



Macon Fire And Police Employees' Retirement System Board Meeting

November 7, 2023 | 9:00 AM
700 Poplar Street Macon, GA 31201

AGENDA

1. Call to Order
2. Approval of Agenda
3. Approval of Minutes
 - A Approval of Minutes of October 3, 2023
4. Approval of Invoices
 - A Principal Custody Solutions - Invoice # 13735416 - \$7,996.15
 - B Eagle Capital Management LLC - Quarterly Invoice - \$61,246.16
 - C AndCo Consulting, LLC - Invoice # 45846 - \$22,500.00
 - D Clarkston Capital - Quarterly Invoice - \$27,244.00
 - E Lakeside Pain Center - \$1,500.00
5. Human Resources Retirements & Update
 - A James Bryant (Fire) - Normal Retirement - 25 years
 - B Shaun Hart (Fire) - Normal Retirement - 31 years
6. Experience Study - William Karbon (CBIZ)
7. AndCo Consulting Presentation
8. Discussion on January meeting day and time.
9. Executive Session
 - A Consultation with the county attorney or other legal counsel to discuss pending or potential litigation, settlement, claims, administrative proceedings, or other judicial actions brought or to be brought by or

against Macon-Bibb County or any officer or employee or in which the county or any officer or employee may be directly involved as provided in O.C.G.A. § 50-14-2(1); Entering into an option to purchase, dispose of, or lease property as provided in O.C.G.A. § 50-14-3(b)(1)(E); and Discussion or deliberation on the appointment, employment, compensation, hiring, disciplinary action or dismissal, or periodic evaluation or rating of a county officer or employee as provided in O.C.G.A. § 50-14-3(b)(2);

10. Next Meeting

A The next meeting will be on December 5, 2023 at 9:00 a.m.

11. Adjournment

**FIRE AND POLICE EMPLOYEES' RETIREMENT SYSTEM
BOARD MEETING
OCTOBER 3, 2023 – 9:00 A.M.
MEETING MINUTES**

BOARD MEMBERS PRESENT

Danny Angelo, Chairman
Raymond Wilder, Commissioner
Paul Bronson, Commissioner
Charlie Bishop, Retired MPD

BOARD MEMBERS ABSENT

Mark Stevens, Citizen at Large

OTHERS PRESENT

Michael McNeill, Senior Assistant County Attorney
Adrian Bellamy, Human Resources
Melissa Touchton, Asst Clerk of Commission
Robert Fuller, Retired MPD
Liz Fabian, Center for Collaborative Journalism

The meeting was officially called to order by Chairman Danny Angelo at 9:05 a.m.

Approval of Meeting Agenda

On motion by Commissioner Paul Bronson, seconded by Commissioner Raymond Wilder and passed unanimously, the agenda was approved.

Approval of Meeting Minutes

On motion by Commissioner Wilder, seconded by Chairman Angelo and passed unanimously, the minutes from September 5, 2023, meeting were approved.

Approval of Invoices

No invoices on the agenda for approval.

Human Resources Update & Retirements

Etta Bowen – Beneficiary of Roger Bowen

On a motion by Commissioner Bronson, seconded by Commissioner Wilder and passed unanimously, the retirement for Etta Bowen was approved.

The new payee report was signed by Board Members and given to Ms. Adrian Bellamy.

The Board discussed the memo regarding the Fire & Police Employee Pension Insurance Renewal from Ms. Karen Pennycuff. A copy of the memo is on file in the Clerk's office.

On motion by Charles Bishop, seconded by Commissioner Wilder and passed unanimously, the Board voted to accept the insurance company, Euclid Specialty as the new fiduciary policy.

