trustee [Signature: Mr. Johnson]

9-22-2023

**COSE – ACCOUNTS PAYABLE RESOLUTION
RESOLUTION # 09222023-131**

I WILL MOVE TO ADOPT RESOLUTION NUMBER 09222023-131 TO AUTHORIZE FISCAL OFFICER VENTURA TO PAY THE COSE INVOICE DUE 10/01/23, COVERAGE PERIOD 10/01/23 TO 11/01/23, INVOICE # 032126918-5 IN THE AMOUNT OF \$27,499.21 WITH THIS SIX (6) PAGE DOCUMENT AS PRESENTED FOR APPROVAL.

APPROVED BY MEDINA TWP. TRUSTEES

Date 9-22-2023

Trustee Chm. [Signature]

Trustee [Signature]

Trustee [Signature]

COPY



GROUP NUMBER	DUE DATE	BILLING DATE	COVERAGE PERIOD
[REDACTED]	10/01/23	08/28/23	10/01/23 TO 11/01/23

For information call: (419) 473-7283

Refer to Invoice # **032126918-5**



Medina Township
Angela Ventura
3799 Huffman Rd
Medina, OH, 44256

Angela Ventura

[Signature]

TRUSTEES SIGN

M E D I C A L
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 V I S I O N
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MAKE CHECK PAYABLE AND RETURN A COPY OF THIS INVOICE WITH YOUR REMITTANCE TO: **Medical Mutual L-3960 Columbus, OH 43260-3960**

Changes and cancellations from prior months are shown as adjustments in the first section of this statement. To assure correct billing, please submit new employee applications promptly to:

Medical Mutual
Attn: Membership Dept., cc:6200
2060 East Ninth Street
Cleveland, Ohio 44115-1355

Cancellations may be identified by crossing names off the statement. Kindly show the reason for cancellation with the appropriate code and date in the remarks column.

LE Left Employment
RC Request Cancel
D Deceased

CLOCK NO.	SECTION	NAME	REF. NO.	COVERAGE TYPE	CONTRACT TYPE	AMOUNTS DUE	REMARKS
		PREVIOUS BALANCE				.00	
		CHANGES					
	002	Ventura, Angela	504197745385	X	F2	2200.70	CONTR TYPE CHG 07/16/2023
	002	Ventura, Angela	504197745385	X	F2	2200.70	CONTR TYPE CHG 07/16/2023
	003	Ventura, Angela	504197745385	X	F2	175.63	CONTR TYPE CHG 07/16/2023
	003	Ventura, Angela	504197745385	X	F2	175.63	CONTR TYPE CHG 07/16/2023
	004	Ventura, Angela	504197745385	X	F2	25.92	CONTR TYPE CHG 07/16/2023
	004	Ventura, Angela	504197745385	X	F2	25.92	CONTR TYPE CHG 07/16/2023
		CURRENTLY ENROLLED					
	002	Carlo, Thomas J	969502295379	X	TA	1309.72	
	003	Carlo, Thomas J	969502295379	X	TA	71.70	
	004	Carlo, Thomas J	969502295379	X	TA	12.64	
\$ 50,000	400	Carlo, Thomas J	969502295379	X	S	8.00	
\$ 50,000	401	Carlo, Thomas J	969502295379	X	S	2.00	
	002	Chaperlo, Ethan	971870494478	X	F1	1537.64	
	003	Chaperlo, Ethan	971870494478	X	F1	106.10	
	004	Chaperlo, Ethan	971870494478	X	F1	16.69	
\$ 50,000	400	Chaperlo, Ethan	971870494478	X	S	8.00	
\$ 50,000	401	Chaperlo, Ethan	971870494478	X	S	2.00	
	003	Christopher, Bruce W	531030685625	X	S	35.85	
	004	Christopher, Bruce W	531030685625	X	S	6.32	
\$ 25,000	400	Christopher, Bruce W	531030685625	X	S	4.00	
\$ 25,000	401	Christopher, Bruce W	531030685625	X	S	1.00	
\$ 50,000	400	Clark, Shawna	991592494778	X	S	8.00	
\$ 50,000	401	Clark, Shawna	991592494778	X	S	2.00	
	002	Eastwood, Doug	616297869109	X	F1	1537.64	
	003	Eastwood, Doug	616297869109	X	F1	106.10	
	004	Eastwood, Doug	616297869109	X	F1	16.69	
\$ 50,000	400	Eastwood, Doug	616297869109	X	S	8.00	
\$ 50,000	401	Eastwood, Doug	616297869109	X	S	2.00	