Executive Session

At 9:15 a.m. and on motion by Chairman Angelo and seconded by Commissioner Wilder, the board went into Executive Session for "consultation with the county attorney or other legal counsel to discuss pending or potential litigation, settlement, claims, administrative proceedings, or other judicial actions brought or to be brought be or against Macon-Bibb County or any officer or employee or in which the county or any officer or employee may be directly involved as provided in O.C.G.A. §50-14-2(1)" and "discussion or deliberation on the appointment, employment, compensation, hiring, disciplinary action or dismissal, or periodic evaluation or rating of a county officer of employee as provided in O.C.G.A. §50-14-3 (b)(2)"

At 9:52 a.m., Chairman Angelo made a motion to come out of Executive Session. The motion was seconded by Commissioner Bronson and unanimously passed. No action was taken.

AndCo Consulting Presentation

Jon Breth was not in attendance for the pension board meeting. Mr. Breth provided for the Board an AndCo Performance Recap for August and September 2023, the preliminary performance update as of September 29, 2023 and the Investment Performance Review period ending August 31, 2023. Reports are on file in the Clerk's office.

Discussion of Proposed Changes to the current Fire and Police By-Laws

The Board discussed proposed changes to the current Fire and Police By-Laws. Mr. Michael McNeill will provide a clean copy of proposed by-laws to the Board.

Mr. Bishop said that he believed there should be term limits on Board Members.

A motion was made by Mr. Bishop to change the Charter to include term limits for board members, due to a lack of a second, the motion failed.

A Point of Personal Privilege

A motion was made by Mr. Bishop, seconded by Chairman Angelo and passed unanimously, to recommend to Commission a 3% cost of living (COLA) for every year.

Adjournment

There being no further business, the meeting was adjourned at 10:35 a.m.

Respectfully Submitted,

Melissa B. Touchton
Assistant Clerk of the Commission

Macon Bibb County Fire & Police Dept
Christy W. Iulucci - Finance Director
700 Poplar Street Room 307
Macon GA 31201

Return To:
Principal Custody Solutions
Revenue Processing
P.O. Box 10317
Des Moines, IA 50306-0317

\$7,996.15

PAYMENT DUE UPON RECEIPT

Account Name: Macon Bibb County Fire & Police Dept
Contact: Donna Balaguer 515-878-0367

Fold Here

Summary of Current Period Fees	Charged	Billed	Total
Administration		\$4,746.15	\$4,746.15
Transaction		\$3,250.00	\$3,250.00
Total Current Period Fees		\$7,996.15	\$7,996.15

Wire/ACH Instructions:
Wells Fargo Bank, N.A
ABA/Routing: 121000248
Acct No: 4543773808
Acct Name: Principal Bank PCS Fee DDA
FFC/Customer ID: PCS Invoice #

Custody and trust services are provided by Principal Bank®, Member FDIC, and/or Principal Trust Company®. These services are provided under the trade name Principal® Custody Solutions. Principal Trust Company is a trade name of Delaware Charter Guarantee & Trust Company. Principal Bank and Principal Trust Company are members of the Principal Financial Group®, Des Moines, IA 50392.

PLEASE RETURN THIS PAGE WITH PAYMENT

Account Name: Macon Bibb County Fire & Police Dept
 Contact: Donna Balaguer 515-878-0367

Services	Value / Quantity		Rate	Frequency		Amount
Administration						
Accounting & Reporting	4.00	@	1,000.00	x	1/4	1,000.00
Market Value	230,532,439.21	@	0.000065	x	1/4	3,746.15
Total Administration						\$4,746.15
Transaction						
Domestic Depository Settlements	225.00	@	7.50			1,687.50
Non Proprietary Fund Buy Sell Delivery Receipt	1.00	@	10.00			10.00
Mortgage Backed Payment Pay Downs	381.00	@	3.75			1,428.75
Principal Payment Nonpooled	33.00	@	3.75			123.75
Total Transaction						\$3,250.00
Total						\$7,996.15

Summary

Total Charged to Account	\$0.00
Total Billed	\$7,996.15
Payment Due	\$7,996.15

Account Name: Macon Bibb County Fire & Police Dept
Contact: Donna Balaguer 515-878-0367