Medina Township

SEP 05 2023

Received *[Signature]*

COPY

PREVIOUS BALANCE	CURRENT PREMIUM	PLEASE PAY THIS AMOUNT
TOTAL ADJUSTMENTS	OTHER FEES	AMOUNT REMITTED



GROUP NUMBER	DUE DATE	BILLING DATE	COVERAGE PERIOD
[REDACTED]	10/01/23	08/28/23	10/01/23 TO 11/01/23

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Medina Township
 Angela Ventura
 3799 Huffman Rd
 Medina, OH, 44256

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LE Left Employment
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 D Deceased

CLOCK NO.	SECTION	NAME	REF. NO.	COVERAGE TYPE	CONTRACT TYPE	AMOUNTS DUE	REMARKS
		CURRENTLY ENROLLED					
	002	Gnezda, Hallie M	542713180120	X	TC	885.28	
	003	Gnezda, Hallie M	542713180120	X	TC	70.25	
	004	Gnezda, Hallie M	542713180120	X	TC	10.37	
\$ 50,000	400	Gnezda, Hallie M	542713180120	X	S	8.00	
\$ 50,000	401	Gnezda, Hallie M	542713180120	X	S	2.00	
	002	Greene, Charles B	518563780320	X	S	657.36	
	003	Greene, Charles B	518563780320	X	S	35.85	
	004	Greene, Charles B	518563780320	X	S	6.32	
\$ 50,000	400	Greene, Charles B	518563780320	X	S	8.00	
\$ 50,000	401	Greene, Charles B	518563780320	X	S	2.00	
	002	Johnson, Charles L	532842129969	X	F	2084.54	
	003	Johnson, Charles L	532842129969	X	F	188.68	
	004	Johnson, Charles L	532842129969	X	F	26.42	
\$ 50,000	400	Johnson, Charles L	532842129969	X	S	8.00	
\$ 50,000	401	Johnson, Charles L	532842129969	X	S	2.00	
	002	Kessler, Jeffrey D	999762673057	X	F1	1537.64	
	003	Kessler, Jeffrey D	999762673057	X	F1	106.10	
	004	Kessler, Jeffrey D	999762673057	X	F1	16.69	
\$ 50,000	400	Kessler, Jeffrey D	999762673057	X	S	8.00	
\$ 50,000	401	Kessler, Jeffrey D	999762673057	X	S	2.00	
	002	Mangel, Shari M	500871267107	X	TA	1309.72	
	003	Mangel, Shari M	500871267107	X	TA	71.70	
	004	Mangel, Shari M	500871267107	X	TA	12.64	
\$ 50,000	400	Mangel, Shari M	500871267107	X	S	8.00	
\$ 50,000	401	Mangel, Shari M	500871267107	X	S	2.00	
	002	Miller, Dennis M	552203500440	X	TC	885.28	
	003	Miller, Dennis M	552203500440	X	TC	70.25	
	004	Miller, Dennis M	552203500440	X	TC	10.37	
\$ 50,000	400	Miller, Dennis M	552203500440	X	S	8.00	
\$ 50,000	401	Miller, Dennis M	552203500440	X	S	2.00	
	002	Miltner, Nicholas K	424725369909	X	S	657.36	

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CLOCK NO.	SECTION	NAME	REF. NO.	COVERAGE TYPE	CONTRACT TYPE	AMOUNTS DUE	REMARKS
		CURRENTLY ENROLLED					
\$ 50,000	003	Miltner, Nicholas K	424725369909	X	S	35.85	
	004	Miltner, Nicholas K	424725369909	X	S	6.32	
\$ 50,000	400	Miltner, Nicholas K	424725369909	X	S	8.00	
	401	Miltner, Nicholas K	424725369909	X	S	2.00	
	002	Minek, John W	984244738212	X	F1	1537.64	
	003	Minek, John W	984244738212	X	F1	106.10	
\$ 50,000	004	Minek, John W	984244738212	X	F1	16.69	
\$ 50,000	400	Minek, John W	984244738212	X	S	8.00	
	401	Minek, John W	984244738212	X	S	2.00	
	002	Mohler, Martin L	976051972756	X	S	657.36	
	003	Mohler, Martin L	976051972756	X	S	35.85	
\$ 50,000	004	Mohler, Martin L	976051972756	X	S	6.32	
\$ 50,000	400	Mohler, Martin L	976051972756	X	S	8.00	
	401	Mohler, Martin L	976051972756	X	S	2.00	
	002	Moore, Kristine A	958884357131	X	F2	1765.56	
	003	Moore, Kristine A	958884357131	X	F2	140.50	
\$ 50,000	004	Moore, Kristine A	958884357131	X	F2	20.74	
\$ 50,000	400	Moore, Kristine A	958884357131	X	S	8.00	
	401	Moore, Kristine A	958884357131	X	S	2.00	
	002	Nicholson, Cliff A	817854471555	X	F2	1765.56	
	003	Nicholson, Cliff A	817854471555	X	F2	140.50	
\$ 50,000	004	Nicholson, Cliff A	817854471555	X	F2	20.74	
\$ 50,000	400	Nicholson, Cliff A	817854471555	X	S	8.00	
	401	Nicholson, Cliff A	817854471555	X	S	2.00	
	002	Odonnell, Mathew W	986725990674	X	S	657.36	
	003	Odonnell, Mathew W	986725990674	X	S	35.85	
\$ 50,000	004	Odonnell, Mathew W	986725990674	X	S	6.32	
\$ 50,000	400	Odonnell, Mathew W	986725990674	X	S	8.00	
	401	Odonnell, Mathew W	986725990674	X	S	2.00	
	002	Oyler, Michael J	545144020960	X	F1	1537.64	
	003	Oyler, Michael J	545144020960	X	F1	106.10	

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[REDACTED]	10/01/23	08/28/23	10/01/23 TO 11/01/23

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		CURRENTLY ENROLLED						
\$ 50,000	004	Oyler, Michael J	545144020960	X	TA	12.64		
\$ 50,000	400	Oyler, Michael J	545144020960	X	S	8.00		
\$ 50,000	401	Oyler, Michael J	545144020960	X	S	2.00		
	002	Phelan, Brian J	577748943383	X	E2	1113.20		
	003	Phelan, Brian J	577748943383	X	E2	104.65		
	004	Phelan, Brian J	577748943383	X	E2	14.42		
\$ 50,000	400	Phelan, Brian J	577748943383	X	S	8.00		
\$ 50,000	401	Phelan, Brian J	577748943383	X	S	2.00		
	002	Ridgley, Elaine S	954932774358	X	TA	1309.72		
	003	Ridgley, Elaine S	954932774358	X	TA	71.70		
\$ 50,000	400	Ridgley, Elaine S	954932774358	X	TA	12.64		
\$ 50,000	401	Ridgley, Elaine S	954932774358	X	S	8.00		
	002	Ridgley, Elaine S	954932774358	X	S	2.00		
	002	Ubienski, Aric M	596964803543	X	S	657.36		
	003	Ubienski, Aric M	596964803543	X	S	35.85		
	004	Ubienski, Aric M	596964803543	X	S	6.32		
\$ 50,000	400	Ubienski, Aric M	596964803543	X	S	8.00		
\$ 50,000	401	Ubienski, Aric M	596964803543	X	S	2.00		
	002	Ventura, Angela	504197745385	X	F2	1765.56		
	003	Ventura, Angela	504197745385	X	F2	140.50		
	004	Ventura, Angela	504197745385	X	F2	20.74		
\$ 50,000	400	Ventura, Angela	504197745385	X	S	8.00		
\$ 50,000	401	Ventura, Angela	504197745385	X	S	2.00		
\$ 50,000	400	Ventura, Matthew J	957473735019	X	S	8.00		
\$ 50,000	401	Ventura, Matthew J	957473735019	X	S	2.00		
\$ 50,000	400	Zieja, Todd A	682532627267	X	S	8.00		
\$ 50,000	401	Zieja, Todd A	682532627267	X	S	2.00		
		CURRENT PREMIUM TOTAL				****	27499.21	****

PREVIOUS BALANCE	CURRENT PREMIUM	PLEASE PAY THIS AMOUNT
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LE Left Employment
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 D Deceased

CLOCK NO.	SECTION	NAME	REF. NO.	COVERAGE TYPE	CONTRACT TYPE	AMOUNTS DUE	REMARKS
		FEDERALLY MANDATED FEES FOR THIS BILLING PERIOD ARE DISPLAYED BELOW:					
		PCORI	13.50				
		TOTAL FEDERAL FEES	13.50				

COPY

S-65	F-3	TA-10	TC-6	E2-3	F1-14	F2-9
PREVIOUS BALANCE	.00	CURRENT PREMIUM	27,499.21	PLEASE PAY THIS AMOUNT	27,499.21	
TOTAL ADJUSTMENTS	.00	OTHER FEES	.00	AMOUNT REMITTED		



MEDICAL MUTUAL®

COSE™

Dear Angela Ventura [REDACTED]

Please return a copy of your invoice, along with payment to the following address:

COSE/Medical Mutual
L-3960
Columbus, OH 43260-3960

The use of this Post Office Box will ensure that your payment is processed in a timely and accurate manner. Please be aware that Medical Mutual will assess a \$39 late fee if your premium payment is not received within 10 days of premium due date.

To ensure prompt claim processing, please notify Medical Mutual of any member address changes.

Save time, stamps and paper by paying your invoice on EmployerLink. You can also schedule payments, receive a billing receipt and make billing adjustments easily. Learn more at <http://employerlink.medmutual.com>.

We appreciate your business.

**Medical Mutual
Membership & Billing Department**

Medina Township
Angela Ventura
3799 Huffman Rd
Medina, OH, 44256