Account Number	Account Name	Charged	Billed	Total
25949300	Macon Bibb County Fire & Police Dept		\$2,387.50	\$2,387.50
25949301	Macon Bibb County Ryan Labs		\$3,467.97	\$3,467.97
25949303	Macon Bibb County Eagle Cap		\$1,449.54	\$1,449.54
25949304	Macon Bibb County Clarkston Partners		\$691.14	\$691.14
Total			\$7,996.15	\$7,996.15

Eagle Capital Management LLC
499 Park Avenue, New York, NY 10022

October 19, 2023

Christy W. Iuliucci
Pension Board of Trustees of the Macon-Bibb
County Plan

Summary of Management Fees: Retirement Board of Trustee of the Macon-Bibb County Fire and
Police Dep
Principal Trust Company A/C#XXXX9303

9/30/2023 Portfolio Value:	\$ 31,573,726.66
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Quarterly Fee Based On:

1.00% on the first \$5,000,000 (\$ 3,272,678)	\$ 8,181.70
0.75% above \$5,000,000 (\$ 28,301,049)	\$ 53,064.46

Quarterly Fee:	\$ 61,246.16
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For the Period 7/1/2023 through 9/30/2023

M & T BANK
WIRING & ACH Transfer INSTRUCTIONS

Manufacturers & Traders Trust Co.
(M & T Bank)
277 Park Avenue, 25th Floor
New York, N.Y. 10172
ABA #022000046

Beneficiary Name: Eagle Capital Mgmt LLC

Beneficiary Account Number: 9883188634

Invoice Questions Please Contact:
Miriam Schatz
(212) 293-4012
mschatz@eaglecap.com

The information herein is based on data contained within Eagle Capital's systems and is subject to change owing to factors including but not limited to custodial actions that may take place concurrent with or following the production of this invoice.

AndCo Consulting, LLC

531 W Morse Blvd Ste 200
Winter Park, FL 32789
844-442-6326
ar@andcoconsulting.com



INVOICE

BILL TO
Christie Brown
Macon Fire & Police Employees Retirement

INVOICE 45846
DATE 09/29/2023

DESCRIPTION	AMOUNT
Consulting Services and Performance Evaluation, Billed Quarterly (July, 2023)	7,500.00
Consulting Services and Performance Evaluation, Billed Quarterly (August, 2023)	7,500.00
Consulting Services and Performance Evaluation, Billed Quarterly (September, 2023)	7,500.00

It is our honor and privilege to provide excellence service. If this is not your experience, please contact us immediately.

BALANCE DUE **\$22,500.00**



CLARKSTON
CAPITAL
QUALITY VALUE

September 30, 2023

Christie Brown
Macon-Bibb County Fire & Police Dept.
Government Center
700 Poplar Street
Macon, GA 31201

Cust: Principal
Acct: XXXX9304
Clarkston Capital Account # 9053

MANAGEMENT FEE:

Macon-Bibb County Fire & Police Department Employees'
Retirement System

9/30/2023 Portfolio Value:	\$ 13,621,805
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Quarterly Fee Based On:

\$ 13,621,805 @ 0.80% per annum	\$ 27,244
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Quarterly Fee:

For the Period 7/1/2023 through 9/30/2023

\$ 27,244

cc: Carol Payton

PAYMENT OPTION:

ACH or Wire Instructions
Clarkston Capital Partners LLC
Waterford Bank n.a.
ABA 041215854
Account #203006911



MACON BIBB

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

PICA ☐												PICA ☐																																																											
1. MEDICARE ☐ MEDICAID ☐ TRICARE ☐ CHAMPVA ☐ GROUP HEALTH PLAN ☐ FECA BLK LUNG ☒ OTHER ☐ (Medicare#) (Medicaid#) (ID#/DoD#) (Member ID#) (ID#) (ID#)												1a. INSURED'S I.D. NUMBER (For Program in Item 1)																																																											
2. PATIENT'S NAME (Last Name, First Name, Middle Initial) HENNING, DAVID												3. [REDACTED] SEX M ☒ F ☐												4. INSURED'S NAME (Last Name, First Name, Middle Initial) HENNING, DAVID																																															
5. PATIENT'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()												6. PATIENT RELATIONSHIP TO INSURED Self ☒ Spouse ☐ Child ☐ Other ☐												7. INSURED'S ADDRESS (No., Street) CITY STATE ZIP CODE TELEPHONE (Include Area Code) ()																																															
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) a. OTHER INSURED'S POLICY OR GROUP NUMBER b. RESERVED FOR NUCC USE c. RESERVED FOR NUCC USE d. INSURANCE PLAN NAME OR PROGRAM NAME												10. IS PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (Current or Previous) ☐ YES ☒ NO b. AUTO ACCIDENT? ☐ YES ☒ NO PLACE (State) ☐ c. OTHER ACCIDENT? ☐ YES ☒ NO 10d. CLAIM CODES (Designated by NUCC)												11. INSURED'S POLICY GROUP OR FECA NUMBER a. INS [REDACTED] SEX M ☒ F ☐ b. OTHER CLAIM ID (Designated by NUCC) c. INSURANCE PLAN NAME OR PROGRAM NAME MACON BIBB d. IS THERE ANOTHER HEALTH BENEFIT PLAN? ☐ YES ☒ NO If yes, complete items 9, 9a, and 9d.																																															
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE 09/18/23																								13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE																																															
14. DATE OF CURRENT ILLNESS, INJURY, or PREGNANCY (LMP) MM DD YY QUAL.												15. OTHER DATE MM DD YY QUAL.												16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY																																															
17. NAME OF REFERRING PROVIDER OR OTHER SOURCE												17a. [REDACTED] 17b. NPI [REDACTED]												18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY																																															
19. ADDITIONAL CLAIM INFORMATION (Designated by NUCC) ZZ208VP0014X												20. OUTSIDE LAB? ☐ YES ☒ NO \$ CHARGES												22. RESUBMISSION CODE ORIGINAL REF. NO.																																															
21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY Relate A-L to service line below (24E) ICD Ind. 0 A. M25532 B. M25531 C. M25561 D. E. F. G. H. I. J. K. L.												23. PRIOR AUTHORIZATION NUMBER												24. A. DATE(S) OF SERVICE From To B. PLACE OF SERVICE C. D. PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E. DIAGNOSIS POINTER MM DD YY MM DD YY EMG CPT/HCPCS MODIFIER \$ CHARGES F. DAYS OR UNITS G. EPSDT Family Plan H. ID. QUAL I. RENDERING PROVIDER ID # J.																																															
1 07 24 23 07 24 23 11 IME01 ABC 1500 00 1 NPI 1003829433												2 07 24 23 07 24 23 11 IME01 ABC 1500 00 1 NPI 1003829433												3 07 24 23 07 24 23 11 IME01 ABC 1500 00 1 NPI 1003829433																																															
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25. FEDERAL TAX I.D. NUMBER SSN EIN 582498449 ☐ ☒												26. PATIENT'S ACCOUNT NO. HENDA000 105810												27. ACCEPT ASSIGNMENT? (For govt. claims, see back) ☒ YES ☐ NO												28. TOTAL CHARGE \$ 1500 00												29. AMOUNT PAID \$												30. Rsvd for NUCC Use											
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SIGNATURE ON FILE SIGNED 09/18/23 DATE												32. SERVICE FACILITY LOCATION INFORMATION LAKESIDE PAIN CENTER PC 6010 LAKESIDE COMMONS DR STE A MACON GA 31210-5780												33. BILLING PROVIDER INFO & PH # (478) 4759220 LAKESIDE PAIN CENTER GRP# 147756672 6010 LAKESIDE COMMONS DR STE A MACON, GA 31210-5780																																															